

FAMILY NAME: WACHOB

GIVEN NAME: JAMES

INTERMENT NUMBER: 17637

|                                                                                                                                                                                                                                            |  |                                                          |                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|---------------------------------|
| NAME Wachob, James                                                                                                                                                                                                                         |  | INTERMENT No. 17637                                      |                                 |
| ADDRESS 2205 Sunset Blvd. Steubenville, Ohio                                                                                                                                                                                               |  |                                                          |                                 |
| PERSON RESPONSIBLE Blaschalk Funeral Home                                                                                                                                                                                                  |  |                                                          |                                 |
| 3-3-1913<br>AGE 71                                                                                                                                                                                                                         |  | RACE W                                                   | SEX M                           |
|                                                                                                                                                                                                                                            |  | MARRIED <input checked="" type="checkbox"/>              | SINGLE <input type="checkbox"/> |
| DATE OF DEATH 8-25-1984                                                                                                                                                                                                                    |  | CAUSE OF DEATH Acute Renal Failure                       |                                 |
|                                                                                                                                                                                                                                            |  | DATE OF BURIAL 8-29-1984                                 |                                 |
| SECTION All Souls                                                                                                                                                                                                                          |  | ROW                                                      | LOT 55                          |
|                                                                                                                                                                                                                                            |  | GRAVE 1                                                  |                                 |
| CHURCH from funeral home                                                                                                                                                                                                                   |  | FUNERAL DIRECTOR Blaschalk                               | TYPE VAULT # 9                  |
| Msgr. Edward Kakascik                                                                                                                                                                                                                      |  | 4-6x1-2x3-0                                              |                                 |
| CHURCH PERMIT                                                                                                                                                                                                                              |  | HEALTH PERMIT No. Allegheny County, Pa. Archer 2/18/1985 |                                 |
| REMARKS: Surviving are his wife, Katherine Cutri Wachob; his mother, Hazel Doubles Wachob of DuBois. Pa. Three brothers Charles of DuBois, Ted of North Port, Fla. and Lester of Luthersburg, Pa.; and three sisters, Mrs. Smith (Annabel) |  |                                                          |                                 |

Hartzfel of Evans City, Pa., Mrs. John (Margaret) Stull of Brooksville, Fla. and Mrs. David (Delores) Griffiths of Luthersburg. He was born in Luthersburg. He was preceded in death by his father, Thomas Wachob. He was a veteran of W.W. II, serving in the Asiatic and European theaters. He was the recipient of the Bronze Star. He had been employed at Titanium Metals Corp. of America until his retirement. He died in Presbyterian Hospital in Pittsburgh.

Feb. 25, 1986 Flat bronze marker brought to office by Mrs. Wachob.

FAMILY NAME: WADE  
GIVEN NAME: ANNE B.  
INTERMENT NUMBER: 20194

|                                                                                                                                                                                                                            |                               |                               |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|-----------------------------------------------------------------------------------|
| NAME Wade, Anne B.                                                                                                                                                                                                         |                               | INTERMENT No. 20194           |                                                                                   |
| ADDRESS Mentor, Ohio                                                                                                                                                                                                       |                               |                               |                                                                                   |
| PERSON RESPONSIBLE ADDRESS pre-paid                                                                                                                                                                                        |                               |                               |                                                                                   |
| 5-17-1913                                                                                                                                                                                                                  | RACE W                        | SEX F                         | MARRIED <input checked="" type="checkbox"/> widow SINGLE <input type="checkbox"/> |
| AGE 84                                                                                                                                                                                                                     | DATE OF DEATH 12-27-1997      |                               | CAUSE OF DEATH Not stated on provisional certificate                              |
| SECTION St. Stanislaus                                                                                                                                                                                                     |                               | ROW                           | LOT 103 GRAVE 4                                                                   |
| CHURCH St. Peter's                                                                                                                                                                                                         | FUNERAL DIRECTOR Shorac       | TYPE VAULT topseal            |                                                                                   |
| CHURCH PERMIT Msgr. George Yontz                                                                                                                                                                                           | HEALTH PERMIT No. 43-971-297A | 3-0x0-10 Kurtz 1/21/1993 DBL. |                                                                                   |
| REMARKS: Survivors include a brother, Stephen Kolcun of Pittsburgh, five sisters, Julia McDevitt and Mary Poole, both of Steubenville, Margaret Butcher and Josephine Johnson, both of Cleveland and Catherine Dimitrio of |                               |                               |                                                                                   |

Glendale. She was born in Greensburg, Pa. a daughter of the late Martin and Julia Kolcun. She was also preceded in death by her husband, Walter Wade, a brother, Martin Colson, three sisters, Ann Colson, Ethel Gibbs and Agnes Leffler.



FAMILY NAME: WADE  
GIVEN NAME: EDWARD A.  
INTERMENT NUMBER: 08151A

|                                                               |  |                               |         |                                         |                                 |
|---------------------------------------------------------------|--|-------------------------------|---------|-----------------------------------------|---------------------------------|
| NAME                                                          |  | Edward A.<br>WADE Infant Twin |         | INTERMENT No. 8151-A                    |                                 |
| ADDRESS Steubenville, Ohio                                    |  |                               |         |                                         |                                 |
| PERSON RESPONSIBLE ADDRESS                                    |  |                               |         |                                         |                                 |
| AGE                                                           |  | RACE W                        | SEX M   | MARRIED <input type="checkbox"/> infant | SINGLE <input type="checkbox"/> |
| DATE OF DEATH Mar. 2, 1928                                    |  | CAUSE OF DEATH                |         | DATE OF BURIAL                          |                                 |
| SECTION St. Stanislaus                                        |  | ROW                           | LOT 103 | part of GRAVE 11                        |                                 |
| CHURCH Holy Name                                              |  | FUNERAL DIRECTOR              |         | TYPE VAULT                              |                                 |
| CHURCH PERMIT No. E.A.Gilbert                                 |  | HEALTH PERMIT No.             |         | 0-8" X 1-4" granite marker              |                                 |
| REMARKS: one of twins buried in same grave, same date.        |  |                               |         |                                         |                                 |
| Infant son of Thomas P and Margaret McDonald Wade who survive |  |                               |         |                                         |                                 |
|                                                               |  |                               |         |                                         |                                 |
|                                                               |  |                               |         |                                         |                                 |
|                                                               |  |                               |         |                                         |                                 |

FAMILY NAME: WADE  
GIVEN NAME: INFANT  
INTERMENT NUMBER: 08056

|                            |  |                          |  |                   |  |                                                                         |  |
|----------------------------|--|--------------------------|--|-------------------|--|-------------------------------------------------------------------------|--|
| NAME                       |  | WADE, Infant             |  | INTERMENT No.     |  | 8056                                                                    |  |
| ADDRESS                    |  | Steubenville, Ohio       |  |                   |  |                                                                         |  |
| PERSON RESPONSIBLE ADDRESS |  |                          |  |                   |  |                                                                         |  |
| AGE -                      |  | RACE W                   |  | SEX               |  | MARRIED <input type="checkbox"/> infant SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH              |  | CAUSE OF DEATH Stillborn |  |                   |  | June 12, 1927<br>DATE OF BURIAL                                         |  |
| SECTION                    |  | Unbaptized               |  | ROW 19            |  | LOT GRAVE 4                                                             |  |
| CHURCH                     |  | Holy Name                |  | FUNERAL DIRECTOR  |  | TYPE VAULT                                                              |  |
| CHURCH PERMIT No.          |  | E.A.Gilbert              |  | HEALTH PERMIT No. |  |                                                                         |  |
| REMARKS:                   |  |                          |  |                   |  |                                                                         |  |
|                            |  |                          |  |                   |  |                                                                         |  |
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FAMILY NAME: WADE  
GIVEN NAME: MARGARET C. MRS.  
INTERMENT NUMBER: 10768

|                            |  |                                                                                                                                                                                                                            |  |                  |  |                          |  |
|----------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|--|--------------------------|--|
| NAME                       |  | WADE, Mrs. Margaret C.                                                                                                                                                                                                     |  | INTERMENT No.    |  | 10768                    |  |
| ADDRESS                    |  | 208 Benton St., Steubenville, Ohio                                                                                                                                                                                         |  |                  |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                                                                                                                                                                                                                            |  |                  |  |                          |  |
| 5/9/1893                   |  | AGE                                                                                                                                                                                                                        |  | 53-3-20          |  | da                       |  |
| RACE                       |  | W                                                                                                                                                                                                                          |  | SEX              |  | F                        |  |
| MARRIED                    |  | <input checked="" type="checkbox"/>                                                                                                                                                                                        |  | SINGLE           |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  | Thur. 8/29/1946                                                                                                                                                                                                            |  | CAUSE OF DEATH   |  | Coronary Thrombosis      |  |
| DATE OF BURIAL             |  | Mon. 9/2/46                                                                                                                                                                                                                |  | SECTION          |  | St. Stanislaus           |  |
| ROW                        |  | LOT                                                                                                                                                                                                                        |  | GRAVE            |  | 10                       |  |
| CHURCH                     |  | St. Peter's                                                                                                                                                                                                                |  | FUNERAL DIRECTOR |  | Shannon                  |  |
| CHURCH PERMIT No.          |  | Dist. 654-381                                                                                                                                                                                                              |  | TYPE VAULT       |  | Wheatley # 9 comc.       |  |
| REMARKS:                   |  | Born Steubenville of Michael & Margaret McDonald                                                                                                                                                                           |  |                  |  |                          |  |
|                            |  | <del>Wade</del> Survived by husband, Thomas P., children, Thomas Jr., Walter, James, George and Joseph; daughters, Helen, Catherine and Dorothy. 3 brothers, Timothy, George and Frank McDonald, 1 sister, Mrs. Mary Cash. |  |                  |  |                          |  |



FAMILY NAME: WADE  
GIVEN NAME: MARY MARGARET  
INTERMENT NUMBER: 06610

|                            |       |                                                                      |   |                   |   |                            |                                 |
|----------------------------|-------|----------------------------------------------------------------------|---|-------------------|---|----------------------------|---------------------------------|
| NAME                       |       | WADE, Infant Mary Margaret                                           |   | INTERMENT No.     |   | 6610                       |                                 |
| ADDRESS                    |       | 471 S. 5th St., Steubenville, Ohio                                   |   |                   |   |                            |                                 |
| PERSON RESPONSIBLE ADDRESS |       |                                                                      |   |                   |   |                            |                                 |
| AGE                        | 2 yrs | RACE                                                                 | W | SEX               | F | MARRIED                    | <input type="checkbox"/> infant |
|                            |       |                                                                      |   |                   |   | SINGLE                     | <input type="checkbox"/>        |
| DATE OF DEATH              |       | Dec. 26, 1918                                                        |   | CAUSE OF DEATH    |   | DATE OF BURIAL             |                                 |
| SECTION                    |       | St. Stanislaus                                                       |   | ROW               |   | LOT                        | 103                             |
|                            |       |                                                                      |   |                   |   | GRAVE                      | 12                              |
| CHURCH                     |       | Holy Name                                                            |   | FUNERAL DIRECTOR  |   | TYPE VAULT                 |                                 |
| CHURCH PERMIT No.          |       | J.A.Weigand                                                          |   | HEALTH PERMIT No. |   | 0-8" X 1-4" granite marker |                                 |
| REMARKS:                   |       | Infant daughter of Thomas P. and Margaret McDonald Wade who survive. |   |                   |   |                            |                                 |
|                            |       |                                                                      |   |                   |   |                            |                                 |
|                            |       |                                                                      |   |                   |   |                            |                                 |
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|                            |       |                                                                      |   |                   |   |                            |                                 |

FAMILY NAME: WADE  
GIVEN NAME: THERESA A.  
INTERMENT NUMBER: 19909

|                            |  |                                                                                                                                                                                                                         |  |                   |  |                                 |  |
|----------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|---------------------------------|--|
| NAME                       |  | Wade, Theresa A.                                                                                                                                                                                                        |  | INTERMENT No.     |  | 19909                           |  |
| ADDRESS                    |  | 268 McLister Ave., Mingo Jct., Ohio                                                                                                                                                                                     |  |                   |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS |  | daughter- Pamela Edwards                                                                                                                                                                                                |  |                   |  |                                 |  |
| 10-2-1933                  |  | RACE                                                                                                                                                                                                                    |  | SEX               |  | MARRIED                         |  |
| AGE 62                     |  | W                                                                                                                                                                                                                       |  | F                 |  | <input type="checkbox"/>        |  |
|                            |  |                                                                                                                                                                                                                         |  |                   |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH              |  | 7-26-1996                                                                                                                                                                                                               |  | CAUSE OF DEATH    |  | Cardiac Arrhythmia              |  |
|                            |  |                                                                                                                                                                                                                         |  | DATE OF BURIAL    |  | 7-30-1996                       |  |
| SECTION                    |  | Holy Spirit Mausoleum                                                                                                                                                                                                   |  | CRYPT             |  | 229-D                           |  |
|                            |  | ROW                                                                                                                                                                                                                     |  | LOT               |  | GRAVE                           |  |
| CHURCH                     |  | St. Agnes                                                                                                                                                                                                               |  | FUNERAL DIRECTOR  |  | Blaschalk                       |  |
|                            |  |                                                                                                                                                                                                                         |  | TYPE VAULT        |  | not required                    |  |
| CHURCH PERMIT              |  | Msgr. Lewis Gaetano                                                                                                                                                                                                     |  | HEALTH PERMIT No. |  | Allegh. Co. Pa.                 |  |
| REMARKS:                   |  | Surviving are four daughters, Mrs. Barry (Pamela) Edwards of Mingo Jct., Mrs. David (Deborah) Lloyd of Wintersville, Cheryl at home and Mary of Columbus; two brothers, Larry Fristick of Mingo and Bernard Fristick of |  |                   |  |                                 |  |

Mingo. three sisters. Helen Giangolio of Chester, Mrs. Carl (Rosemarie) Zorne of Las Vegas, Nev., Irene Chalfant of Marietta; and five grandchildren. She was born in Mingo Jct., a daughter of tghelate John Fristick and Ann Lesko. She was also preceded in death by a brother John Fristick. She was employed by the Mingo Medical Group as a secretary and belonged to St. Agnes Catholic Church. She died at the University of Pittsburgh Medical Center.

FAMILY NAME: WADE  
GIVEN NAME: THERESA V.  
INTERMENT NUMBER: 08151

|                                                             |  |                                 |         |                                         |                                 |
|-------------------------------------------------------------|--|---------------------------------|---------|-----------------------------------------|---------------------------------|
| NAME                                                        |  | Theresa V.<br>WADE, Infant twin |         | INTERMENT No. 8151                      |                                 |
| ADDRESS Steubenville, Ohio                                  |  |                                 |         |                                         |                                 |
| PERSON RESPONSIBLE ADDRESS                                  |  |                                 |         |                                         |                                 |
| AGE                                                         |  | RACE W                          | SEX     | MARRIED <input type="checkbox"/> infant | SINGLE <input type="checkbox"/> |
| DATE OF DEATH Mar. 2, 1928                                  |  | CAUSE OF DEATH                  |         | DATE OF BURIAL                          |                                 |
| SECTION St. Stanislaus                                      |  | ROW                             | LOT 103 | part of GRAVE 11                        |                                 |
| CHURCH Holy Name                                            |  | FUNERAL DIRECTOR                |         | TYPE VAULT                              |                                 |
| CHURCH PERMIT No. E.A.Gilbert                               |  | HEALTH PERMIT No.               |         | 0-8" X 1-4" granite marker              |                                 |
| REMARKS: one of twins buried in same grave, same date.      |  |                                 |         |                                         |                                 |
| Infant daughter of Thomas P. and Margaret Wade who survive. |  |                                 |         |                                         |                                 |
|                                                             |  |                                 |         |                                         |                                 |
|                                                             |  |                                 |         |                                         |                                 |
|                                                             |  |                                 |         |                                         |                                 |

FAMILY NAME: WADE

GIVEN NAME: THOMAS P.

INTERMENT NUMBER: 12489

|                                                                                                                                                                                                                                                                                          |  |                                    |  |                  |  |                                          |  |                |  |                                       |  |       |  |         |  |                                             |  |        |  |                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|--|------------------|--|------------------------------------------|--|----------------|--|---------------------------------------|--|-------|--|---------|--|---------------------------------------------|--|--------|--|--------------------------|--|
| NAME                                                                                                                                                                                                                                                                                     |  | WADE, Thomas P.                    |  | INTERMENT No.    |  | 12489                                    |  |                |  |                                       |  |       |  |         |  |                                             |  |        |  |                          |  |
| ADDRESS                                                                                                                                                                                                                                                                                  |  | 208 Benton St., Steubenville, Ohio |  |                  |  |                                          |  |                |  |                                       |  |       |  |         |  |                                             |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                               |  | Shannon Funeral Home               |  |                  |  |                                          |  |                |  |                                       |  |       |  |         |  |                                             |  |        |  |                          |  |
| Oct. 13, 1885                                                                                                                                                                                                                                                                            |  | AGE                                |  | 71-5-6 da        |  | RACE                                     |  | W              |  | SEX                                   |  | M     |  | MARRIED |  | <input checked="" type="checkbox"/> widower |  | SINGLE |  | <input type="checkbox"/> |  |
| DATE OF DEATH                                                                                                                                                                                                                                                                            |  | Mar. 18, 1957                      |  | CAUSE OF DEATH   |  | arteriosclerotic cardio-vascular disease |  | DATE OF BURIAL |  | Mar. 21, 1957                         |  |       |  |         |  |                                             |  |        |  |                          |  |
| SECTION                                                                                                                                                                                                                                                                                  |  | S t. Stanislaus                    |  | ROW              |  | LOT                                      |  | 103            |  | GRAVE                                 |  | 9     |  |         |  |                                             |  |        |  |                          |  |
| CHURCH                                                                                                                                                                                                                                                                                   |  | St. Peters                         |  | FUNERAL DIRECTOR |  | Shannon                                  |  | Wheatley # 9   |  | TYPE VAULT                            |  | conc. |  |         |  |                                             |  |        |  |                          |  |
| CHURCH PERMIT NO.                                                                                                                                                                                                                                                                        |  | Msgr. H. J. Grigsby                |  | Dist. 4101 -     |  | HEALTH PERMIT NO.                        |  | 124            |  | 4-0" X 1-0" double s/ granite marker. |  |       |  |         |  |                                             |  |        |  |                          |  |
| REMARKS: Born in Steubenville                                                                                                                                                                                                                                                            |  |                                    |  |                  |  |                                          |  |                |  |                                       |  |       |  |         |  |                                             |  |        |  |                          |  |
| Retired emplotee of Wheeling Steel Corporation. Survived by five sons, Thomas, Joseph, James, George and Walter; 3 daughters, Mrs. Fred Staats, Mrs. Edw. J. Sikora, and Mrs. Catherine Sninchok; 1 brother John, and one sister, Laura. DOA at Gill Memorial Hospital. Steubenville. O. |  |                                    |  |                  |  |                                          |  |                |  |                                       |  |       |  |         |  |                                             |  |        |  |                          |  |

FAMILY NAME: WADE  
GIVEN NAME: WALTER T.  
INTERMENT NUMBER: 18991

|                            |  |                                                                                                                                                                                                                      |  |                   |  |                                       |  |
|----------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|---------------------------------------|--|
| NAME                       |  | Wade, Walter T.                                                                                                                                                                                                      |  | INTERMENT No.     |  | 18991                                 |  |
| ADDRESS                    |  | 9317 Collins Ave. Surfside, Fla.                                                                                                                                                                                     |  |                   |  |                                       |  |
| PERSON RESPONSIBLE ADDRESS |  | Mosti Funeral Home                                                                                                                                                                                                   |  |                   |  |                                       |  |
| 8-26-1913                  |  | RACE                                                                                                                                                                                                                 |  | SEX               |  | MARRIED                               |  |
| AGE                        |  | 78                                                                                                                                                                                                                   |  | W                 |  | M                                     |  |
|                            |  |                                                                                                                                                                                                                      |  |                   |  | SINGLE                                |  |
| DATE OF DEATH              |  | 11-11-1991                                                                                                                                                                                                           |  | CAUSE OF DEATH    |  | Not stated on provisional certificate |  |
|                            |  |                                                                                                                                                                                                                      |  |                   |  | 11-15-1991                            |  |
| SECTION                    |  | St. Stanislaus                                                                                                                                                                                                       |  | ROW               |  | LOT 103                               |  |
|                            |  |                                                                                                                                                                                                                      |  |                   |  | GRAVE 3                               |  |
| CHURCH                     |  | St. Peter's                                                                                                                                                                                                          |  | FUNERAL DIRECTOR  |  | Mosti                                 |  |
|                            |  |                                                                                                                                                                                                                      |  |                   |  | eagle                                 |  |
| CHURCH PERMIT              |  | Msgr. Lawrence Luciana                                                                                                                                                                                               |  | HEALTH PERMIT No. |  | Dade Co. Fla.                         |  |
|                            |  |                                                                                                                                                                                                                      |  |                   |  | 3-Ox0-10 dbl.mem Kurtz 1/21/1993      |  |
| REMARKS:                   |  | Surviving are his wife, Anne B. Colson Wade, three brothers, Thomas of Willoughby Hills, George of Steubenville and James of Weirton; and one sister, Mrs. Charles (Catherine) Steedman of Brilliant. He was born in |  |                   |  |                                       |  |

Steubenville, a son of the late Thomas P. and Margaret Clara McDonald Wade. he was also preceded in death by two brothers and five sisters, including Helen Staata, who died in 1989. He was a member of St. Joseph Catholic Church, Miami Beach, Fla. He retired in 1974 from Wheeling-Pittsburgh Steel Corp.



FAMILY NAME: WAGNER

GIVEN NAME: CALVIN T.

INTERMENT NUMBER: 08322A

|                            |  |                    |   |               |   |                |                          |                |                          |
|----------------------------|--|--------------------|---|---------------|---|----------------|--------------------------|----------------|--------------------------|
| NAME                       |  | WAGNER, Calvin T.  |   | INTERMENT No. |   | 8322-A         |                          |                |                          |
| ADDRESS                    |  | Steubenville, Ohio |   |               |   |                |                          |                |                          |
| PERSON RESPONSIBLE ADDRESS |  |                    |   |               |   |                |                          |                |                          |
| AGE                        |  | RACE               | W | SEX           | M | MARRIED        | <input type="checkbox"/> | SINGLE         | <input type="checkbox"/> |
| DATE OF DEATH              |  | Mar. 2, 1929       |   |               |   | CAUSE OF DEATH |                          | DATE OF BURIAL |                          |
| SECTION                    |  | Blessed Virgin     |   | ROW           |   | LOT            |                          | 65 GRAVE 1     |                          |
| CHURCH                     |  | FUNERAL DIRECTOR   |   |               |   | TYPE VAULT     |                          |                |                          |
| CHURCH PERMIT No.          |  | HEALTH PERMIT No.  |   |               |   |                |                          |                |                          |
| REMARKS:                   |  |                    |   |               |   |                |                          |                |                          |
|                            |  |                    |   |               |   |                |                          |                |                          |
|                            |  |                    |   |               |   |                |                          |                |                          |
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|                            |  |                    |   |               |   |                |                          |                |                          |

FAMILY NAME: WAGNER

GIVEN NAME: CATHERINE MRS.

INTERMENT NUMBER: 07454

|                            |                                      |                        |                   |               |   |                |                                |        |                          |
|----------------------------|--------------------------------------|------------------------|-------------------|---------------|---|----------------|--------------------------------|--------|--------------------------|
| NAME                       |                                      | WAGNER, Mrs. Catherine |                   | INTERMENT No. |   | 7454           |                                |        |                          |
| ADDRESS                    |                                      | Steubenville, Ohio     |                   |               |   |                |                                |        |                          |
| PERSON RESPONSIBLE ADDRESS |                                      |                        |                   |               |   |                |                                |        |                          |
| AGE                        | 43                                   | RACE                   | W                 | SEX           | F | MARRIED        | <input type="checkbox"/> widow | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH              | Oct. 25, 1923                        |                        | CAUSE OF DEATH    |               |   | DATE OF BURIAL |                                |        |                          |
| SECTION                    | Blessed Virgin                       |                        |                   | ROW           |   | LOT            | 65                             | GRAVE  | 8                        |
| CHURCH                     | Holy Name                            |                        | FUNERAL DIRECTOR  |               |   | TYPE VAULT     |                                |        |                          |
| CHURCH PERMIT No.          | J.A.Weigand                          |                        | HEALTH PERMIT No. |               |   |                |                                |        |                          |
| REMARKS:                   | Lot owner, and widow of John Wagner. |                        |                   |               |   |                |                                |        |                          |
|                            |                                      |                        |                   |               |   |                |                                |        |                          |
|                            |                                      |                        |                   |               |   |                |                                |        |                          |
|                            |                                      |                        |                   |               |   |                |                                |        |                          |
|                            |                                      |                        |                   |               |   |                |                                |        |                          |

FAMILY NAME: WAGNER  
GIVEN NAME: EDWARD  
INTERMENT NUMBER: 14373

|                                                                                                                                                                                                                                                                                     |  |                                    |  |                             |  |                         |  |                                                                                                                                                                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|--|-----------------------------|--|-------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME                                                                                                                                                                                                                                                                                |  | WAGNER, Edward.                    |  | (OVER)                      |  | INTERMENT NO.           |  | 14373                                                                                                                                                                                                                                                                                      |  |
| ADDRESS                                                                                                                                                                                                                                                                             |  | 3124 Orchard St.,                  |  | Weirton, W. Va.,            |  |                         |  |                                                                                                                                                                                                                                                                                            |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                          |  | Mrs. Tonia A. Wagner, same address |  |                             |  |                         |  |                                                                                                                                                                                                                                                                                            |  |
| June 1, 1904                                                                                                                                                                                                                                                                        |  | AGE 62-6-14da                      |  | RACE W                      |  | SEX M                   |  | MARRIED <input checked="" type="checkbox"/> XX                                                                                                                                                                                                                                             |  |
| Dec. 13, 1966                                                                                                                                                                                                                                                                       |  | DATE OF DEATH                      |  | Not stated on W. V., permit |  | CAUSE OF DEATH          |  | Dec. 17, 1966                                                                                                                                                                                                                                                                              |  |
| SECTION                                                                                                                                                                                                                                                                             |  | Holy Rosary                        |  | ROW                         |  | LOT 123                 |  | GRAVE 9                                                                                                                                                                                                                                                                                    |  |
| CHURCH                                                                                                                                                                                                                                                                              |  | Sacred Heart of Mary Weirton,      |  | FUNERAL DIRECTOR            |  | Greco-Hertnick-Weirton, |  | Eagle Triplex Type Vault conc.                                                                                                                                                                                                                                                             |  |
| CHURCH PERMIT NO.                                                                                                                                                                                                                                                                   |  | Fr. Emil Doboetz                   |  | HEALTH PERMIT NO.           |  | 261                     |  | New Cumberland, W. Va., 4-6" X 1-2" X 3-0" double memorial from Memorial Art Studios, I received order from Mrs. Tonia A. Wagner, Weirton, W. Va, NOT to install foundation for memorial as ordered from Memorial Art. Phoned MAS and informed them of my instructions from the lot owner. |  |
| REMARKS: Born in Glendale, Pa., of Joseph and Stella Pruss Wagner                                                                                                                                                                                                                   |  |                                    |  |                             |  |                         |  |                                                                                                                                                                                                                                                                                            |  |
| Retired employee of Weirton Steel Corp., Tin Mill Div. Survived by his wife, Mrs. Tonia Ann Smith Wagner; a brother Ted Wagner; 5 sisters Mrs. Catherine Sparks, Mrs. Marg't Meyers, Mrs. Josephine Kobus, Mrs. Mary Kobus and Mrs. Stella Zebracki. Died at Weirton General Hosp., |  |                                    |  |                             |  |                         |  |                                                                                                                                                                                                                                                                                            |  |

Sept. 29, 1967: Received order for 3-8" X 1-2" X 2-4" double memorial from S. White's sons, after previously receiving order from Memorial Art for a 4-6" X 1-2" X 3-0" double memorial for same lot. Several days after receipt of order for foundation from memorial Art Studios, I received order from Mrs. Tonia A. Wagner, Weirton, W. Va, NOT to install foundation for memorial as ordered from Memorial Art. Phoned MAS and informed them of my instructions from the lot owner.

FAMILY NAME: WAGNER  
GIVEN NAME: ELIZABETH  
INTERMENT NUMBER: 18091

|                                                                                                                                                                                                                                |  |                   |  |                                             |  |                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|---------------------------------------------|--|------------------------------|--|
| NAME                                                                                                                                                                                                                           |  | Wagner, Elizabeth |  | INTERMENT No.                               |  | 18091                        |  |
| ADDRESS 1413 Wellesley Ave. Steubenville, Ohio                                                                                                                                                                                 |  |                   |  |                                             |  |                              |  |
| PERSON RESPONSIBLE ADDRESS Mosti Funeral Home                                                                                                                                                                                  |  |                   |  |                                             |  |                              |  |
| 12-9-1930                                                                                                                                                                                                                      |  | AGE 56            |  | RACE W                                      |  | SEX F                        |  |
|                                                                                                                                                                                                                                |  |                   |  | MARRIED <input checked="" type="checkbox"/> |  | divorced                     |  |
| 3-25-1987                                                                                                                                                                                                                      |  | DATE OF DEATH     |  | Not stated on provisional certificate       |  | 3-28-1987                    |  |
|                                                                                                                                                                                                                                |  |                   |  | CAUSE OF DEATH                              |  | DATE OF BURIAL               |  |
| SECTION St. Mary Magdalene                                                                                                                                                                                                     |  |                   |  | ROW                                         |  | LOT 328 GRAVE 1              |  |
| CHURCH Holy Name                                                                                                                                                                                                               |  |                   |  | FUNERAL DIRECTOR Mosti                      |  | TYPE VAULT guardian          |  |
| CHURCH PERMIT Nugent                                                                                                                                                                                                           |  |                   |  | HEALTH PERMIT No. 4101-187                  |  | 1-4x0-8x1-4 Archer 6/29/1987 |  |
| REMARKS: Surviving are her mother, Gladys Manley Grauer of Steubenville, a son, Robert at home, a daughter, Karen Wagner of High Point, N.C. and a sister, Mrs. Edmond (Barbara) McCoy of Steubenville. She was born in Steub. |  |                   |  |                                             |  |                              |  |

She was preceded in death by her father, William Grauer, Feb. 24, 1987 and a daughter Sharon. She was an employee of the Ohio Valley Answering Service and Holy Name Cathedral.

FAMILY NAME: WAGNER

GIVEN NAME: ELIZABETH MRS.

INTERMENT NUMBER: 06612

|                            |                                                         |                        |                   |     |   |               |                          |       |        |                          |
|----------------------------|---------------------------------------------------------|------------------------|-------------------|-----|---|---------------|--------------------------|-------|--------|--------------------------|
| NAME                       |                                                         | WAGNER, Mrs. Elizabeth |                   |     |   | INTERMENT No. |                          | 6612  |        |                          |
| ADDRESS                    |                                                         | Steubenville, Ohio     |                   |     |   |               |                          |       |        |                          |
| PERSON RESPONSIBLE ADDRESS |                                                         |                        |                   |     |   |               |                          |       |        |                          |
| AGE                        | 69-6 mo                                                 | RACE                   | W                 | SEX | F | MARRIED       | <input type="checkbox"/> | widow | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH              | Dec. 30, 1918                                           |                        | CAUSE OF DEATH    |     |   |               | DATE OF BURIAL           |       |        |                          |
| SECTION                    | Blessed Virgin                                          |                        |                   | ROW |   |               | LOT                      | 65    | GRAVE  | 10                       |
| CHURCH                     | Holy Name                                               |                        | FUNERAL DIRECTOR  |     |   |               | TYPE VAULT               |       |        |                          |
| CHURCH PERMIT No.          | J.A.Weigand                                             |                        | HEALTH PERMIT No. |     |   |               |                          |       |        |                          |
| REMARKS:                   | Wife of lot owner , John Wagner. Survived by son, John. |                        |                   |     |   |               |                          |       |        |                          |
|                            |                                                         |                        |                   |     |   |               |                          |       |        |                          |
|                            |                                                         |                        |                   |     |   |               |                          |       |        |                          |
|                            |                                                         |                        |                   |     |   |               |                          |       |        |                          |
|                            |                                                         |                        |                   |     |   |               |                          |       |        |                          |



FAMILY NAME: WAGNER

GIVEN NAME: HENRY P.

INTERMENT NUMBER: 09893

|                                |                          |                    |                                  |                                 |  |
|--------------------------------|--------------------------|--------------------|----------------------------------|---------------------------------|--|
| NAME                           |                          | WAGNER, Henry P.   |                                  | INTERMENT No. 9893              |  |
| ADDRESS                        |                          | Steubenville, Ohio |                                  |                                 |  |
| PERSON RESPONSIBLE ADDRESS     |                          |                    |                                  |                                 |  |
| AGE 67                         | RACE W                   | SEX M              | MARRIED <input type="checkbox"/> | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                  | CAUSE OF DEATH           |                    |                                  | DATE OF BURIAL Aug. 26, '40     |  |
| SECTION Blessed Virgin         | ROW                      | LOT 65             | GRAVE 2                          |                                 |  |
| CHURCH Holy Name               | FUNERAL DIRECTOR Cosenzo |                    | TYPE VAULT                       |                                 |  |
| CHURCH PERMIT No. E.A. Gilbert | HEALTH PERMIT No.        |                    |                                  |                                 |  |
| REMARKS:                       |                          |                    |                                  |                                 |  |
|                                |                          |                    |                                  |                                 |  |
|                                |                          |                    |                                  |                                 |  |
|                                |                          |                    |                                  |                                 |  |
|                                |                          |                    |                                  |                                 |  |

FAMILY NAME: WAGNER

GIVEN NAME: JOHN

INTERMENT NUMBER: 01613

|                                                                                                                                                                                   |    |                    |   |                  |       |                |                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------|---|------------------|-------|----------------|----------------------------------|
| NAME                                                                                                                                                                              |    | WAGNER, John       |   | INTERMENT No.    |       | 1613           |                                  |
| ADDRESS                                                                                                                                                                           |    | Steubenville, Ohio |   |                  |       |                |                                  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                        |    |                    |   |                  |       |                |                                  |
| AGE                                                                                                                                                                               | 62 | RACE               | W | SEX              | M     | MARRIED        | <input type="checkbox"/> widower |
|                                                                                                                                                                                   |    |                    |   |                  |       | SINGLE         | <input type="checkbox"/>         |
| DATE OF DEATH                                                                                                                                                                     |    | CAUSE OF DEATH     |   |                  |       | DATE OF BURIAL |                                  |
| April 12, 1904                                                                                                                                                                    |    | Heart failure      |   |                  |       |                |                                  |
| SECTION                                                                                                                                                                           |    | Blessed Virgin     |   | ROW              | LOT   |                | 65                               |
|                                                                                                                                                                                   |    |                    |   |                  | GRAVE |                | 9                                |
| CHURCH                                                                                                                                                                            |    | Holy Name          |   | FUNERAL DIRECTOR |       | TYPE VAULT     |                                  |
|                                                                                                                                                                                   |    | J.A.Weigand        |   |                  |       |                |                                  |
| CHURCH PERMIT No.                                                                                                                                                                 |    | HEALTH PERMIT No.  |   |                  |       |                |                                  |
| REMARKS: Survived by son, Nicholas Wagner. Born Steubenville Oct. 1842. Civil War Veteran, Pvt., 8th Penna Res. Inf. Co., "E", and Co. "B", 52 OVI. Aug. 8, 1862 to Jan. 1, 1863. |    |                    |   |                  |       |                |                                  |
|                                                                                                                                                                                   |    |                    |   |                  |       |                |                                  |
|                                                                                                                                                                                   |    |                    |   |                  |       |                |                                  |

FAMILY NAME: WAGNER

GIVEN NAME: JOHN P.

INTERMENT NUMBER: 09131

|                            |  |                          |  |                   |  |                          |  |
|----------------------------|--|--------------------------|--|-------------------|--|--------------------------|--|
| NAME                       |  | WAGNER, John P.          |  | INTERMENT No.     |  | 9131                     |  |
| ADDRESS                    |  | Steubenville, Ohio       |  |                   |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                          |  |                   |  |                          |  |
| AGE                        |  | 59                       |  | RACE              |  | W                        |  |
| SEX                        |  | M                        |  | MARRIED           |  | <input type="checkbox"/> |  |
| SINGLE                     |  | <input type="checkbox"/> |  |                   |  |                          |  |
| DATE OF DEATH              |  | CAUSE OF DEATH           |  | DATE OF BURIAL    |  |                          |  |
|                            |  |                          |  | Mar. 13, '35      |  |                          |  |
| SECTION                    |  | Blessed Virgin           |  | ROW               |  | LOT                      |  |
|                            |  |                          |  |                   |  | 65                       |  |
| GRAVE                      |  | 7                        |  |                   |  |                          |  |
| CHURCH                     |  | Holy Name                |  | FUNERAL DIRECTOR  |  | TYPE VAULT               |  |
|                            |  |                          |  |                   |  |                          |  |
| CHURCH PERMIT No.          |  | E.A. Gilbert             |  | HEALTH PERMIT No. |  |                          |  |
|                            |  |                          |  |                   |  |                          |  |
| REMARKS:                   |  |                          |  |                   |  |                          |  |
|                            |  |                          |  |                   |  |                          |  |
|                            |  |                          |  |                   |  |                          |  |
|                            |  |                          |  |                   |  |                          |  |
|                            |  |                          |  |                   |  |                          |  |

FAMILY NAME: WAGNER  
GIVEN NAME: MARGARET  
INTERMENT NUMBER: 08185

|                            |    |                    |   |                   |   |                |                          |                |                          |    |
|----------------------------|----|--------------------|---|-------------------|---|----------------|--------------------------|----------------|--------------------------|----|
| NAME                       |    | WAGNER, Margaret   |   | INTERMENT No.     |   | 8185           |                          |                |                          |    |
| ADDRESS                    |    | Steubenville, Ohio |   |                   |   |                |                          |                |                          |    |
| PERSON RESPONSIBLE ADDRESS |    |                    |   |                   |   |                |                          |                |                          |    |
| AGE                        | 48 | RACE               | W | SEX               | F | MARRIED        | <input type="checkbox"/> | SINGLE         | <input type="checkbox"/> |    |
| DATE OF DEATH              |    | May 18, 1928       |   |                   |   | CAUSE OF DEATH |                          | DATE OF BURIAL |                          |    |
| SECTION                    |    | Blessed Virgin     |   | ROW               |   | LOT            |                          | 65             | GRAVE                    | 12 |
| CHURCH                     |    | Holy Name          |   | FUNERAL DIRECTOR  |   | TYPE VAULT     |                          |                |                          |    |
| CHURCH PERMIT No.          |    | E.A.Gilbert        |   | HEALTH PERMIT No. |   |                |                          |                |                          |    |
| REMARKS:                   |    |                    |   |                   |   |                |                          |                |                          |    |
|                            |    |                    |   |                   |   |                |                          |                |                          |    |
|                            |    |                    |   |                   |   |                |                          |                |                          |    |
|                            |    |                    |   |                   |   |                |                          |                |                          |    |
|                            |    |                    |   |                   |   |                |                          |                |                          |    |

FAMILY NAME: WAGNER

GIVEN NAME: MARY ADOLPH MRS.

INTERMENT NUMBER: 07459

|                                                          |                   |                          |                                             |                                 |  |
|----------------------------------------------------------|-------------------|--------------------------|---------------------------------------------|---------------------------------|--|
| NAME                                                     |                   | WAGNER, Mrs. Mary Adolph |                                             | INTERMENT No. 7459              |  |
| ADDRESS                                                  |                   | Steubenville, Ohio       |                                             |                                 |  |
| PERSON RESPONSIBLE ADDRESS                               |                   |                          |                                             |                                 |  |
| AGE 70                                                   | RACE W            | SEX F                    | MARRIED <input checked="" type="checkbox"/> | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH Nov. 5, 1923                               | CAUSE OF DEATH    |                          | DATE OF BURIAL                              |                                 |  |
| SECTION St. Joseph                                       | ROW               | LOT 72                   | GRAVE 2                                     |                                 |  |
| CHURCH St. Peters                                        | FUNERAL DIRECTOR  |                          | TYPE VAULT                                  |                                 |  |
| CHURCH PERMIT No. F.B.Touey                              | HEALTH PERMIT No. |                          | 2-0" X 1-0" marker                          |                                 |  |
| REMARKS: 1st marriage to Adolph---2nd marriage "Wagner". |                   |                          |                                             |                                 |  |
|                                                          |                   |                          |                                             |                                 |  |
|                                                          |                   |                          |                                             |                                 |  |
|                                                          |                   |                          |                                             |                                 |  |
|                                                          |                   |                          |                                             |                                 |  |



FAMILY NAME: WAGNER

GIVEN NAME: NICHOLAS

INTERMENT NUMBER: 08226

|                            |               |                    |                |                   |                |                          |        |
|----------------------------|---------------|--------------------|----------------|-------------------|----------------|--------------------------|--------|
| NAME                       |               | WAGNER, Nicholas   |                | INTERMENT NO.     |                | 8226                     |        |
| ADDRESS                    |               | Steubenville, Ohio |                |                   |                |                          |        |
| PERSON RESPONSIBLE ADDRESS |               |                    |                |                   |                |                          |        |
| AGE                        | RACE          | W                  | SEX            | M                 | MARRIED        | <input type="checkbox"/> | SINGLE |
| <input type="checkbox"/>   | Sept 28, 1928 |                    | CAUSE OF DEATH |                   | DATE OF BURIAL |                          |        |
| SECTION                    |               | Blessed Virgin     |                | ROW               | LOT            | 65                       | GRAVE  |
| CHURCH                     |               | Holy Name          |                | FUNERAL DIRECTOR  |                | TYPE VAULT               |        |
| CHURCH PERMIT NO.          |               | E.A.Gilbert        |                | HEALTH PERMIT NO. |                |                          |        |
| REMARKS:                   |               |                    |                |                   |                |                          |        |
|                            |               |                    |                |                   |                |                          |        |
|                            |               |                    |                |                   |                |                          |        |
|                            |               |                    |                |                   |                |                          |        |
|                            |               |                    |                |                   |                |                          |        |

FAMILY NAME: WAGNER

GIVEN NAME: SARAH HOWCROFT

INTERMENT NUMBER: 10282

|                            |      |                        |     |               |                      |                          |        |
|----------------------------|------|------------------------|-----|---------------|----------------------|--------------------------|--------|
| NAME                       |      | WAGNER, Sarah Howcroft |     | INTERMENT No. |                      | 10282                    |        |
| ADDRESS                    |      | Braddock Pa.,          |     |               |                      |                          |        |
| PERSON RESPONSIBLE ADDRESS |      |                        |     |               |                      |                          |        |
| AGE                        | RACE | W                      | SEX | F             | MARRIED              | <input type="checkbox"/> | SINGLE |
| DATE OF DEATH              |      | CAUSE OF DEATH         |     |               | May 8, 1943          |                          |        |
|                            |      | Rhumatic heart disease |     |               | DATE OF BURIAL       |                          |        |
| SECTION                    |      | All Souls              |     | ROW           | LOT                  | 14                       | GRAVE  |
|                            |      |                        |     |               |                      | 10                       |        |
| CHURCH                     |      | FUNERAL DIRECTOR       |     |               | TYPE VAULT           |                          |        |
|                            |      | Staab.                 |     |               |                      |                          |        |
| CHURCH PERMIT No.          |      | Dist. 020501           |     |               | 2-0" X 1-0" Ma rker, |                          |        |
|                            |      | HEALTH PERMIT No. 155  |     |               | Hayslip . . 1953     |                          |        |
| REMARKS:                   |      |                        |     |               |                      |                          |        |
|                            |      |                        |     |               |                      |                          |        |
|                            |      |                        |     |               |                      |                          |        |
|                            |      |                        |     |               |                      |                          |        |
|                            |      |                        |     |               |                      |                          |        |
|                            |      |                        |     |               |                      |                          |        |

FAMILY NAME: WAGNER  
GIVEN NAME: SHARON L.  
INTERMENT NUMBER: 14295

|                                                                     |  |                                              |  |                  |  |                     |  |                                        |  |                                   |  |
|---------------------------------------------------------------------|--|----------------------------------------------|--|------------------|--|---------------------|--|----------------------------------------|--|-----------------------------------|--|
| NAME                                                                |  | WAGNER, Sharon L.                            |  | INTERMENT No.    |  | 14295               |  |                                        |  |                                   |  |
| ADDRESS                                                             |  | 1342 Oak Grove Ave., Steubenville, Ohio      |  |                  |  |                     |  |                                        |  |                                   |  |
| PERSON RESPONSIBLE ADDRESS                                          |  | Robert Wagner, R-1342 Oak Grove Ave., Steub. |  |                  |  |                     |  |                                        |  |                                   |  |
| Apr. 13, 1961                                                       |  | AGE 5-2-21da                                 |  | RACE W           |  | SEX F               |  | MARRIED <input type="checkbox"/> child |  | SINGLE <input type="checkbox"/>   |  |
| July 3, 1966                                                        |  | DATE OF DEATH                                |  | CAUSE OF DEATH   |  | Drowning - accident |  | July 7, 1966                           |  | DATE OF BURIAL                    |  |
| SECTION                                                             |  | St. Stanislaus                               |  | ROW              |  | LOT                 |  | 64 $\frac{1}{2}$                       |  | GRAVE 1                           |  |
| CHURCH                                                              |  | Holy Name                                    |  | FUNERAL DIRECTOR |  | Cole Bros           |  | metal airseal                          |  | TYPE VAULT 76 $\frac{1}{2}$ long. |  |
| CHURCH PERMIT No.                                                   |  | Msgr. Regis Urig.                            |  | Dist. 4101       |  | HEALTH PERMIT No. 5 |  | 1-4x0-8x1-4 Archer                     |  | single mem. 7-2-80                |  |
| REMARKS: Born in Steubenville of Robert W. and Elizabeth L. Wagner  |  |                                              |  |                  |  |                     |  |                                        |  |                                   |  |
| Survived by parents, also by paternal grandmother, Mrs. Erma Wagner |  |                                              |  |                  |  |                     |  |                                        |  |                                   |  |
| and maternal grandparents, Mr. & Mrs. Wm. Grauer. Drowned at Tappan |  |                                              |  |                  |  |                     |  |                                        |  |                                   |  |
| Lake, Harrison County, Ohio.                                        |  |                                              |  |                  |  |                     |  |                                        |  |                                   |  |

FAMILY NAME: WAGNER  
GIVEN NAME: TONIA ANN  
INTERMENT NUMBER: 15779

|                            |  |                                                                                                                                                                                                                                        |  |                   |  |                                |  |
|----------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|--------------------------------|--|
| NAME                       |  | WAGNER, TONIA, Ann.                                                                                                                                                                                                                    |  | INTERMENT No.     |  | 15779                          |  |
| ADDRESS                    |  | 3124 Orchard St. Weirton, W.Va.                                                                                                                                                                                                        |  |                   |  |                                |  |
| PERSON RESPONSIBLE ADDRESS |  | Greco-Hertnick                                                                                                                                                                                                                         |  |                   |  |                                |  |
| 12-12-1912                 |  | RACE                                                                                                                                                                                                                                   |  | SEX               |  | MARRIED                        |  |
| AGE                        |  | 61                                                                                                                                                                                                                                     |  | W                 |  | F                              |  |
| DATE OF DEATH              |  | 8-1-1974                                                                                                                                                                                                                               |  | CAUSE OF DEATH    |  | Not state on Provisional Cert, |  |
| SECTION                    |  | HOLY ROSARY                                                                                                                                                                                                                            |  | ROW               |  | LOT 123 GRAVE 10               |  |
| CHURCH                     |  | St. Paul's-Weirton                                                                                                                                                                                                                     |  | FUNERAL DIRECTOR  |  | Greco                          |  |
| CHURCH PERMIT              |  | H.W, Moore                                                                                                                                                                                                                             |  | HEALTH PERMIT No. |  | 188                            |  |
| REMARKS:                   |  | Died 3:15AM. Weirton General Hos. Member of St. Paul Roman Catholic Church. Surviving three sisters, Mrs. Helen Gustafson of Detroit, Mich. Mrs. James Perkins, Hazel Park Mich. and Miss Pauline Smith of Ferndale, Mich. Mrs. Wagner |  |                   |  |                                |  |

w as born Dec. 12, 1912 in Montreal, Canada a daughter of t  
the late Samuel and Olga Smith. Funeral Director  
Greco-Hertnick Funeral Home, Weirton, W.Va.

INTERMENT NUMBER: 08225



FAMILY NAME: WALBRIDGE

GIVEN NAME: WILLIAM E.

INTERMENT NUMBER: 13678

|                                                                                                                                                                                                               |  |                                       |  |                      |       |                                             |                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|----------------------|-------|---------------------------------------------|---------------------------------|
| NAME                                                                                                                                                                                                          |  | WALBRIDGE, William E.,                |  | INTERMENT No.        |       | 13678                                       |                                 |
| ADDRESS                                                                                                                                                                                                       |  | 4215 Sunset Blvd., Steubenville, Ohio |  |                      |       |                                             |                                 |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                    |  |                                       |  |                      |       |                                             |                                 |
| May 27, 1888                                                                                                                                                                                                  |  | AGE 75-1-3 da                         |  | RACE W               | SEX M | MARRIED <input checked="" type="checkbox"/> | SINGLE <input type="checkbox"/> |
| June 29, 1963                                                                                                                                                                                                 |  | Not stated on permit (heart failure)  |  |                      |       | July 2, 1963                                |                                 |
| DATE OF DEATH                                                                                                                                                                                                 |  | CAUSE OF DEATH                        |  |                      |       | DATE OF BURIAL                              |                                 |
| SECTION                                                                                                                                                                                                       |  | All Souls                             |  | ROW                  | LOT   | GRAVE 5                                     |                                 |
| CHURCH                                                                                                                                                                                                        |  | 1st Christian                         |  | FUNERAL DIRECTOR     |       | McGill                                      |                                 |
| Rev. Mr. George Crenshaw.                                                                                                                                                                                     |  | Dist. 4101 -                          |  | 2-0" X 1-0" flat Gr. |       | Guardian # 9                                |                                 |
| CHURCH PERMIT NO.                                                                                                                                                                                             |  | HEALTH PERMIT NO.                     |  | 401                  |       | Vet. marker 7/22/63                         |                                 |
| REMARKS: Born at Stanford Conn. of William and Lenora Walbridge.                                                                                                                                              |  |                                       |  |                      |       |                                             |                                 |
| Retired manager of Larkin Cafe. World War I Veteran. Survived by his wife, Mrs. Catherine Larkin Walbridge; 1 step-son, James Hoover; 1 sister, Mrs. John Hood. Died at St. John Hospital, Steubenville, Ohio |  |                                       |  |                      |       |                                             |                                 |

FAMILY NAME: WALENCIEJ  
GIVEN NAME: BOLESLAUS  
INTERMENT NUMBER: 07923

|                                                                      |                       |                      |   |                  |   |                                       |                                     |
|----------------------------------------------------------------------|-----------------------|----------------------|---|------------------|---|---------------------------------------|-------------------------------------|
| NAME                                                                 |                       | WALENCIEJ, Boleslaus |   | INTERMENT NO.    |   | 7923                                  |                                     |
| ADDRESS                                                              |                       | Steubenville, Ohio   |   |                  |   |                                       |                                     |
| PERSON RESPONSIBLE ADDRESS                                           |                       |                      |   |                  |   |                                       |                                     |
| AGE                                                                  | 34                    | RACE                 | W | SEX              | M | MARRIED                               | <input checked="" type="checkbox"/> |
|                                                                      |                       |                      |   |                  |   | SINGLE                                | <input type="checkbox"/>            |
| DATE OF DEATH                                                        | July 17, 1926         |                      |   | CAUSE OF DEATH   |   | DATE OF BURIAL                        |                                     |
| Removed to: Holy Rosary                                              |                       |                      |   |                  |   |                                       |                                     |
| SECTION                                                              | Sacred Heart, Div. V, |                      |   | ROW              | 3 | LOT                                   | 255                                 |
|                                                                      |                       |                      |   |                  |   | GRAVE                                 | 3                                   |
| CHURCH                                                               | St. Stanislaus        |                      |   | FUNERAL DIRECTOR |   | TYPE VAULT                            |                                     |
| CHURCH PERMIT NO.                                                    | Casmir Smogor         |                      |   |                  |   | 2-Ox1-0 Bevels.mem.<br>S.White 8/1975 |                                     |
| HEALTH PERMIT NO.                                                    |                       |                      |   |                  |   |                                       |                                     |
| REMARKS: Removal. Survived by wife, Stella. Removal made 5/1/59 1959 |                       |                      |   |                  |   |                                       |                                     |
| AUTHORITY: LETTER FROM CHANCERY DATED FEB. 7, 1959                   |                       |                      |   |                  |   |                                       |                                     |
|                                                                      |                       |                      |   |                  |   |                                       |                                     |
|                                                                      |                       |                      |   |                  |   |                                       |                                     |
|                                                                      |                       |                      |   |                  |   |                                       |                                     |

Request for removal by wife, Stella Walenciej, next of kin by letter dated Jan. 14, 1959. Permission granted by letter addressed to F.F.Pfister, Sec'y., dated Feb. 7, 1959

FAMILY NAME: WALENCIEJ  
GIVEN NAME: BRITTANY NICOLE  
INTERMENT NUMBER: 19860

|                                                                                                                                                                                                                                 |                          |                          |                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|------------------------------------------------------------------|
| INFANT                                                                                                                                                                                                                          |                          |                          |                                                                  |
| NAME Walenciej, Brittany Nicole                                                                                                                                                                                                 |                          | INTERMENT No. 19860      |                                                                  |
| ADDRESS 220 North Street Steubenville, Ohio                                                                                                                                                                                     |                          |                          |                                                                  |
| PERSON RESPONSIBLE ADDRESS father-Thomas Walenciej                                                                                                                                                                              |                          |                          |                                                                  |
| 4-14-1996                                                                                                                                                                                                                       |                          |                          |                                                                  |
| AGE 0                                                                                                                                                                                                                           | RACE W                   | SEX F                    | MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> |
| 4-14-1996                                                                                                                                                                                                                       | CAUSE OF DEATH Stillborn |                          | DATE OF BURIAL 4-19-1996                                         |
| SECTION Holy Rosary                                                                                                                                                                                                             |                          | ROW                      | LOT 255 GRAVE 6                                                  |
| from funeral home                                                                                                                                                                                                               |                          | McClave-C-Mills          | casket/vault                                                     |
| CHURCH                                                                                                                                                                                                                          | FUNERAL DIRECTOR         |                          | TYPE VAULT                                                       |
| CHURCH PERMIT                                                                                                                                                                                                                   |                          | HEALTH PERMIT No. 4101-1 |                                                                  |
| REMARKS: Surviving are her parents, Thomas and Dianna Noble Walenciej, paternal grandparents, Thomas and Connie Walenciej, paternal great grandmother, Ermaline Teter, paternal great grandparents, Ralph and Imogene Kimble of |                          |                          |                                                                  |

Amsterdam, maternal grandmother, Linda Nonemaker and maternal grandfather, Harry Noble Jr. and maternal great grandfather, Hubert Nonemaker. She was preceded in death by her maternal great grandmother, Edna Nonemaker; maternal great grandfather, Robert Confalone and paternal great-grandfather, Edward Peter Walenciej Sr. She died in Ohio Valley Hospital.

FAMILY NAME: WALENCIEJ

GIVEN NAME: CASMIR

INTERMENT NUMBER: 07756

|                                                                              |                          |                    |                   |          |   |               |                          |        |        |                          |
|------------------------------------------------------------------------------|--------------------------|--------------------|-------------------|----------|---|---------------|--------------------------|--------|--------|--------------------------|
| NAME                                                                         |                          | WALENCIEJ, Casmir  |                   | (Infant) |   | INTERMENT NO. |                          | 7756   |        |                          |
| ADDRESS                                                                      |                          | Steubenville, Ohio |                   |          |   |               |                          |        |        |                          |
| PERSON RESPONSIBLE ADDRESS                                                   |                          |                    |                   |          |   |               |                          |        |        |                          |
| AGE                                                                          | 4 mo                     | RACE               | W                 | SEX      | M | MARRIED       | <input type="checkbox"/> | infant | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH                                                                | Nov. 8, 1925             |                    | CAUSE OF DEATH    |          |   |               | DATE OF BURIAL           |        |        |                          |
| SECTION                                                                      | Holy Innocents, Div. VI, |                    | ROW               | 1        |   | LOT           | GRAVE                    |        |        | 2                        |
| CHURCH                                                                       | St. Stanislaus *         |                    | FUNERAL DIRECTOR  |          |   |               | TYPE VAULT               |        |        |                          |
| CHURCH PERMIT NO.                                                            | Casmir Smogor            |                    | HEALTH PERMIT NO. |          |   |               |                          |        |        |                          |
| REMARKS: * Original interment book shown from St. Anthony Church, (in error) |                          |                    |                   |          |   |               |                          |        |        |                          |
|                                                                              |                          |                    |                   |          |   |               |                          |        |        |                          |
|                                                                              |                          |                    |                   |          |   |               |                          |        |        |                          |
|                                                                              |                          |                    |                   |          |   |               |                          |        |        |                          |
|                                                                              |                          |                    |                   |          |   |               |                          |        |        |                          |



FAMILY NAME: WALENCIEJ

GIVEN NAME: EDWARD P.

INTERMENT NUMBER: 16299

|                                                                                                                                                                                                                              |  |                                      |  |                                       |  |                |  |                    |  |                |  |         |  |         |  |                          |  |        |  |                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--|---------------------------------------|--|----------------|--|--------------------|--|----------------|--|---------|--|---------|--|--------------------------|--|--------|--|--------------------------|--|
| NAME                                                                                                                                                                                                                         |  | WALENCIEJ, Edward P                  |  | INTERMENT No.                         |  | 16299          |  |                    |  |                |  |         |  |         |  |                          |  |        |  |                          |  |
| ADDRESS                                                                                                                                                                                                                      |  | 751 Highland Ave, Steubenville, Ohio |  |                                       |  |                |  |                    |  |                |  |         |  |         |  |                          |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                   |  | McClave-Chandler-Mills Funeral Home  |  |                                       |  |                |  |                    |  |                |  |         |  |         |  |                          |  |        |  |                          |  |
| 5-10-1920                                                                                                                                                                                                                    |  | AGE                                  |  | 56                                    |  | RACE           |  | W                  |  | SEX            |  | M       |  | MARRIED |  | <input type="checkbox"/> |  | SINGLE |  | <input type="checkbox"/> |  |
| May 9, 1977                                                                                                                                                                                                                  |  | DATE OF DEATH                        |  | not stated on provisional certificate |  | CAUSE OF DEATH |  | May 13, 1977       |  | DATE OF BURIAL |  |         |  |         |  |                          |  |        |  |                          |  |
| SECTION                                                                                                                                                                                                                      |  | Holy Rosary                          |  | ROW                                   |  | LOT            |  | 255                |  | GRAVE          |  | 6       |  |         |  |                          |  |        |  |                          |  |
| CHURCH                                                                                                                                                                                                                       |  | St. Stanislaus                       |  | FUNERAL DIRECTOR                      |  | McClave-CM     |  | falcon             |  | TYPE VAULT     |  | topseal |  |         |  |                          |  |        |  |                          |  |
| CHURCH PERMIT                                                                                                                                                                                                                |  | C. Szymanski                         |  | HEALTH PERMIT No.                     |  | 4101-0336      |  | 2-0 x 1-0 S. White |  | memorials      |  | 8/1977/ |  |         |  |                          |  |        |  |                          |  |
| REMARKS: Edward P. (Walenski) Walenciej Sr., was DOA at Ohio Valley Hospital at 2:30 p.m. Monday. He was a retired employe of the Wierton Steel Divison, a member of the 25-Year Club, St. Stanislaus Roman Catholic Church, |  |                                      |  |                                       |  |                |  |                    |  |                |  |         |  |         |  |                          |  |        |  |                          |  |

and a veteran of World War II. Surviving are his mother, Mrs. Stefonia Aluszyk Walenciej of Steubenville; two daughters, Mrs. Leonard (Marie) Dilley and Mrs. Acie (Stella) Gault, both of Toronto; six sons, Edward P., Robert D., Joseph A., Thomas Lee, Daniel J. and John P. Walenciej, all of Steubenville; two sisters, Mrs. Walter (Bertha) Tverbud of Wintersville, and Mrs. Herman (Agnes) Aaron of Chicago, Ill.; a brother, Stanley Walenciej of Steubenville, and six grandchildren. He was born May 10, 1920, in Steubenville. He was preceded in death by his father, Boleslaw Walenciej.



FAMILY NAME: WALENCIEJ

GIVEN NAME: JOSEPH

INTERMENT NUMBER: 16039

|                                                                                                                      |                                            |                                   |                                                                             |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------|
| NAME WALENCIEJ, JOSEPH                                                                                               |                                            | INTERMENT No. 16039               |                                                                             |
| ADDRESS 751 Highland Avenue Steubenville, Ohio                                                                       |                                            |                                   |                                                                             |
| PERSON RESPONSIBLE ADDRESS McClave Chandler Mills Funeral Home                                                       |                                            |                                   |                                                                             |
| July 19, 1913                                                                                                        |                                            |                                   |                                                                             |
| AGE 62                                                                                                               | RACE W                                     | SEX M                             | MARRIED <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> |
| Jan. 23, 1976                                                                                                        | not stated on Provisional Certificate      |                                   | Jan. 26, 1976                                                               |
| DATE OF DEATH                                                                                                        | CAUSE OF DEATH                             | DATE OF BURIAL                    |                                                                             |
| SECTION Holy Rosary                                                                                                  | ROW                                        | LOT 255                           | GRAVE 2                                                                     |
| CHURCH St. Stanislaus                                                                                                | McClave Chandler<br>FUNERAL DIRECTOR Mills | TYPE VAULT Eagle                  |                                                                             |
| CHURCH PERMIT C. Szymanski                                                                                           | HEALTH PERMIT No. 4101-0065                | Feb. 1976 White's 2-0 x 1-0 Bevel |                                                                             |
| REMARKS: Mr. Walenciej a retired security guard for Liberty Paperboard Co. died Friday in St. John Medical Center.   |                                            |                                   |                                                                             |
| He was a veteran of World War 11 and seved in the medical Corp, and was a member of St. Stanislaus Church. Surviving |                                            |                                   |                                                                             |

are two brothers, Edward and Stanley Walenciej, both of Steubenville; two sisters, Mrs. Bertha Tverbut of Wintersville and Mrs. Agnes Aaron of Chicago, Ill. and his mother, Mrs. Stephanis Aluszk Walenciej of the residence. Mr. Walenciej was born July 19, 1913 in Bellaire and was preceded in death by his father Boleslaw Walenciej.

FAMILY NAME: WALENCIEJ

GIVEN NAME: STANLEY

INTERMENT NUMBER: 16382

|                                                                                                                                                                                                                                    |                                            |                                   |                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------|
| NAME WALENCIEJ, Stanley                                                                                                                                                                                                            |                                            | INTERMENT No. 16382               |                                                                             |
| ADDRESS 142 Welda Avenue Steubenville, Ohio                                                                                                                                                                                        |                                            |                                   |                                                                             |
| PERSON RESPONSIBLE ADDRESS McClave Chandler Mills Funeral Home                                                                                                                                                                     |                                            |                                   |                                                                             |
| 7-28-1951                                                                                                                                                                                                                          |                                            |                                   |                                                                             |
| AGE 26                                                                                                                                                                                                                             | RACE W                                     | SEX M                             | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| Oct. 30, 1977                                                                                                                                                                                                                      | not stated on provisional certificate      |                                   | Nov. 1, 1977                                                                |
| DATE OF DEATH                                                                                                                                                                                                                      | CAUSE OF DEATH                             | DATE OF BURIAL                    |                                                                             |
| SECTION Queen of Heaven                                                                                                                                                                                                            | ROW                                        | LOT 373                           | GRAVE 5                                                                     |
| CHURCH St. Stanislaus                                                                                                                                                                                                              | McClave Chandler<br>FUNERAL DIRECTOR Mills | falcon<br>TYPE VAULT topseal      |                                                                             |
| CHURCH PERMIT C. Szymanski                                                                                                                                                                                                         | HEALTH PERMIT No. 4101-0771                | 2-2 x 1-0 x 2-4<br>Archer 3/6/78. |                                                                             |
| REMARKS: Stanley Walenciej J. Jr. died Sunday morning at OVH in Steubenville. He was an employee of Wheeling-Pittsburg Steel Corp., Steubenville plant. He was a member of St. Stanislaus Cathilic Church. Survivors are his wife, |                                            |                                   |                                                                             |

Marsha Kaczmarek Walenciej , a daughter, Tracy Renee, and a son, Shawn M. all at home; his parents, Stanley and Alice Kain Walenciej Sr., Steubenville; a sister, Mrs. Jack (Stephanie) Klar of Weirton; two brothers, Michael and Terence Bise, both of Steubenville, maternal grandmother, Mrs. stephanie Walenciej.

FAMILY NAME: WALENCIEJ  
GIVEN NAME: STANLEY JOHN SR.  
INTERMENT NUMBER: 20190

|                                                                                                                       |  |                                           |  |                        |  |                    |  |                                             |  |                                 |  |
|-----------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|--|------------------------|--|--------------------|--|---------------------------------------------|--|---------------------------------|--|
| NAME                                                                                                                  |  | WALENCIEJ, Stanley John Sr.               |  | INTERMENT No.          |  | 20190              |  |                                             |  |                                 |  |
| ADDRESS                                                                                                               |  | 211 RavineStreet Steubenville, Ohio 43952 |  |                        |  |                    |  |                                             |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                            |  | AliceWalenciej (Wife)                     |  |                        |  |                    |  |                                             |  |                                 |  |
| 7-19-1917                                                                                                             |  | AGE 80                                    |  | RACE W                 |  | SEX M              |  | MARRIED <input checked="" type="checkbox"/> |  | SINGLE <input type="checkbox"/> |  |
| December 25, 1997                                                                                                     |  | DATE OF DEATH                             |  | Not stated on provi    |  | sional certificate |  | December 26, 1997                           |  | DATE OF BURIAL                  |  |
| SECTION                                                                                                               |  | Queen of Heaven                           |  | ROW                    |  | LOT 373            |  | GRAVE 4                                     |  |                                 |  |
| from funeral home                                                                                                     |  | CHURCH                                    |  | McClave-Chandler-Mills |  | #9 topseal         |  |                                             |  |                                 |  |
| CHURCH PERMIT                                                                                                         |  | Msgr. George Yontz                        |  | HEALTH PERMIT No.      |  | Hancock Co. W.VA.  |  | 1-6x0-10 sing.mem.                          |  | Hayslip 7/15/1998               |  |
| REMARKS: Surviving are his wife, Alice Kain Walencie; two sons, Michael E. Bise and Terrance P. Bise both of Steuben- |  |                                           |  |                        |  |                    |  |                                             |  |                                 |  |
| ville; a daughter, Mrs. Stephanie Klar of Weirton ; a siste                                                           |  |                                           |  |                        |  |                    |  |                                             |  |                                 |  |
| Mrs. Bertha Tverbut of Wintersville; 13 grandchildren                                                                 |  |                                           |  |                        |  |                    |  |                                             |  |                                 |  |

and eight grandchildren. He was a Catholic by faith and a W.W.II veteran of the U.S. Navy. He was born in Steubenvill a son of the late Robert and Stella Walencie. He was also preceded in death by a son, Stanley John Jr., three brother Joseph, Edward and Thomas and two sisters, Agnes and Stella

June 10, 1998 Flat bronze veteran marker ordered.  
Oct. 2, 1998 Flat bronze veteran marker received.



FAMILY NAME: WALENCIEJ  
GIVEN NAME: STEPHANIA (STELLA)  
INTERMENT NUMBER: 16776

|                                                                                                                                                                                                                                               |                                                       |                                 |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------|--------------------------|
| NAME WALENCIEJ, Stefania (Stella)                                                                                                                                                                                                             |                                                       | INTERMENT No. 16776             |                          |
| ADDRESS 132 Andrews Drive, RD#2, Steubenville, Ohio 43952                                                                                                                                                                                     |                                                       |                                 |                          |
| PERSON RESPONSIBLE ADDRESS McClave-Chandler-Mills Funeral Home                                                                                                                                                                                |                                                       |                                 |                          |
| 11-20-1894                                                                                                                                                                                                                                    | AGE 85                                                | RACE W                          | SEX F                    |
| MARRIED <input checked="" type="checkbox"/> Widow                                                                                                                                                                                             |                                                       | SINGLE <input type="checkbox"/> |                          |
| DATE OF DEATH 3-19-1980                                                                                                                                                                                                                       | CAUSE OF DEATH Not stated on provisional certificate. |                                 | DATE OF BURIAL 3-22-80   |
| SECTION Holy Rosary                                                                                                                                                                                                                           | ROW                                                   | LOT 255                         | GRAVE 4                  |
| CHURCH St. Stanislaus                                                                                                                                                                                                                         | McClave-Chandler-Mills FUNERAL DIRECTOR M-C-M         |                                 | Eagle TYPE VAULT Triplex |
| CHURCH PERMIT Fr. C. Szymanski                                                                                                                                                                                                                | HEALTH PERMIT No. 4101-0188                           |                                 |                          |
| REMARKS: Died at 4:15 p.m. in St. John Medical Center. She was a member of St. Stanislaus Church and the Catholic Woman Club. Surviving are two daughters, Mrs. H.M. (Agnes) Aaron with whom she resided, and Mrs. Walter (Bertha) Tverbut of |                                                       |                                 |                          |

Wintersville; a son, Stanley John of Steubenville, and 16 grandchildren, 17 great-grandchildren, and one great-great grandchild. She was born November 20, 1894, in Poland, a daughter of the late Ada and Josephine Muklewicz Aluszyk. She was preceded in death by her husband, Boleslaw Walenciej in 1926; three sons, Joseph, Thomas and Edward; a daughter, Stella Giannaras, and three sisters and three brothers.

FAMILY NAME: WALENCIEJ

GIVEN NAME: THOMAS

INTERMENT NUMBER: 15929

|                                                                                                                      |                                    |                                   |                                                                             |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------|-----------------------------------------------------------------------------|
| NAME Walenciej, Thomas                                                                                               |                                    | INTERMENT No. 15929               |                                                                             |
| ADDRESS 751 Highland Ave., Steubenville, Ohio                                                                        |                                    |                                   |                                                                             |
| PERSON RESPONSIBLE ADDRESS McClave Chandler Mills                                                                    |                                    |                                   |                                                                             |
| Feb, 22, 1924                                                                                                        |                                    |                                   |                                                                             |
| AGE 51                                                                                                               | RACE W                             | SEX M                             | MARRIED <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> |
| June 2, 1975                                                                                                         | not stated on W. Va. burial permit |                                   | June 5, 1975                                                                |
| DATE OF DEATH                                                                                                        | CAUSE OF DEATH                     | DATE OF BURIAL                    |                                                                             |
| SECTION Holy Rosary                                                                                                  |                                    | ROW                               | LOT 255 GRAVE 5                                                             |
| CHURCH St. Stanislaus                                                                                                |                                    | FUNERAL DIRECTOR Mills            | TYPE VAULT Triplex                                                          |
| CHURCH PERMIT C. Szymanski                                                                                           |                                    | HEALTH PERMIT No. Hancock Co. 138 | 2-Ox1-0 Single mem. 8/1975 Simon W.                                         |
| REMARKS: Mr. Walenciej died in Weirton General Hospital.                                                             |                                    |                                   |                                                                             |
| A bundler in the 48 inch strip steel department of Weirton Steel Division. He was a member of St. Stanislaus Church. |                                    |                                   |                                                                             |
| Surviving are Mrs. Stephania Aluszk Walenciej; two sisters                                                           |                                    |                                   |                                                                             |

Mrs Bertha Tverbut of Wintersville and Mrs. Agnes Aaron of Chicago, and three brothers , Joseph, Edward P. and Stanley Walenciej, all of Steubenville. Mr. Walenciej was born Feb. 2, 1924 in Steubenville. His Father Boleslaw Walenciej preceded him in death.



FAMILY NAME: WALISKOWSKI

GIVEN NAME: SOPHIA

INTERMENT NUMBER: 00642

|                                                                                     |  |                               |                |                   |  |               |  |            |              |       |  |                |  |                          |  |        |  |        |  |                          |  |
|-------------------------------------------------------------------------------------|--|-------------------------------|----------------|-------------------|--|---------------|--|------------|--------------|-------|--|----------------|--|--------------------------|--|--------|--|--------|--|--------------------------|--|
| NAME                                                                                |  | WALISKOWSKI, Sophia           |                | (Infant)          |  | INTERMENT No. |  | 642        |              |       |  |                |  |                          |  |        |  |        |  |                          |  |
| ADDRESS                                                                             |  | Dillonvale, (Laurelton,) Ohio |                |                   |  |               |  |            |              |       |  |                |  |                          |  |        |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS                                                          |  |                               |                |                   |  |               |  |            |              |       |  |                |  |                          |  |        |  |        |  |                          |  |
| AGE                                                                                 |  | 3 mo                          |                | RACE              |  | W             |  | SEX        |              | F     |  | MARRIED        |  | <input type="checkbox"/> |  | infant |  | SINGLE |  | <input type="checkbox"/> |  |
| DATE OF DEATH                                                                       |  |                               | CAUSE OF DEATH |                   |  | Cholera       |  |            | June 7, 1893 |       |  | DATE OF BURIAL |  |                          |  |        |  |        |  |                          |  |
| SECTION                                                                             |  | Holy Innocents "A"            |                | ROW               |  | 15            |  | LOT        |              | GRAVE |  | 5              |  |                          |  |        |  |        |  |                          |  |
| CHURCH                                                                              |  |                               |                | FUNERAL DIRECTOR  |  |               |  | TYPE VAULT |              |       |  |                |  |                          |  |        |  |        |  |                          |  |
| M.M.A.Hartnedy                                                                      |  |                               |                |                   |  |               |  |            |              |       |  |                |  |                          |  |        |  |        |  |                          |  |
| CHURCH PERMIT No.                                                                   |  |                               |                | HEALTH PERMIT No. |  |               |  |            |              |       |  |                |  |                          |  |        |  |        |  |                          |  |
| REMARKS: Survived by father. (Name spelled "VILEFESHKA" in original interment book) |  |                               |                |                   |  |               |  |            |              |       |  |                |  |                          |  |        |  |        |  |                          |  |
|                                                                                     |  |                               |                |                   |  |               |  |            |              |       |  |                |  |                          |  |        |  |        |  |                          |  |
|                                                                                     |  |                               |                |                   |  |               |  |            |              |       |  |                |  |                          |  |        |  |        |  |                          |  |
|                                                                                     |  |                               |                |                   |  |               |  |            |              |       |  |                |  |                          |  |        |  |        |  |                          |  |

FAMILY NAME: WALKER

GIVEN NAME: BABY BOY

INTERMENT NUMBER: 16739

|                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                     |                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------|
| NAME <u>WALKER, Baby boy</u>                                                                                                                                                                                                                                                                                                   |                                                    | INTERMENT No. <u>16739</u>                                                          |                                                                  |
| ADDRESS <u>Grandmother- 412 Garfield Avenue Steubenville, Ohio 43952</u>                                                                                                                                                                                                                                                       |                                                    |                                                                                     |                                                                  |
| ADDRESS <u>98 Proteus Ave., Groton, Conn., 06340</u>                                                                                                                                                                                                                                                                           |                                                    |                                                                                     |                                                                  |
| PERSON RESPONSIBLE ADDRESS <u>Mosti Funeral Home</u>                                                                                                                                                                                                                                                                           |                                                    |                                                                                     |                                                                  |
| Dec., 28, 1979                                                                                                                                                                                                                                                                                                                 |                                                    | ** INFANT **                                                                        |                                                                  |
| AGE <u>0-d, 0-yrs</u>                                                                                                                                                                                                                                                                                                          | RACE <u>W</u>                                      | SEX <u>M</u>                                                                        | MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH <u>12-28-1979</u>                                                                                                                                                                                                                                                                                                | CAUSE OF DEATH <u>Exploratory laparotomy Shock</u> | DATE OF BURIAL <u>1-2-1980</u>                                                      |                                                                  |
| 11/15/1993 REMOVED TO QUEEN OF HEAVEN, LOT #55, Grave #3                                                                                                                                                                                                                                                                       |                                                    |                                                                                     |                                                                  |
| SECTION <u>Queen of Heaven - INFANTS</u>                                                                                                                                                                                                                                                                                       | ROW <u>3</u>                                       | LOT                                                                                 | GRAVE <u>6</u>                                                   |
| CHURCH <u>Holy Rosary</u>                                                                                                                                                                                                                                                                                                      | FUNERAL DIRECTOR <u>Mosti</u>                      | Casket/vault<br>TYPE VAULT combination                                              |                                                                  |
| CHURCH PERMIT <u>Rev. A. Giannamore</u>                                                                                                                                                                                                                                                                                        | HEALTH PERMIT No. <u>None</u>                      | <u>New Haven, Conn. -</u><br><u>1-8x0-10 single. mem.</u><br><u>Kurtz 1-29-1980</u> |                                                                  |
| REMARKS: <u>Born/died at Yale/New Haven Hospital in Connecticut. Parents</u><br><u>surviving are Mr. &amp; Mrs. Lloyd and Mary Ann Scurti Walker. Also</u><br><u>surving is maternal grandmother, Mrs. Philomena Scurti of Steubenville</u><br><u>Mr. &amp; Mrs. Harold Loyd Walker, Jr. (parents reside in Groton, Conn.)</u> |                                                    |                                                                                     |                                                                  |

FAMILY NAME: WALKER

GIVEN NAME: DONALD

INTERMENT NUMBER: 16460

|                            |  |                                                            |  |                   |  |                                     |  |
|----------------------------|--|------------------------------------------------------------|--|-------------------|--|-------------------------------------|--|
| NAME                       |  | WALKER, Donald                                             |  | INTERMENT No.     |  | 16460                               |  |
| ADDRESS                    |  | Portland Blvd. Steubenville, Ohio                          |  |                   |  |                                     |  |
| PERSON RESPONSIBLE ADDRESS |  | Mosti Funeral Home                                         |  |                   |  |                                     |  |
| 11-16-1911                 |  | RACE                                                       |  | SEX               |  | MARRIED                             |  |
| AGE                        |  | W                                                          |  | M                 |  | <input checked="" type="checkbox"/> |  |
| April 5, 1978              |  | not stated on provisional                                  |  | April 8, 1978     |  | SINGLE                              |  |
| DATE OF DEATH              |  | CAUSE OF DEATH                                             |  | DATE OF BURIAL    |  | <input type="checkbox"/>            |  |
| SECTION                    |  | Holy Rosary                                                |  | ROW               |  | LOT 203 , GRAVE 1                   |  |
| CHURCH                     |  | Holy Name                                                  |  | FUNERAL DIRECTOR  |  | Mosti                               |  |
| CHURCH PERMIT              |  | J. Nugent                                                  |  | HEALTH PERMIT No. |  | 4101-0254                           |  |
| REMARKS:                   |  | Donald K. Walker died Wednesday in Ohio Valley Hos-        |  | falcon            |  | 3-10 x 1-2 dble.                    |  |
|                            |  | pital, Steubenville. He was a member of the Holy Name      |  | TYPE              |  | Hayslip                             |  |
|                            |  | Cathedral, Steubenville, a veteran of W.W. II and a retir- |  | VAULT             |  | topseal                             |  |
|                            |  | ed employee of Wheeling-Pittsburgh steel Corp. Surviving   |  |                   |  |                                     |  |

are hus wife, Anna Mary Shimko Walker.  
April 10, 1978 Flat Bronze Marker ordered.  
May 26, 1978 Flat Bronze Marker received.

FAMILY NAME: WALKER

GIVEN NAME: DUANE

INTERMENT NUMBER: 18109

|                                                                                                                                                                                                                                    |                                         |                     |                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------|-----------------------------------------------------------------------------|
| NAME Walker, Duane                                                                                                                                                                                                                 |                                         | INTERMENT No. 18109 |                                                                             |
| ADDRESS 311 Maxwell Ave. Steubenville, Ohio                                                                                                                                                                                        |                                         |                     |                                                                             |
| PERSON RESPONSIBLE ADDRESS Mrs. Geneieve Walker (wife) as above                                                                                                                                                                    |                                         |                     |                                                                             |
| 7-30-1908                                                                                                                                                                                                                          | RACE W                                  | SEX M               | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| AGE 79                                                                                                                                                                                                                             | DATE OF DEATH 5-5-1987                  |                     | CAUSE OF DEATH Not stated on provisional certificate                        |
| DATE OF BURIAL 5-8-1987                                                                                                                                                                                                            |                                         |                     |                                                                             |
| SECTION Poor Souls                                                                                                                                                                                                                 | ROW                                     | LOT 9               | GRAVE 8                                                                     |
| CHURCH St. Peter's                                                                                                                                                                                                                 | FUNERAL DIRECTOR McClave-Chandler Mills |                     | TYPE VAULT #9 topseal                                                       |
| CHURCH PERMIT Msgr. Lawrence Luciana                                                                                                                                                                                               | HEALTH PERMIT No. 4101-0271             |                     | 2-0x1-0 6/9/1987 Ohio Valley Mon.*                                          |
| REMARKS: Surviving are his wife, Genevieve Lipenski Walker, two daughters, Mrs. Edward (Donna) Sarhan of Miami, Fla. and Dorice Walker of Steubenville, a sister Jenny Myers of Newport Richey, Fla.; three grandchildren and four |                                         |                     |                                                                             |

great grandchildren. He was born in Steubenville, a son of the late Harry E. and Elizabeth Walker. He was also preceded in death by a brother and two sisters. He was a member of St. Peter's Catholic Church. He was owner and operator of Steubenville Roofing Co. before his retirement,

\* New foundation order-Gallagher Monument Co.  
3-0x0-10 , Dec.18, 1991

FAMILY NAME: WALKER

GIVEN NAME: FRANCES HAGERTY MRS.

INTERMENT NUMBER: 10992

|                            |  |                                                                                                                                                                                                                             |  |                   |  |                    |  |                |  |
|----------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|--------------------|--|----------------|--|
| NAME                       |  | WALKER, Mrs. Frances Hagerty                                                                                                                                                                                                |  | INTERMENT No.     |  | 10992              |  |                |  |
| ADDRESS                    |  | 2 Oakland Sq., Pittsburgh, Pa.,                                                                                                                                                                                             |  |                   |  |                    |  |                |  |
| PERSON RESPONSIBLE ADDRESS |  |                                                                                                                                                                                                                             |  |                   |  |                    |  |                |  |
| 1893                       |  | RACE                                                                                                                                                                                                                        |  | SEX               |  | MARRIED            |  | SINGLE         |  |
| AGE                        |  | 54 yrs                                                                                                                                                                                                                      |  | W                 |  | F                  |  | XX             |  |
| DATE OF DEATH              |  | Jan. 5, 1948                                                                                                                                                                                                                |  | CAUSE OF DEATH    |  | pulmonary embolism |  | DATE OF BURIAL |  |
|                            |  |                                                                                                                                                                                                                             |  |                   |  |                    |  | Jan. 8, 1948   |  |
| SECTION                    |  | All Souls                                                                                                                                                                                                                   |  | ROW               |  | LOT                |  | GRAVE          |  |
|                            |  |                                                                                                                                                                                                                             |  |                   |  | 49                 |  | 11             |  |
| St. Paul's Cath., Pgh., Pa |  | FUNERAL DIRECTOR                                                                                                                                                                                                            |  | Shannon           |  | TYPE VAULT         |  |                |  |
| CHURCH                     |  | Andrew Pauly                                                                                                                                                                                                                |  |                   |  |                    |  |                |  |
| CHURCH PERMIT No.          |  | Pittsburgh, Pa.,                                                                                                                                                                                                            |  | HEALTH PERMIT No. |  | 99                 |  |                |  |
| REMARKS:                   |  | Born, of Peter and Catherine Hagerty. Died Mercy Hosp., Pgh., Pa., Survived by husvand, David A., 2 children, David Jr., and Shirley Ann Holt. Also 3 sisters, Mrs. Winnie Lockett, Mrs. Agnes Watt and Mrs. Matthew Grife. |  |                   |  |                    |  |                |  |



FAMILY NAME: WALKER  
GIVEN NAME: GENEVIEVE  
INTERMENT NUMBER: 18884

|                                                                                                                                                                                                                                                                        |                                                      |                                        |                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------|
| NAME Walker, Genevieve                                                                                                                                                                                                                                                 |                                                      | INTERMENT No. 18884                    |                                                                                   |
| ADDRESS 311 Maxwell Ave., Steubenville, Ohio                                                                                                                                                                                                                           |                                                      |                                        |                                                                                   |
| PERSON RESPONSIBLE daughter- Darice Walker                                                                                                                                                                                                                             |                                                      |                                        |                                                                                   |
| ADDRESS 1-3-1924                                                                                                                                                                                                                                                       |                                                      |                                        |                                                                                   |
| AGE 67                                                                                                                                                                                                                                                                 | RACE W                                               | SEX F                                  | MARRIED <input checked="" type="checkbox"/> widow SINGLE <input type="checkbox"/> |
| DATE OF DEATH 4/17/1991                                                                                                                                                                                                                                                | CAUSE OF DEATH Not stated on provisional certificate |                                        | DATE OF BURIAL 4/22/1991                                                          |
| SECTION Poor Souls                                                                                                                                                                                                                                                     | ROW                                                  | LOT 9                                  | GRAVE 7                                                                           |
| CHURCH from funeral home                                                                                                                                                                                                                                               | FUNERAL DIRECTOR McClave-Chandler Mills              | TYPE VAULT concrete box                |                                                                                   |
| CHURCH PERMIT Msgr. Lawrence Luciana                                                                                                                                                                                                                                   | HEALTH PERMIT No. 4101-none                          | 3-0x0-10 dbl.mem. Gallagher 12/18/1991 |                                                                                   |
| REMARKS: Surviving are a daughter, Darice Walker of Bloomingdale, one brother, Richard Lipton; one sister; Pearl Stadnik; and two grandchildren. She was born in Pittsburgh, a daughter of the late Peter and Helen Lapinsky. She was preceded in death by her husband |                                                      |                                        |                                                                                   |

Duane Walker; a brother and a sister. She was a member of St. Peter's catholic Cjurch. She died in Potters Medical Center, East Liverpool, Ohio.

FAMILY NAME: WALKER  
GIVEN NAME: HARRY E.  
INTERMENT NUMBER: 12868

|                                                                                                                                                                                                                                                                                    |  |                                                  |  |                                                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|--|------------------------------------------------------------------------------------------|--|
| NAME                                                                                                                                                                                                                                                                               |  | (Removal from Florida)<br>WALKER, Harry E.       |  | INTERMENT No. 12868                                                                      |  |
| ADDRESS 478 - 56th St., N.E. Miami, Florida                                                                                                                                                                                                                                        |  |                                                  |  |                                                                                          |  |
| PERSON RESPONSIBLE ADDRESS McClave Funeral Home                                                                                                                                                                                                                                    |  |                                                  |  |                                                                                          |  |
| Aug. 5, 1869                                                                                                                                                                                                                                                                       |  | AGE 87-2-16da                                    |  | RACE W SEX M MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |  |
| Oct. 21, 1956                                                                                                                                                                                                                                                                      |  | DATE OF DEATH                                    |  | Not shown on transit permit. April 27, 1959                                              |  |
| SECTION Poor Souls                                                                                                                                                                                                                                                                 |  | ROW                                              |  | LOT 9 GRAVE 9                                                                            |  |
| CHURCH St. Peters                                                                                                                                                                                                                                                                  |  | C.A. Heard #399 Miami                            |  | Guardian # 9                                                                             |  |
| Msgr. H. J. Grigsby.                                                                                                                                                                                                                                                               |  | FUNERAL DIRECTOR McClave-here                    |  | TYPE VAULT conc.                                                                         |  |
| CHURCH PERMIT No.                                                                                                                                                                                                                                                                  |  | Disinterment permit #17 3-OxO-10x1-6             |  |                                                                                          |  |
|                                                                                                                                                                                                                                                                                    |  | HEALTH PERMIT No. Dist. 23 Flo. Archer 8/17/1979 |  |                                                                                          |  |
| REMARKS: Born in Pittsburgh, Pa. of John and Elizabeth Walker.                                                                                                                                                                                                                     |  |                                                  |  |                                                                                          |  |
| Retired business man. Survived by wife, Margaret Duane Walker, 3 daughters, Mrs. Eliz. Knowles, Mrs. Edna Petterson, and Mrs. Homer Myers; 2 sons, Duane and Dr. Harry E. Walker. Died in Miami Florida and originally interred in Southern Memorial Park Cemetery, Miami, removed |  |                                                  |  |                                                                                          |  |

to Mt. Calvary and re-interred in double commital service with his wife, Margaret B. Walker, April 27, 1959.

FAMILY NAME: WALKER

GIVEN NAME: HARRY E. DR.

INTERMENT NUMBER: 17921

|                                                                |                                          |                     |                                                                             |
|----------------------------------------------------------------|------------------------------------------|---------------------|-----------------------------------------------------------------------------|
| NAME Walker, Harry E. Dr.                                      |                                          | INTERMENT No. 17921 |                                                                             |
| ADDRESS 66 James Rd. Broomall, Pa. 19008                       |                                          |                     |                                                                             |
| PERSON RESPONSIBLE ADDRESS McClave-Chandler-Mills Funeral Home |                                          |                     |                                                                             |
| AGE 87                                                         | RACE W                                   | SEX M               | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH 3-30-1986                                        | CAUSE OF DEATH Cardio respiratory arrest |                     | DATE OF BURIAL 4-3-1986                                                     |
| SECTION Poor Souls                                             |                                          | ROW                 | LOT 9 GRAVE 11                                                              |
| CHURCH St. Peter's                                             | McClave-Chandler FUNERAL DIRECTOR Mills  |                     | TYPE VAULT #9                                                               |
| CHURCH PERMIT Msgr. Lawrence Luciana                           | HEALTH PERMIT No. Chester, Pa. County    |                     |                                                                             |
| REMARKS: Surviving are his wife, Elizabeth Walker              |                                          |                     |                                                                             |
| August 12, 1986 flat granite marker received and installed.    |                                          |                     |                                                                             |
|                                                                |                                          |                     |                                                                             |
|                                                                |                                          |                     |                                                                             |
|                                                                |                                          |                     |                                                                             |

FAMILY NAME: WALKER  
GIVEN NAME: JOSEPH A.  
INTERMENT NUMBER: 13726

|                                                                                                 |              |                                                                     |     |                                 |       |
|-------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------|-----|---------------------------------|-------|
| NAME                                                                                            |              | WALKER, Joseph A.,                                                  |     | INTERMENT No. 13726             |       |
| ADDRESS                                                                                         |              | 609 North Seventh St., Steubenville, Ohio<br>Villa Maria Rest Home. |     |                                 |       |
| PERSON RESPONSIBLE ADDRESS                                                                      |              | McGill Funeral Home                                                 |     |                                 |       |
| Mar. 31, 1885                                                                                   |              |                                                                     |     |                                 |       |
| AGE                                                                                             | 78-6-5 da    | RACE                                                                | W   | SEX                             | M     |
| MARRIED                                                                                         |              | <input checked="" type="checkbox"/> widower                         |     | SINGLE <input type="checkbox"/> |       |
| DATE OF DEATH                                                                                   | Oct. 4, 1963 | Not stated on Permit                                                |     | Oct. 7, 1963                    |       |
| CAUSE OF DEATH                                                                                  |              | DATE OF BURIAL                                                      |     |                                 |       |
| SECTION                                                                                         | Poor Souls   |                                                                     | ROW | 33                              | GRAVE |
| CHURCH                                                                                          |              | St. Peters                                                          |     | Falcon topseal                  |       |
| FUNERAL DIRECTOR                                                                                |              | McGill                                                              |     | TYPE VAULT conc.                |       |
| Msgr. Cronin Malloy.                                                                            |              | Dist. 4101 -                                                        |     | 2-2" X 1-4" X 2-2 mar           |       |
| CHURCH PERMIT No.                                                                               |              | HEALTH PERMIT No. no number                                         |     | Archer 10/14/63                 |       |
| REMARKS: Born at Latrobe, Penna.                                                                |              |                                                                     |     |                                 |       |
| Survived by a daughter, Mrs. Genevieve Huss. Died at Gill Memorial Hospital, Steubenville, Ohio |              |                                                                     |     |                                 |       |
|                                                                                                 |              |                                                                     |     |                                 |       |
|                                                                                                 |              |                                                                     |     |                                 |       |



FAMILY NAME: WALKER

GIVEN NAME: MARGARET B. MRS.

INTERMENT NUMBER: 12869

|                                                                                                                                                                                                                                                                                                                                                     |  |                                      |  |                              |  |                  |  |                |  |                |  |       |  |         |  |                                           |  |        |  |                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--|------------------------------|--|------------------|--|----------------|--|----------------|--|-------|--|---------|--|-------------------------------------------|--|--------|--|--------------------------|--|
| NAME                                                                                                                                                                                                                                                                                                                                                |  | WALKER, Mrs. Margaret B.             |  | INTERMENT No.                |  | 12869            |  |                |  |                |  |       |  |         |  |                                           |  |        |  |                          |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                             |  | 378 - 56th Street NE, Miami, Florida |  |                              |  |                  |  |                |  |                |  |       |  |         |  |                                           |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                                                                                          |  | McClave Funeral Home                 |  |                              |  |                  |  |                |  |                |  |       |  |         |  |                                           |  |        |  |                          |  |
| Aug. 28, 1871                                                                                                                                                                                                                                                                                                                                       |  | AGE                                  |  | 87-7-23 da                   |  | RACE             |  | W              |  | SEX            |  | F     |  | MARRIED |  | <input checked="" type="checkbox"/> widow |  | SINGLE |  | <input type="checkbox"/> |  |
| April 20, 1959                                                                                                                                                                                                                                                                                                                                      |  | DATE OF DEATH                        |  | Not shown on Florida permit. |  | CAUSE OF DEATH   |  | April 27, 1959 |  | DATE OF BURIAL |  |       |  |         |  |                                           |  |        |  |                          |  |
| SECTION                                                                                                                                                                                                                                                                                                                                             |  | Poor Souls                           |  | ROW                          |  | LOT              |  | 9-             |  | GRAVE          |  | 10    |  |         |  |                                           |  |        |  |                          |  |
| CHURCH                                                                                                                                                                                                                                                                                                                                              |  | St. Peters - here                    |  | FUNERAL DIRECTOR             |  | McClave - here   |  | Guardian # 9   |  | TYPE           |  | conc. |  |         |  |                                           |  |        |  |                          |  |
| Msg. H. J. Grigsby                                                                                                                                                                                                                                                                                                                                  |  | Dade County, Miami                   |  | 3-OxO-10x1-6                 |  | Archer 8/17/1979 |  |                |  |                |  |       |  |         |  |                                           |  |        |  |                          |  |
| CHURCH PERMIT No.                                                                                                                                                                                                                                                                                                                                   |  | HEALTH PERMIT No. 2218               |  |                              |  |                  |  |                |  |                |  |       |  |         |  |                                           |  |        |  |                          |  |
| REMARKS: Born in Pittsburgh, Pa., of Michael and Jennie Montgomery Duane. Resided in Steubenville 1901 to 1952. Survived by 3 daughters Mrs. Eliz. Knowles, Mrs. Edna Patterson and Mrs. Homer Myers; 2 sons, Duane and Dr. Harry E. Walker; 3 sisters, Mrs. Eliz. Duane, Miss Ana Duane and Mrs. W.J. Roesler; 1 brother John Duane. Died at home. |  |                                      |  |                              |  |                  |  |                |  |                |  |       |  |         |  |                                           |  |        |  |                          |  |



FAMILY NAME: WALKER

GIVEN NAME: MARY

INTERMENT NUMBER: 18345

|                                                                                                                                                                                                                               |                                                      |                          |                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------|
| NAME Walker, Mary                                                                                                                                                                                                             |                                                      | INTERMENT No. 18345      |                                                                             |
| ADDRESS 1201 Wellsley Ave. Steubenville, Ohio                                                                                                                                                                                 |                                                      |                          |                                                                             |
| PERSON RESPONSIBLE ADDRESS Mosti Funeral Home                                                                                                                                                                                 |                                                      |                          |                                                                             |
| 4-5-1919                                                                                                                                                                                                                      |                                                      |                          |                                                                             |
| AGE 69                                                                                                                                                                                                                        | RACE W                                               | SEX F                    | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH 7-5-1988                                                                                                                                                                                                        | CAUSE OF DEATH Not stated on provisional certificate |                          | DATE OF BURIAL 7-8-1988                                                     |
| SECTION Queen of Heaven                                                                                                                                                                                                       | ROW                                                  | LOT 353                  | GRAVE 2                                                                     |
| CHURCH St. Peter's                                                                                                                                                                                                            | FUNERAL DIRECTOR Mosti                               | TYPE VAULT eagle         |                                                                             |
| CHURCH PERMIT Fr. David Huffman                                                                                                                                                                                               | HEALTH PERMIT No. 4101-0372                          | 4-6x1-2 Archer 7/14/1988 |                                                                             |
| REMARKS: Surviving are her husband, Virgil B. Walker, two sons, Mark Sr. and Paul both of Steubenville; a daughter Catherine O. Doran of Steubenville; two brothers, John "Slugs" Mosblack, and Paul "Bill" Mosblack, both of |                                                      |                          |                                                                             |

Steubenville; a sister, Catherine Mosblack of Steubenville eight grandchildren and one great grandchild. She was born in Steubenville a daughter of the late John "Rudy" and Mary M. Haney Mosblack. She was an employee of Sears Roebuck and Co. before her retirement in 1983. She was a member of St. Peter's Catholic Church.

FAMILY NAME: WALKER  
GIVEN NAME: MARY AGNES  
INTERMENT NUMBER: 16863

|                                                                                                                                                                                                                                      |  |                                                                           |  |                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|--|---------------------------------|--|
| NAME                                                                                                                                                                                                                                 |  | WALKER, Mary Agnes                                                        |  | INTERMENT No. 16863             |  |
| ADDRESS                                                                                                                                                                                                                              |  | 6621 Pine Bluff Rd. Knoxville, Tennessee (formerly of Steubenville, Ohio) |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                           |  | McClave-Chandler-Mills Funeral Home                                       |  |                                 |  |
| 7-7-1904                                                                                                                                                                                                                             |  | RACE W                                                                    |  | SEX F                           |  |
| AGE 76                                                                                                                                                                                                                               |  | MARRIED <input checked="" type="checkbox"/>                               |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH 9-4-1980                                                                                                                                                                                                               |  | Not stated on Tennessee CAUSE OF DEATH burial permit                      |  | DATE OF BURIAL 9-8-1980         |  |
| SECTION Blessed Virgin                                                                                                                                                                                                               |  | ROW                                                                       |  | LOT 10                          |  |
| Knoxville, Tenn.                                                                                                                                                                                                                     |  | McClave-Chandler-FUNERAL DIRECTOR Mills                                   |  | GRAVE 1 Concrete                |  |
| CHURCH St. Anthony's                                                                                                                                                                                                                 |  | TYPE VAULT                                                                |  | Box                             |  |
| CHURCH PERMIT Fr. R. Kawa                                                                                                                                                                                                            |  | Not stated on Tenn. HEALTH PERMIT No. permit.                             |  |                                 |  |
| REMARKS: Formerly of Steubenville, Mrs. Walker died in Knoxville University Hospital. She was a medical secretary for the Veteran's Administration until her retirement and a member of St. Anthony's Chruch in Knoxville. Surviving |  |                                                                           |  |                                 |  |

are two sons, William H. of Knoxville and Ronald C. of Detroit, Michigan and four grandchildren. She was born July 7, 1904, in Connellsville, PA., a daughter of the late Michael and Anna McGinnis Whalen.

FAMILY NAME: WALKER  
GIVEN NAME: MARY ANN SCURTI  
INTERMENT NUMBER: 19375

|                                                                                                                                                                                                                               |                                                      |                                   |                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------|
| NAME Walker, Mary Ann Scurti                                                                                                                                                                                                  |                                                      | INTERMENT No. 19375               |                                                                             |
| ADDRESS 835 Woodvue Lane, Wintersville, Ohio                                                                                                                                                                                  |                                                      |                                   |                                                                             |
| PERSON RESPONSIBLE ADDRESS mother-Mrs. Philomena Scurti                                                                                                                                                                       |                                                      |                                   |                                                                             |
| 2-1-1954                                                                                                                                                                                                                      |                                                      |                                   | Divorced                                                                    |
| AGE 39                                                                                                                                                                                                                        | RACE W                                               | SEX F                             | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH 11-11-1993                                                                                                                                                                                                      | CAUSE OF DEATH Not stated on provisional certificate |                                   | DATE OF BURIAL 11-15-1993                                                   |
| SECTION Queen of Heaven                                                                                                                                                                                                       | ROW                                                  | LOT 55                            | GRAVE 3                                                                     |
| CHURCH Holy Rosary                                                                                                                                                                                                            | FUNERAL DIRECTOR Mosti                               | Clark #12                         |                                                                             |
| CHURCH PERMIT Msgr. James Marshall                                                                                                                                                                                            | HEALTH PERMIT No. 4101-560                           | 2-3x1-2 sing.mem. Valley 9/2/1994 |                                                                             |
| REMARKS: Surviving are her mother, Philomena Tarquinio Scurti; a son, Jonathan at home, two brothers, F. Paul Jr. and Richard both of Steubenville. She was born in Steubenville. She was preceded in death by her father, F. |                                                      |                                   |                                                                             |

Paul Scurti and an infant son, She was an instructor at Isothermal Community College. She died in St. John Medical Center.



FAMILY NAME: WALKER  
GIVEN NAME: VIRGIL B.  
INTERMENT NUMBER: 20576

|                                                                                                                                                                                |                                                      |                          |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------|-----------------------------------------------------|
| NAME Walker, Virgil B.                                                                                                                                                         |                                                      | INTERMENT No. 20576      |                                                     |
| ADDRESS 1201 Wellesley Steubenville, Ohio                                                                                                                                      |                                                      |                          |                                                     |
| PERSON RESPONSIBLE ADDRESS son-Mark Walker                                                                                                                                     |                                                      |                          |                                                     |
| 5-21-1916                                                                                                                                                                      | RACE W                                               | SEX M                    | MARRIED <input checked="" type="checkbox"/> widower |
| AGE 83                                                                                                                                                                         | SINGLE <input type="checkbox"/>                      |                          |                                                     |
| DATE OF DEATH 11-17-1999                                                                                                                                                       | CAUSE OF DEATH Not stated on provisional certificate |                          | DATE OF BURIAL 11-20-1999                           |
| SECTION Queen of Heaven                                                                                                                                                        |                                                      | ROW                      | LOT 353 GRAVE 1                                     |
| CHURCH from funeral home                                                                                                                                                       | FUNERAL DIRECTOR Mosti                               | TYPE VAULT titan         |                                                     |
| CHURCH PERMIT Rev. Delbert Lash                                                                                                                                                | HEALTH PERMIT No. 4101-599                           | 4-6x1-2 Archer 7/14/1988 |                                                     |
| REMARKS: Surviving are two sons, Mark and Paul , both of Steubenville; a daughter, Catherine Doran of Steubenville, a brother, Maynard Walker of South Carolina and two sister |                                                      |                          |                                                     |

Alice Hall of Bridgeport W.Va and Esther Bardun of Toronto eight grandchildren and five great grandchildren. He was the son of the late Russell and Delia Stevens Walker. He was also preceded in death by his wife, Mary Mosblack in 1988 and a brother Dale Walker. He was retired from Weirton Steel Corp. and a Protestant by faith.

FAMILY NAME: WALKOSKY  
GIVEN NAME: ELIZABETH  
INTERMENT NUMBER: 19848

|                            |  |                                                                                                                                                                                                                             |  |               |  |                  |  |                |  |                                       |  |                          |  |           |  |                                     |  |
|----------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------|--|------------------|--|----------------|--|---------------------------------------|--|--------------------------|--|-----------|--|-------------------------------------|--|
| NAME                       |  | Walkosky, Elizabeth                                                                                                                                                                                                         |  | INTERMENT No. |  | 19848            |  |                |  |                                       |  |                          |  |           |  |                                     |  |
| ADDRESS                    |  | 1603 Wills Creek Dr., Cambridge, Ohio                                                                                                                                                                                       |  |               |  |                  |  |                |  |                                       |  |                          |  |           |  |                                     |  |
| PERSON RESPONSIBLE ADDRESS |  | Mosti Funeral Home                                                                                                                                                                                                          |  |               |  |                  |  |                |  |                                       |  |                          |  |           |  |                                     |  |
| 1-18-1915                  |  | RACE                                                                                                                                                                                                                        |  | W             |  | SEX              |  | F              |  | MARRIED                               |  | <input type="checkbox"/> |  | SINGLE    |  | <input checked="" type="checkbox"/> |  |
| AGE                        |  | 81                                                                                                                                                                                                                          |  | DATE OF DEATH |  | 3-18-1996        |  | CAUSE OF DEATH |  | Not stated on provisional certificate |  | DATE OF BURIAL           |  | 3-20-1996 |  |                                     |  |
| SECTION                    |  | All Souls                                                                                                                                                                                                                   |  | ROW           |  | LOT              |  | 51             |  | GRAVE                                 |  | 3                        |  |           |  |                                     |  |
| CHURCH                     |  | FUNERAL DIRECTOR                                                                                                                                                                                                            |  | Mosti         |  | TYPE VAULT       |  | concrete box   |  |                                       |  |                          |  |           |  |                                     |  |
| CHURCH PERMIT              |  | HEALTH PERMIT No.                                                                                                                                                                                                           |  | 4101-none     |  | 1-4x0-8 sing.mem |  | Archer         |  | 12/10/1996                            |  |                          |  |           |  |                                     |  |
| REMARKS:                   |  | She was born in Mingo Junction, a daughter of the late Michael & Elizabeth Bodnar Walkowsky. She was also preceded in death by two brothers, Michael and Jack. She was a retired Weirton Steel employees. Surviving are two |  |               |  |                  |  |                |  |                                       |  |                          |  |           |  |                                     |  |

nephews Michael Walkosky Jr. of Steubenville and George Walkosky of Atlanta, Ga.



FAMILY NAME: WALKOSKY  
GIVEN NAME: ELIZABETH BODNAR MRS.  
INTERMENT NUMBER: 13061

|                                                                                                                                                                                                                                       |  |                                                                                         |  |                                            |  |                  |  |                                                   |  |                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------|--|--------------------------------------------|--|------------------|--|---------------------------------------------------|--|---------------------------------|--|
| NAME                                                                                                                                                                                                                                  |  | WALKOSKI, Mrs. Elizabeth Bodnar                                                         |  | INTERMENT No.                              |  | 13061            |  |                                                   |  |                                 |  |
| ADDRESS                                                                                                                                                                                                                               |  | 314 Henry Ave.,<br>2965 Elm Street,<br>Steubenville, Ohio, formerly<br>Weirton, W. Va., |  |                                            |  |                  |  |                                                   |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                            |  | Mosti Funeral Home                                                                      |  |                                            |  |                  |  |                                                   |  |                                 |  |
| May 10, 1886                                                                                                                                                                                                                          |  | AGE 73-11-21 da                                                                         |  | RACE W                                     |  | SEX F            |  | MARRIED <input checked="" type="checkbox"/> widow |  | SINGLE <input type="checkbox"/> |  |
| May 1, 1960                                                                                                                                                                                                                           |  | DATE OF DEATH                                                                           |  | Not shown on provisional certificate No. 5 |  | May 4, 1960      |  | DATE OF BURIAL                                    |  |                                 |  |
| SECTION                                                                                                                                                                                                                               |  | All Souls                                                                               |  | ROW                                        |  | LOT 51           |  | GRAVE 2                                           |  |                                 |  |
| St. Mary's Greek Cath.                                                                                                                                                                                                                |  | CHURCH                                                                                  |  | Weirton, W. Va.,                           |  | FUNERAL DIRECTOR |  | Mosti                                             |  | Guardian # 9                    |  |
| CHURCH PERMIT No.                                                                                                                                                                                                                     |  | Dist. 4101 -                                                                            |  | 4-0" X 1-0" double                         |  | porv. 5          |  | memorial. Hayslip 1954                            |  | TYPE VAULT conc.                |  |
| REMARKS: Born in Ulak, Czechaslovakia.of Michael and Elizabeth Bodner To U.S. 1901 Married in 1903 to Michael Walkoski; survived by two sons John and Michael Walkoski; 1 daughter, <del>XXX</del> .Elizabeth Walkoski. Died at home. |  |                                                                                         |  |                                            |  |                  |  |                                                   |  |                                 |  |

FAMILY NAME: WALKOSKY

GIVEN NAME: MICHAEL

INTERMENT NUMBER: 16376

|                            |  |                                                        |  |                   |  |                                       |  |                  |  |                   |  |       |  |         |  |                                     |  |        |  |                          |  |
|----------------------------|--|--------------------------------------------------------|--|-------------------|--|---------------------------------------|--|------------------|--|-------------------|--|-------|--|---------|--|-------------------------------------|--|--------|--|--------------------------|--|
| NAME                       |  | WALKOSKY, Michael                                      |  | INTERMENT No.     |  | 16376                                 |  |                  |  |                   |  |       |  |         |  |                                     |  |        |  |                          |  |
| ADDRESS                    |  | Henry Street Steubenville, Ohio                        |  |                   |  |                                       |  |                  |  |                   |  |       |  |         |  |                                     |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  | McClave Chandler Mills Funeral Home                    |  |                   |  |                                       |  |                  |  |                   |  |       |  |         |  |                                     |  |        |  |                          |  |
| 7-31-1911                  |  | AGE                                                    |  | 66                |  | RACE                                  |  | W                |  | SEX               |  | M     |  | MARRIED |  | <input checked="" type="checkbox"/> |  | SINGLE |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  | Oct. 27, 1977                                          |  | CAUSE OF DEATH    |  | not stated on provisional certificate |  | DATE OF BURIAL   |  | Oct. 31, 1977     |  |       |  |         |  |                                     |  |        |  |                          |  |
| SECTION                    |  | All Souls                                              |  | ROW               |  |                                       |  | LOT              |  | 78                |  | GRAVE |  | 5       |  |                                     |  |        |  |                          |  |
| CHURCH                     |  | Holy Name                                              |  | FUNERAL DIRECTOR  |  | McClave Chandler Mills                |  | TYPE VAULT       |  | falcon topseal    |  |       |  |         |  |                                     |  |        |  |                          |  |
| CHURCH PERMIT              |  | Msgr. Nugent                                           |  | HEALTH PERMIT No. |  | 4101-0766                             |  | 3-10 x 1-2 x 2-8 |  | dble. Kurtz 4/78. |  |       |  |         |  |                                     |  |        |  |                          |  |
| REMARKS:                   |  | Michael J. Walkosky Sr. died Thursday in Ohio Vall-    |  |                   |  |                                       |  |                  |  |                   |  |       |  |         |  |                                     |  |        |  |                          |  |
|                            |  | ey Hospital, Steubenville. He was a retired employe of |  |                   |  |                                       |  |                  |  |                   |  |       |  |         |  |                                     |  |        |  |                          |  |
|                            |  | Weirton Steel Division, and a member of the Holy Name  |  |                   |  |                                       |  |                  |  |                   |  |       |  |         |  |                                     |  |        |  |                          |  |
|                            |  | Cathedral, Steubenville. Surviving are his wife, Agnes |  |                   |  |                                       |  |                  |  |                   |  |       |  |         |  |                                     |  |        |  |                          |  |

Bates Walkosky; two sons, Michael J. Jr. of Steubenville, and George J. of Bloomingdale Hills, Mich.: a sister, Elizabeth Walkosky of Cambridge; a brother Jack Wallace of Detroit, Mich.; four grandchildren.

FAMILY NAME: WALKOSKY  
GIVEN NAME: MICHAEL SR.  
INTERMENT NUMBER: 11998

|                                                                        |             |                                   |                                     |                                          |        |
|------------------------------------------------------------------------|-------------|-----------------------------------|-------------------------------------|------------------------------------------|--------|
| NAME                                                                   |             | WALKOSKY, Michael Sr.             |                                     | INTERMENT No. 11998                      |        |
| ADDRESS                                                                |             | 2965 Elm Street, Weirton, W. Va., |                                     |                                          |        |
| PERSON RESPONSIBLE ADDRESS                                             |             | Hertnick Funeral Home             |                                     |                                          |        |
| July 10, 1884                                                          |             |                                   |                                     |                                          |        |
| AGE                                                                    | 69-10-27 da | RACE                              | W                                   | SEX                                      | M      |
|                                                                        |             | MARRIED                           | <input checked="" type="checkbox"/> |                                          |        |
|                                                                        |             | SINGLE                            |                                     | <input type="checkbox"/>                 |        |
| Mon. June 7, 1954                                                      |             | CAUSE OF DEATH                    |                                     | Thur. June 10, 1954                      |        |
| DATE OF DEATH                                                          |             | Chronic Myocarditis               |                                     | DATE OF BURIAL                           |        |
| SECTION                                                                |             | All Souls                         |                                     | ROW                                      | LOT 51 |
| St. Mary's Greek Catholic                                              |             | Hertnick, Weirton, W. Va          |                                     | GRAVE 1                                  |        |
| Weirton, W. Va.,                                                       |             | FUNERAL DIRECTOR                  |                                     | Wheatley # 9                             |        |
| Fr. George Billie                                                      |             | (Ohio) Dist. 4101-                |                                     | TYPE VAULT conc                          |        |
| CHURCH PERMIT No.                                                      |             | HEALTH PERMIT No. 246             |                                     | 4-0" X 1-0" double marker. Hayslip-195 4 |        |
| REMARKS: Born in Austria. Survived by widow, Elizabeth Bodnar Walkosky |             |                                   |                                     |                                          |        |
| 2 sons, Michael and John; 1 daughter, Elizabeth, 1 brother George,     |             |                                   |                                     |                                          |        |
| 2 sisters, Mrs Barbara Kucika, and Anna. Died at Gill Hosp., Steuben-  |             |                                   |                                     |                                          |        |
| ville, Ohio                                                            |             |                                   |                                     |                                          |        |

FAMILY NAME: WALKOSKY  
GIVEN NAME: PAUL JAMES  
INTERMENT NUMBER: 18939

|                                                                                                                                                                                                                                                                       |                                              |                       |                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------|-----------------------------------------------------------------------------|
| NAME Walkosky, Paul James                                                                                                                                                                                                                                             |                                              | INTERMENT No. 18939   |                                                                             |
| ADDRESS 4660 Scioto Drive, Apt. #C, Steubenville, Ohio                                                                                                                                                                                                                |                                              |                       |                                                                             |
| PERSON RESPONSIBLE ADDRESS Mosti Funeral Home                                                                                                                                                                                                                         |                                              |                       |                                                                             |
| 2-16-1967                                                                                                                                                                                                                                                             |                                              |                       |                                                                             |
| AGE 24                                                                                                                                                                                                                                                                | RACE W                                       | SEX M                 | MARRIED <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> |
| DATE OF DEATH 7-27-1991                                                                                                                                                                                                                                               | CAUSE OF DEATH Self-Inflicted Gun Shot Wound |                       | DATE OF BURIAL 7-30-1991                                                    |
| SECTION All Souls                                                                                                                                                                                                                                                     | ROW                                          | LOT 79                | GRAVE 7                                                                     |
| CHURCH Holy Family                                                                                                                                                                                                                                                    | FUNERAL DIRECTOR Mosti                       | TYPE VAULT #9 topseal |                                                                             |
| CHURCH PERMIT Fr, R. Tuttle                                                                                                                                                                                                                                           | Msgr. J. Marshall                            | 2'-6''x8(down four    |                                                                             |
| Msgr. J. Malara                                                                                                                                                                                                                                                       | HEALTH PERMIT No. 4101-400                   | sing.mem.3/24/1992    |                                                                             |
| REMARKS: Surviving are his parents, Michael J. and Anna E. Buffone Walkosky Jr.; three brothers, Michael J.III and Joseph A. both of Steubenville, and David L. a senior at the University of Toledo; paternal grandmother, Agnes Bates Walkosky of Steubenville; and |                                              |                       |                                                                             |

maternal grandparents, Pete and Lucille Vario Buffone of Steubenville He was born in Steubenville. He was preceded in death by his paternal grandfather, Michael J. Walkosky Sr. He was employed by Weirton Steel Corp. tin mill, shipping department. He was a member of the Mingo Sportsman's Club, Polish Athletic Club, and Holy Family Catholic Church.



FAMILY NAME: WALLACE  
GIVEN NAME: CATERINA MANINI  
INTERMENT NUMBER: 20395

|                                                                                                                                                                                                                                  |  |                                      |  |                   |  |                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--|-------------------|--|---------------------------------------|--|
| NAME                                                                                                                                                                                                                             |  | Wallace, Manini, Caterina            |  | INTERMENT No.     |  | 20395                                 |  |
| ADDRESS                                                                                                                                                                                                                          |  | 112 Beverly Lane. Wintersville, Ohio |  |                   |  |                                       |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                       |  | daughter- Amanda Wallace             |  |                   |  |                                       |  |
| 5-22-1950                                                                                                                                                                                                                        |  | RACE                                 |  | SEX               |  | MARRIED                               |  |
| AGE                                                                                                                                                                                                                              |  | 48                                   |  | W                 |  | F                                     |  |
|                                                                                                                                                                                                                                  |  |                                      |  |                   |  | divorced                              |  |
| DATE OF DEATH                                                                                                                                                                                                                    |  | 2-2-1999                             |  | CAUSE OF DEATH    |  | Not stated on provisional certificate |  |
|                                                                                                                                                                                                                                  |  |                                      |  |                   |  | 2-5-1999                              |  |
| SECTION                                                                                                                                                                                                                          |  | Resurrection Mausoleum               |  | CRYPT             |  | 421-A                                 |  |
|                                                                                                                                                                                                                                  |  | ROW                                  |  | LOT               |  | GRAVE                                 |  |
| Our Lady of Lourdes                                                                                                                                                                                                              |  | CHURCH                               |  | FUNERAL DIRECTOR  |  | Mosti                                 |  |
|                                                                                                                                                                                                                                  |  |                                      |  | TYPE VAULT        |  | not required                          |  |
| CHURCH PERMIT                                                                                                                                                                                                                    |  | Msg. Gerald Calovini                 |  | HEALTH PERMIT No. |  | 4101-68                               |  |
| REMARKS: Surviving are her mother, Anna Rotondo Manini of Steubenville; two daughters, Maria of Stow and Amanda at home; two brothers, Vincent Manini of Wintersville and Carlo Manini of Weirton. She was born in Rocco Cosale, |  |                                      |  |                   |  |                                       |  |

Aquila Italy. She was preceded in death by her father, Armondo Manini. She worked as a R.N. at Trinity Medical Center West for 27 years. She was a member of Our Lady of Lourdes Church and AL-ANON.

FAMILY NAME: WALLS  
GIVEN NAME: THELMA M.  
INTERMENT NUMBER: 20544

|                            |  |                                                                                                                                                                                                                                 |  |                          |  |               |  |                                           |  |
|----------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--|---------------|--|-------------------------------------------|--|
| NAME                       |  | Walls, Thelma M.                                                                                                                                                                                                                |  | (CREMATION)              |  | INTERMENT No. |  | 20544                                     |  |
| ADDRESS                    |  | North Fort Myers, Florida                                                                                                                                                                                                       |  |                          |  |               |  |                                           |  |
| PERSON RESPONSIBLE ADDRESS |  | daughter-Peggy Gear                                                                                                                                                                                                             |  |                          |  |               |  |                                           |  |
| 8-15-1917                  |  | AGE                                                                                                                                                                                                                             |  | 81                       |  | RACE          |  | W                                         |  |
|                            |  | SEX                                                                                                                                                                                                                             |  | F                        |  | MARRIED       |  | <input checked="" type="checkbox"/> widow |  |
|                            |  | SINGLE                                                                                                                                                                                                                          |  | <input type="checkbox"/> |  |               |  |                                           |  |
| DATE OF DEATH              |  | 8-3-1999                                                                                                                                                                                                                        |  | CAUSE OF DEATH           |  |               |  | DATE OF BURIAL                            |  |
|                            |  |                                                                                                                                                                                                                                 |  |                          |  |               |  | 10-12-1999                                |  |
| SECTION                    |  | Queen of Heaven                                                                                                                                                                                                                 |  | ROW                      |  | LOT           |  | 301                                       |  |
|                            |  |                                                                                                                                                                                                                                 |  |                          |  | GRAVE         |  | 2                                         |  |
| CHURCH                     |  |                                                                                                                                                                                                                                 |  | FUNERAL DIRECTOR         |  |               |  | TYPE VAULT                                |  |
|                            |  |                                                                                                                                                                                                                                 |  |                          |  |               |  | cremation/box                             |  |
| CHURCH PERMIT              |  | Msgr. Kenneth Uram                                                                                                                                                                                                              |  | HEALTH PERMIT No.        |  |               |  | 2-0x1-0 sing.mem Kurtz 10/26/1999         |  |
| REMARKS:                   |  | She was born in Lansing, Oh. the daughter of the lat Charles B. and Winifred Gates Fowler Sr..Surviving are two daughters, Peggy A. Gear of North Fort Myers, Fl and Gerri Foster of Barnesville, Ohio, seven grandchildren and |  |                          |  |               |  |                                           |  |

13 great grandchildren and one great great granddaughter. She was preceded ind eath by her husband, Wilbert "Bill" Walls and one grandson Michael "Mikey" Gear. She was a member of St. Francis Xavier Catholic Church of Fort Myers, the Council of Catholic Women, the Widow-Widowers Singles Club and the Church choir.

FAMILY NAME: WALLS  
GIVEN NAME: WILBERT O.  
INTERMENT NUMBER: 15717

|                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                  |  |                                             |                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------|--|---------------------------------------------|---------------------------------------------|
| NAME                                                                                                                                                                                                                                                                                                                                                       |  | WALLS, Wilbert O.                                                                                |  | INTERMENT No. 15717                         |                                             |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                    |  | 515 Grandview Ave., Steubenville, Ohio                                                           |  |                                             |                                             |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                                                                                                 |  | McClave-Chandler Mills for O & C ans one grave<br>Mrs. Thelma Walls (wife) for one add. if taken |  |                                             |                                             |
| June 2, 1913                                                                                                                                                                                                                                                                                                                                               |  | RACE W                                                                                           |  | SEX M                                       | MARRIED <input checked="" type="checkbox"/> |
| AGE 60-9-                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                  |  | SINGLE <input type="checkbox"/>             |                                             |
| March 17, 1974                                                                                                                                                                                                                                                                                                                                             |  | Acute Myocardial Infarction                                                                      |  | March 20, 1974                              |                                             |
| DATE OF DEATH                                                                                                                                                                                                                                                                                                                                              |  | CAUSE OF DEATH                                                                                   |  | DATE OF BURIAL                              |                                             |
| SECTION                                                                                                                                                                                                                                                                                                                                                    |  | Queen of Heaven                                                                                  |  | ROW                                         | LOT 301 GRAVE 3                             |
| CHURCH                                                                                                                                                                                                                                                                                                                                                     |  | St. John Fisher                                                                                  |  | McClave-Chandler-<br>FUNERAL DIRECTOR Mills | falcon topseal<br>TYPE VAULT conc           |
| Fr. Kenneth Uram                                                                                                                                                                                                                                                                                                                                           |  | Dist. 4101 - 192                                                                                 |  | 2-Ox1-OxO-4 marker                          |                                             |
| CHURCH PERMIT                                                                                                                                                                                                                                                                                                                                              |  | HEALTH PERMIT No.                                                                                |  | 5/74 MAS                                    |                                             |
| REMARKS: Born in Flushing, Ohio of William and Artie Maple Walls.<br>Retired heavy construcion Operating Engineer. Survived by his wife<br>Mrs. Thelma Walls; 2 daughters, Mrs. Jas. K. (Peggy Ann) Greer and<br>Mrs. Thomas E. (Gerri) Foster; 2 sisters, Mrs. Pete (Alma) Molino and<br>Mrs. Orville (Leona) Childers; 2 brothers, Oliver and Roy Walls; |  |                                                                                                  |  |                                             |                                             |

also 7 grandchildren. Died at St. John Medical Center, Steubenville/

FAMILY NAME: WALSH

GIVEN NAME: ANNA (MRS. PETER)

INTERMENT NUMBER: 01215

|                            |  |                                                 |  |                  |  |                                     |  |                          |  |
|----------------------------|--|-------------------------------------------------|--|------------------|--|-------------------------------------|--|--------------------------|--|
| NAME                       |  | WALSH, Mrs. Anna (Peter)                        |  | INTERMENT No.    |  | 1215                                |  |                          |  |
| ADDRESS                    |  | N. 7th St., Steubenville, Ohio                  |  |                  |  |                                     |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                                                 |  |                  |  |                                     |  |                          |  |
| AGE                        |  | RACE                                            |  | SEX              |  | MARRIED                             |  | SINGLE                   |  |
| 53                         |  | W                                               |  | F                |  | <input checked="" type="checkbox"/> |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  | CAUSE OF DEATH                                  |  |                  |  | DATE OF BURIAL                      |  |                          |  |
| July 8, 1901               |  | Injury                                          |  |                  |  |                                     |  |                          |  |
| SECTION                    |  | Holy Name                                       |  | ROW              |  | LOT                                 |  | GRAVE                    |  |
|                            |  |                                                 |  |                  |  | 43                                  |  | 17                       |  |
| CHURCH                     |  | St. Peters                                      |  | FUNERAL DIRECTOR |  | TYPE VAULT                          |  |                          |  |
| M.M.A.Hartnedy             |  |                                                 |  |                  |  |                                     |  |                          |  |
| CHURCH PERMIT No.          |  | HEALTH PERMIT No.                               |  |                  |  |                                     |  |                          |  |
| REMARKS:                   |  | Survived by husband and lot owner, Peter Walsh. |  |                  |  |                                     |  |                          |  |
|                            |  |                                                 |  |                  |  |                                     |  |                          |  |
|                            |  |                                                 |  |                  |  |                                     |  |                          |  |
|                            |  |                                                 |  |                  |  |                                     |  |                          |  |
|                            |  |                                                 |  |                  |  |                                     |  |                          |  |



FAMILY NAME: WALSH  
GIVEN NAME: ANNA MISS  
INTERMENT NUMBER: 10678

|                            |  |                    |  |                   |  |                      |  |                                                                                                      |  |               |  |    |  |         |  |                          |  |        |  |                                     |  |
|----------------------------|--|--------------------|--|-------------------|--|----------------------|--|------------------------------------------------------------------------------------------------------|--|---------------|--|----|--|---------|--|--------------------------|--|--------|--|-------------------------------------|--|
| NAME                       |  | WALSH, Miss Anna   |  | INTERMENT No.     |  | 10678                |  |                                                                                                      |  |               |  |    |  |         |  |                          |  |        |  |                                     |  |
| ADDRESS                    |  | Mayview, Pa.,      |  |                   |  |                      |  |                                                                                                      |  |               |  |    |  |         |  |                          |  |        |  |                                     |  |
| PERSON RESPONSIBLE ADDRESS |  |                    |  |                   |  |                      |  |                                                                                                      |  |               |  |    |  |         |  |                          |  |        |  |                                     |  |
| 1874                       |  | AGE                |  | 71 yrs            |  | RACE                 |  | W                                                                                                    |  | SEX           |  | F  |  | MARRIED |  | <input type="checkbox"/> |  | SINGLE |  | <input checked="" type="checkbox"/> |  |
| DATE OF DEATH              |  | Dec. 14, 1945      |  | CAUSE OF DEATH    |  | chronic myocarditis  |  | DATE OF BURIAL                                                                                       |  | Dec. 18, 1945 |  |    |  |         |  |                          |  |        |  |                                     |  |
| SECTION                    |  | Holy Name          |  | ROW               |  | LOT                  |  | 43                                                                                                   |  | GRAVE         |  | 19 |  |         |  |                          |  |        |  |                                     |  |
| CHURCH                     |  | St. Peter's (here) |  | FUNERAL DIRECTOR  |  | McCabe Bros. Shannon |  | TYPE VAULT                                                                                           |  | sectional     |  |    |  |         |  |                          |  |        |  |                                     |  |
| CHURCH PERMIT No.          |  |                    |  | HEALTH PERMIT No. |  | 231                  |  | Mayview, Pa.,                                                                                        |  | Dist. 02-36   |  |    |  |         |  |                          |  |        |  |                                     |  |
| REMARKS:                   |  |                    |  |                   |  |                      |  | Born, Steubenville of Peter & Anna Walsh.                                                            |  |               |  |    |  |         |  |                          |  |        |  |                                     |  |
|                            |  |                    |  |                   |  |                      |  | Survived by 4 sisters, Mrs. Mrs. Mary Connor, Mrs. J.W. Cavanaugh, Mrs. Nell Myers, Miss Rose Walsh. |  |               |  |    |  |         |  |                          |  |        |  |                                     |  |
|                            |  |                    |  |                   |  |                      |  |                                                                                                      |  |               |  |    |  |         |  |                          |  |        |  |                                     |  |
|                            |  |                    |  |                   |  |                      |  |                                                                                                      |  |               |  |    |  |         |  |                          |  |        |  |                                     |  |
|                            |  |                    |  |                   |  |                      |  |                                                                                                      |  |               |  |    |  |         |  |                          |  |        |  |                                     |  |

FAMILY NAME: WALSH

GIVEN NAME: JOHN

INTERMENT NUMBER: 09738

|                            |    |                    |   |                   |   |                |                          |            |                          |
|----------------------------|----|--------------------|---|-------------------|---|----------------|--------------------------|------------|--------------------------|
| NAME                       |    | WALSH, John        |   | INTERMENT No.     |   | 9738           |                          |            |                          |
| ADDRESS                    |    | Salinesville, Ohio |   |                   |   |                |                          |            |                          |
| PERSON RESPONSIBLE ADDRESS |    |                    |   |                   |   |                |                          |            |                          |
| AGE                        | 17 | RACE               | W | SEX               | M | MARRIED        | <input type="checkbox"/> | SINGLE     | <input type="checkbox"/> |
| DATE OF DEATH              |    | CAUSE OF DEATH     |   |                   |   | DATE OF BURIAL |                          |            | June 5, '39              |
| SECTION                    |    | Blessed Virgin     |   | ROW               |   | LOT            | 24                       | GRAVE      | 6                        |
| CHURCH                     |    | Salinesville       |   | FUNERAL DIRECTOR  |   | Hutson         |                          | TYPE VAULT |                          |
| CHURCH PERMIT No.          |    | Fr. W.J.Murphy     |   | HEALTH PERMIT No. |   |                |                          |            |                          |
| REMARKS:                   |    |                    |   |                   |   |                |                          |            |                          |
|                            |    |                    |   |                   |   |                |                          |            |                          |
|                            |    |                    |   |                   |   |                |                          |            |                          |
|                            |    |                    |   |                   |   |                |                          |            |                          |
|                            |    |                    |   |                   |   |                |                          |            |                          |

FAMILY NAME: WALSH  
GIVEN NAME: MARY ANN  
INTERMENT NUMBER: 09506

|                            |    |                    |  |                   |                |            |                          |              |                          |
|----------------------------|----|--------------------|--|-------------------|----------------|------------|--------------------------|--------------|--------------------------|
| NAME                       |    | WALSH, Mary Ann    |  | INTERMENT No.     |                | 9506       |                          |              |                          |
| ADDRESS                    |    | Weirton, W. Va.,   |  |                   |                |            |                          |              |                          |
| PERSON RESPONSIBLE ADDRESS |    |                    |  |                   |                |            |                          |              |                          |
| AGE                        | 77 | RACE               |  | SEX               | F              | MARRIED    | <input type="checkbox"/> | SINGLE       | <input type="checkbox"/> |
| DATE OF DEATH              |    | CAUSE OF DEATH     |  |                   | DATE OF BURIAL |            |                          | Sept. 8, '37 |                          |
| SECTION                    |    | St. Patrick's      |  | ROW               |                | LOT        | 80                       | GRAVE        | 5                        |
| CHURCH                     |    | St. Pauls, Weirton |  | FUNERAL DIRECTOR  |                | Hertnick's |                          | TYPE VAULT   |                          |
| CHURCH PERMIT No.          |    | D.P.Murphy         |  | HEALTH PERMIT No. |                |            |                          |              |                          |
| REMARKS:                   |    |                    |  |                   |                |            |                          |              |                          |
|                            |    |                    |  |                   |                |            |                          |              |                          |
|                            |    |                    |  |                   |                |            |                          |              |                          |
|                            |    |                    |  |                   |                |            |                          |              |                          |
|                            |    |                    |  |                   |                |            |                          |              |                          |

FAMILY NAME: WALSH

GIVEN NAME: PETER

INTERMENT NUMBER: 01276

|                                                |  |                |  |                   |  |                                  |  |
|------------------------------------------------|--|----------------|--|-------------------|--|----------------------------------|--|
| NAME                                           |  | WALSH, Peter   |  | INTERMENT No.     |  | 1276                             |  |
| ADDRESS                                        |  |                |  |                   |  |                                  |  |
| N. 7th St., Steubenville, Ohio                 |  |                |  |                   |  |                                  |  |
| PERSON RESPONSIBLE ADDRESS                     |  |                |  |                   |  |                                  |  |
| AGE                                            |  | RACE           |  | SEX               |  | MARRIED                          |  |
| 60                                             |  | W              |  | M                 |  | <input type="checkbox"/> widower |  |
|                                                |  |                |  |                   |  | SINGLE <input type="checkbox"/>  |  |
| DATE OF DEATH                                  |  | CAUSE OF DEATH |  |                   |  | DATE OF BURIAL                   |  |
| Jan. 31, 1902                                  |  | Pneumonia      |  |                   |  |                                  |  |
| SECTION                                        |  | Holy Name      |  | ROW               |  | LOT                              |  |
|                                                |  |                |  |                   |  | 43                               |  |
| CHURCH                                         |  | St. Peters     |  | FUNERAL DIRECTOR  |  | TYPE VAULT                       |  |
|                                                |  |                |  |                   |  |                                  |  |
| CHURCH PERMIT No.                              |  | John J. Dacey  |  | HEALTH PERMIT No. |  |                                  |  |
|                                                |  |                |  |                   |  |                                  |  |
| REMARKS: Survived by daughter, Margaret Walsh. |  |                |  |                   |  |                                  |  |
|                                                |  |                |  |                   |  |                                  |  |
|                                                |  |                |  |                   |  |                                  |  |
|                                                |  |                |  |                   |  |                                  |  |
|                                                |  |                |  |                   |  |                                  |  |



FAMILY NAME: WALSH  
GIVEN NAME: ROSE IMELDA MISS  
INTERMENT NUMBER: 14325

|                            |  |                                                                                                                        |  |                                 |  |                                     |  |
|----------------------------|--|------------------------------------------------------------------------------------------------------------------------|--|---------------------------------|--|-------------------------------------|--|
| NAME                       |  | WALSH,, Miss Rose Imelda                                                                                               |  | INTERMENT NO.                   |  | 14325                               |  |
| ADDRESS                    |  | San Francisco, Calif.                                                                                                  |  |                                 |  |                                     |  |
| PERSON RESPONSIBLE ADDRESS |  | McClave Funeral H ome                                                                                                  |  |                                 |  |                                     |  |
| DATE OF DEATH              |  | Oct. 15, 1890                                                                                                          |  | AGE                             |  | 75-10-25da                          |  |
| RACE                       |  | W                                                                                                                      |  | SEX                             |  | F                                   |  |
| MARRIED                    |  | <input type="checkbox"/>                                                                                               |  | SINGLE                          |  | <input checked="" type="checkbox"/> |  |
| DATE OF DEATH              |  | Sept. 9, 1966                                                                                                          |  | CAUSE OF DEATH                  |  | Not stated on California permit     |  |
| DATE OF BURIAL             |  | Sept. 14, 1966                                                                                                         |  | SECTION                         |  | Holy Name                           |  |
| ROW                        |  | LOT                                                                                                                    |  | GRAVE                           |  | 15                                  |  |
| CHURCH                     |  | St. Boniface-there                                                                                                     |  | McAvoy-O'Hare-there             |  | falcon topseal                      |  |
| CHURCH PERMIT No.          |  | St. Peters - here                                                                                                      |  | FUNERAL DIRECTOR McClave-here   |  | TYPE VAULT conc.                    |  |
| CHURCH PERMIT No.          |  | Fr. Alfred Baeddeker.                                                                                                  |  | San Francisco HEALTH PERMIT No. |  | 6879                                |  |
| REMARKS:                   |  | Born in Steubenville of Peter and Annie Walsh. Survived by two nieces, Mrs. Margaret Zurbach and Mrs. Helen McCormick. |  |                                 |  |                                     |  |

FAMILY NAME: WALSH  
GIVEN NAME: RUTH M. MRS.  
INTERMENT NUMBER: 14636

|                                                                                                                                                                                                                                                                                     |               |                                                        |      |                        |     |                                  |         |                                             |         |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------|------|------------------------|-----|----------------------------------|---------|---------------------------------------------|---------|--------------------------|
| NAME                                                                                                                                                                                                                                                                                |               | WALSH, Mrs. Ruth M.                                    |      | INTERMENT No. 14636    |     |                                  |         |                                             |         |                          |
| ADDRESS                                                                                                                                                                                                                                                                             |               | 711 North Fourth St., Steubenville, Ohio               |      |                        |     |                                  |         |                                             |         |                          |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                          |               | McClave for Opening & closing<br>Thomas. Walsh for lot |      |                        |     |                                  |         |                                             |         |                          |
| May 24, 1907                                                                                                                                                                                                                                                                        | AGE           | 60-10-18da                                             | RACE | W                      | SEX | F                                | MARRIED | <input checked="" type="checkbox"/> (twice) | SINGLE  | <input type="checkbox"/> |
| April 10, 1968                                                                                                                                                                                                                                                                      | DATE OF DEATH | Not stated on provisional certificate.                 |      |                        |     | April 12, 1968<br>DATE OF BURIAL |         |                                             |         |                          |
| SECTION                                                                                                                                                                                                                                                                             |               | All Souls                                              |      | ROW                    | LOT |                                  | 119     |                                             | GRAVE 6 |                          |
| CHURCH                                                                                                                                                                                                                                                                              |               | 1st U. Presbyterian                                    |      | FUNERAL DIRECTOR       |     | McClave                          |         | Eagle Triplex<br>TYPE VAULT conc.           |         |                          |
| Rev. Mr. Calvin C. Martin                                                                                                                                                                                                                                                           |               | Dist. 4101 -                                           |      | 2-2" X 1-2" X 2-2"     |     | CHURCH PERMIT                    |         |                                             |         |                          |
| Rev. Rob't E. Reed.                                                                                                                                                                                                                                                                 |               | HEALTH PERMIT No. 245                                  |      | memorial. Hayslip 5/68 |     |                                  |         |                                             |         |                          |
| REMARKS: Born in Steubenville of John and Rebecca Williams Schmid.                                                                                                                                                                                                                  |               |                                                        |      |                        |     |                                  |         |                                             |         |                          |
| Survived by husband Thomas Walsh, her mother, Mrs. Rebecca Williams Schmid; a son, William Latimer, a sister, Mrs. Wm. (Elizabeth) Podwell 3 brothers, Phillip, William and Theodore Schmid. Employed as Sec'y., Wamham Transportation Co., Pottery Add. Steubenville. Died at Ohio |               |                                                        |      |                        |     |                                  |         |                                             |         |                          |

Valley Hospital, Steubenville, Ohio.

FAMILY NAME: WALSH  
GIVEN NAME: THOMAS C.  
INTERMENT NUMBER: 08585

|                            |     |                                |   |                   |   |               |                          |
|----------------------------|-----|--------------------------------|---|-------------------|---|---------------|--------------------------|
| NAME                       |     | WALSH, Thomas C.               |   | INTERMENT NO.     |   | 8585          |                          |
| ADDRESS                    |     | Steubenville, Ohio             |   |                   |   |               |                          |
| PERSON RESPONSIBLE ADDRESS |     |                                |   |                   |   |               |                          |
| AGE                        | 35- | RACE                           | W | SEX               | M | MARRIED       | <input type="checkbox"/> |
|                            |     |                                |   |                   |   | SINGLE        | <input type="checkbox"/> |
| DATE OF DEATH              |     | Jan. 17, 1930                  |   | CAUSE OF DEATH    |   | Accident      |                          |
|                            |     |                                |   |                   |   | Jan. 19, 1931 |                          |
| DATE OF BURIAL             |     |                                |   |                   |   |               |                          |
| SECTION                    |     | St. Joseph                     |   | ROW               |   | LOT 87        |                          |
|                            |     |                                |   |                   |   | GRAVE 2       |                          |
| CHURCH                     |     | St. Peters                     |   | FUNERAL DIRECTOR  |   | TYPE VAULT    |                          |
|                            |     |                                |   |                   |   |               |                          |
| CHURCH PERMIT NO.          |     | T.A.Powers                     |   | HEALTH PERMIT NO. |   |               |                          |
|                            |     |                                |   |                   |   |               |                          |
| REMARKS:                   |     | Sgt. in World War I. 314th FA. |   |                   |   |               |                          |
|                            |     |                                |   |                   |   |               |                          |
|                            |     |                                |   |                   |   |               |                          |
|                            |     |                                |   |                   |   |               |                          |
|                            |     |                                |   |                   |   |               |                          |
|                            |     |                                |   |                   |   |               |                          |

FAMILY NAME: WALSH  
GIVEN NAME: THOMAS P.  
INTERMENT NUMBER: 14757

|                                                                                                                  |  |                                             |  |                                        |  |                                   |  |
|------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--|----------------------------------------|--|-----------------------------------|--|
| NAME                                                                                                             |  | WALSH, Thomas P.                            |  | INTERMENT No.                          |  | 14757                             |  |
| ADDRESS                                                                                                          |  | 711 North Fourth Street, Steubenville, Ohio |  |                                        |  |                                   |  |
| PERSON RESPONSIBLE ADDRESS                                                                                       |  | McClave Funeral Home                        |  |                                        |  |                                   |  |
| Aug. 12, 1903                                                                                                    |  | RACE                                        |  | SEX                                    |  | MARRIED                           |  |
| AGE 65-3-25d                                                                                                     |  | W                                           |  | M                                      |  | XX widower                        |  |
| Dec. 6, 1968                                                                                                     |  | DATE OF DEATH                               |  | Not stated on provisional certificate. |  | Dec. 9, 1968                      |  |
| DATE OF DEATH                                                                                                    |  | CAUSE OF DEATH                              |  | DATE OF BURIAL                         |  | SINGLE                            |  |
| SECTION                                                                                                          |  | All Souls                                   |  | ROW                                    |  | LOT 119                           |  |
| GRAVE                                                                                                            |  | 5                                           |  | Eagle Triplex                          |  | conc.                             |  |
| CHURCH                                                                                                           |  | St. Peters                                  |  | FUNERAL DIRECTOR                       |  | McClave                           |  |
| Msgr. Cronin Malloy.                                                                                             |  | Dist. 4101-                                 |  | 2-2" X 1-2" X 2-2"                     |  | no number memorial. Hayslip 2/ 70 |  |
| CHURCH PERMIT                                                                                                    |  | HEALTH PERMIT No.                           |  | no number memorial. Hayslip 2/ 70      |  | no number memorial. Hayslip 2/ 70 |  |
| REMARKS: Born in Mingo Junction of Michael and Kathryn Barrett Walsh.                                            |  |                                             |  |                                        |  |                                   |  |
| Survived by a (step) son William Latimer; 4 brothers, Frederick, Harry A., Francis R., and Joseph Walsh (Welsh). |  |                                             |  |                                        |  |                                   |  |
|                                                                                                                  |  |                                             |  |                                        |  |                                   |  |
|                                                                                                                  |  |                                             |  |                                        |  |                                   |  |
|                                                                                                                  |  |                                             |  |                                        |  |                                   |  |



FAMILY NAME: WALSH

GIVEN NAME: WILLIAM

INTERMENT NUMBER: 09548

|                               |        |                   |                                  |                                 |  |
|-------------------------------|--------|-------------------|----------------------------------|---------------------------------|--|
| NAME                          |        | WALSH, William    |                                  | INTERMENT No. 9548              |  |
| ADDRESS Weirton, W. Va.,      |        |                   |                                  |                                 |  |
| PERSON RESPONSIBLE ADDRESS    |        |                   |                                  |                                 |  |
| AGE 40-                       | RACE W | SEX M             | MARRIED <input type="checkbox"/> | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                 |        | CAUSE OF DEATH    |                                  | Dec. 6, 1937<br>DATE OF BURIAL  |  |
| SECTION St. Patrick's         |        | ROW               | LOT 80                           | GRAVE 6                         |  |
| CHURCH St. Pauls              |        | FUNERAL DIRECTOR  |                                  | TYPE VAULT                      |  |
| CHURCH PERMIT No. D.P. Murphy |        | HEALTH PERMIT No. |                                  |                                 |  |
| REMARKS:                      |        |                   |                                  |                                 |  |
|                               |        |                   |                                  |                                 |  |
|                               |        |                   |                                  |                                 |  |
|                               |        |                   |                                  |                                 |  |
|                               |        |                   |                                  |                                 |  |

FAMILY NAME: WALTERS

GIVEN NAME: INFANT

INTERMENT NUMBER: 11010

|                                                        |                                            |                                 |                                                                                |
|--------------------------------------------------------|--------------------------------------------|---------------------------------|--------------------------------------------------------------------------------|
| NAME <b>WALTERS, Infant</b>                            |                                            | INTERMENT No. <b>11010</b>      |                                                                                |
| ADDRESS                                                |                                            |                                 |                                                                                |
| PERSON RESPONSIBLE ADDRESS                             |                                            |                                 |                                                                                |
| AGE                                                    | RACE <b>W</b>                              | SEX <b>M</b>                    | MARRIED <input type="checkbox"/> <b>infant</b> SINGLE <input type="checkbox"/> |
| DATE OF DEATH                                          | CAUSE OF DEATH <b>Premature</b>            | Mar. 11, 1948<br>DATE OF BURIAL |                                                                                |
| SECTION <b>Unbaptized</b>                              | ROW <b>25</b>                              | LOT                             | GRAVE <b>26</b>                                                                |
| CHURCH                                                 | FUNERAL DIRECTOR <b>Elliottt</b>           | TYPE VAULT                      |                                                                                |
| CHURCH PERMIT No.                                      | Dist. 654-<br>HEALTH PERMIT No. <b>131</b> |                                 |                                                                                |
| REMARKS: <b>Died at Gill Hosp., Steubenville, Ohio</b> |                                            |                                 |                                                                                |
|                                                        |                                            |                                 |                                                                                |
|                                                        |                                            |                                 |                                                                                |
|                                                        |                                            |                                 |                                                                                |
|                                                        |                                            |                                 |                                                                                |

FAMILY NAME: WANCHIC

GIVEN NAME: JOSEPH J.

INTERMENT NUMBER: 17690

|                                                                                                                                                                                                                                          |                                   |                         |                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------|-----------------------------------------------------------------------------|
| NAME Wanchic, Joseph J.                                                                                                                                                                                                                  |                                   | INTERMENT No. 17690     |                                                                             |
| ADDRESS 112 Emery St. Mingo Junction, Ohio                                                                                                                                                                                               |                                   |                         |                                                                             |
| PERSON RESPONSIBLE ADDRESS Blaschalk Funeral Home                                                                                                                                                                                        |                                   |                         |                                                                             |
| 6-9-1924                                                                                                                                                                                                                                 |                                   |                         |                                                                             |
| AGE 60                                                                                                                                                                                                                                   | RACE W                            | SEX M                   | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| Not stated on provi-                                                                                                                                                                                                                     |                                   |                         |                                                                             |
| DATE OF DEATH 12-23-1984                                                                                                                                                                                                                 | CAUSE OF DEATH sional certificate |                         | DATE OF BURIAL 12-27-84                                                     |
| SECTION Resurrection Mausoleum                                                                                                                                                                                                           | ROW                               | CRYPT 516-A             | LOT GRAVE                                                                   |
| CHURCH ST. Agnes                                                                                                                                                                                                                         | FUNERAL DIRECTOR Blaschalk        | TYPE VAULT not required |                                                                             |
| CHURCH PERMIT Fr. John Kolesar                                                                                                                                                                                                           | HEALTH PERMIT No. 4101-721        |                         |                                                                             |
| REMARKS: Surviving are his wife, Agnes Grantonic Wanchic, two sons, Daniel of Dayton, David of Wintersville; three daughters, Mrs. Michael (Denise) Krenznel of Barbersville W.Va. Diane and Katrina Wanchic ,both at home; two brothers |                                   |                         |                                                                             |

John of Toronto and Nicholas of Nicholasville, Ky.; a sister, Mrs. Michael (Katherine) Dupay of Monongahela, Pa.; and four grandchildren. He was a conductor for Conrail Co. and a member of St. Bernadettes Catholic Church. He was a veteran of W.W. II. He was preceded in death by two brothers, Steven and Michael.

FAMILY NAME: WANIA  
GIVEN NAME: HATTIE ANN MRS.  
INTERMENT NUMBER: 12103

|                                                                                                                                                                                                                                                                                                           |  |                                     |  |                                              |  |                                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|----------------------------------------------|--|---------------------------------------|--|
| NAME                                                                                                                                                                                                                                                                                                      |  | WANIA, Mrs. Hattie Ann              |  | INTERMENT NO.                                |  | 12103                                 |  |
| ADDRESS                                                                                                                                                                                                                                                                                                   |  | Crestline Drive, Steubenville, Ohio |  |                                              |  |                                       |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                                                |  | Shannon Funeral Home                |  |                                              |  |                                       |  |
| Apr. 30, 1916                                                                                                                                                                                                                                                                                             |  | RACE                                |  | SEX                                          |  | MARRIED                               |  |
| AGE 38-9-16 da                                                                                                                                                                                                                                                                                            |  | W                                   |  | F                                            |  | <input checked="" type="checkbox"/> X |  |
| Feb. 14, 1955                                                                                                                                                                                                                                                                                             |  | DATE OF DEATH                       |  | CAUSE OF DEATH                               |  | Cerebral hemorrhage                   |  |
| Feb. 18, 1955                                                                                                                                                                                                                                                                                             |  | DATE OF BURIAL                      |  | SINGLE                                       |  | <input type="checkbox"/>              |  |
| SECTION                                                                                                                                                                                                                                                                                                   |  | St. Peters                          |  | ROW                                          |  | LOT 78                                |  |
| St. Stanislaus                                                                                                                                                                                                                                                                                            |  | CHURCH                              |  | FUNERAL DIRECTOR                             |  | Shannon                               |  |
| Fr. Chester Szymanski                                                                                                                                                                                                                                                                                     |  | Dist. 4101 -                        |  | Wheatley # 9                                 |  | TYPE conc.                            |  |
| CHURCH PERMIT NO.                                                                                                                                                                                                                                                                                         |  | HEALTH PERMIT NO. 71                |  | 4-6" X 1-0" double marker-1955 Memorial Art. |  |                                       |  |
| REMARKS: Born in Steubenville of John and Anna Adyniec Rybalt, who survive. Also survived by husband, Edward, 1 daughter, Shirley Ann, three sisters, Mrs. Steffie Kalata, Mrs. Mary Witkowski, and Mrs. Mrs. Rose Hodor, and 1 brothers, Stephen Rybalt. Died at Gill Memorial Hospital Steubenville, O. |  |                                     |  |                                              |  |                                       |  |



FAMILY NAME: WANYEK

GIVEN NAME: ALEX

INTERMENT NUMBER: 03033

|                            |  |                                                                        |  |                   |  |                                  |  |
|----------------------------|--|------------------------------------------------------------------------|--|-------------------|--|----------------------------------|--|
| NAME                       |  | WANYEK, (Wanyek) Alex                                                  |  | INTERMENT No.     |  | 3033                             |  |
| ADDRESS                    |  | Steubenville, Ohio                                                     |  |                   |  |                                  |  |
| PERSON RESPONSIBLE ADDRESS |  |                                                                        |  |                   |  |                                  |  |
| AGE 44                     |  | RACE W                                                                 |  | SEX M             |  | MARRIED <input type="checkbox"/> |  |
|                            |  |                                                                        |  |                   |  | SINGLE <input type="checkbox"/>  |  |
| DATE OF DEATH              |  | CAUSE OF DEATH Suicide                                                 |  |                   |  | Sept 28, 1911                    |  |
|                            |  |                                                                        |  |                   |  | DATE OF BURIAL                   |  |
| SECTION                    |  | Pottersfield                                                           |  | ROW 2             |  | LOT                              |  |
|                            |  |                                                                        |  |                   |  | GRAVE 10                         |  |
| CHURCH                     |  | Holy Name                                                              |  | FUNERAL DIRECTOR  |  | TYPE VAULT                       |  |
| CHURCH PERMIT No.          |  | J.A. Weigand                                                           |  | HEALTH PERMIT No. |  | small marker (approx 1-0" x 0-8" |  |
| REMARKS:                   |  | Name shown as "WANYAK" on marker; "Vanyek" in original interment book. |  |                   |  |                                  |  |
|                            |  |                                                                        |  |                   |  |                                  |  |
|                            |  |                                                                        |  |                   |  |                                  |  |
|                            |  |                                                                        |  |                   |  |                                  |  |
|                            |  |                                                                        |  |                   |  |                                  |  |

FAMILY NAME: WARD  
GIVEN NAME: ALBERT A.  
INTERMENT NUMBER: 12858

|                                                                                                                                                                                                                                                                                                                                                     |  |                                          |  |                           |  |                   |  |                                             |  |                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|--|---------------------------|--|-------------------|--|---------------------------------------------|--|---------------------------------|--|
| NAME                                                                                                                                                                                                                                                                                                                                                |  | WARD, Albert A.                          |  | INTERMENT No.             |  | 12858             |  |                                             |  |                                 |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                             |  | 1113 Sycamore Street, Steubenville, Ohio |  |                           |  |                   |  |                                             |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                                                                                          |  | McClave Funeral Home                     |  |                           |  |                   |  |                                             |  |                                 |  |
| Sept. 2, 1877                                                                                                                                                                                                                                                                                                                                       |  | AGE 81-7-12da                            |  | RACE W                    |  | SEX M             |  | MARRIED <input checked="" type="checkbox"/> |  | SINGLE <input type="checkbox"/> |  |
| April 13, 1959                                                                                                                                                                                                                                                                                                                                      |  | DATE OF DEATH                            |  | Adena carcinoma prostate. |  | CAUSE OF DEATH    |  | April 16, 1959                              |  | DATE OF BURIAL                  |  |
| SECTION                                                                                                                                                                                                                                                                                                                                             |  | Blessed Virgin                           |  | ROW                       |  | LOT 73            |  | GRAVE 3                                     |  |                                 |  |
| St. Peters                                                                                                                                                                                                                                                                                                                                          |  | CHURCH                                   |  | FUNERAL DIRECTOR          |  | McClave           |  | Guardian # 9                                |  | TYPE VAULT CONC.                |  |
| Msgr. H. J. Grigsby                                                                                                                                                                                                                                                                                                                                 |  | CHURCH PERMIT NO.                        |  | Dist. 4101 -              |  | HEALTH PERMIT NO. |  | 187                                         |  |                                 |  |
| REMARKS: Born in Weirton Junction(Weirton) W. Va., of Joseph and Bridget Haney Ward. Employed as Conductor on P.R.R., then at Carnegie-Ill. Steel Corp., Mingo, and then by City of Steubenville, until retirement. Survived by wife, Mrs. Mary Huber ward, 4 sons, Clement J., Thomas, H., Albert F., and Charles Ward; 2 daughters, Elizabeth and |  |                                          |  |                           |  |                   |  |                                             |  |                                 |  |

Kathryn Ward; 3 brothers, William A., Bernard and Thomas E. Ward.  
Died at Gill Memorial Hospital, Steubenville, Ohio.

FAMILY NAME: WARD  
GIVEN NAME: ANNA MARY  
INTERMENT NUMBER: 16561

|                                                                                                                                                                                                                                            |  |                                 |  |                                       |  |                |  |               |  |                |  |         |  |         |  |                                     |  |        |  |                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------|--|---------------------------------------|--|----------------|--|---------------|--|----------------|--|---------|--|---------|--|-------------------------------------|--|--------|--|--------------------------|--|
| NAME                                                                                                                                                                                                                                       |  | WARD, Anna Mary                 |  | INTERMENT No.                         |  | 16561          |  |               |  |                |  |         |  |         |  |                                     |  |        |  |                          |  |
| ADDRESS                                                                                                                                                                                                                                    |  | Sunset Blvd. Steubenville, Ohio |  |                                       |  |                |  |               |  |                |  |         |  |         |  |                                     |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                 |  | Mosti Funeral Home              |  |                                       |  |                |  |               |  |                |  |         |  |         |  |                                     |  |        |  |                          |  |
| 5-15-1907                                                                                                                                                                                                                                  |  | AGE                             |  | 71                                    |  | RACE           |  | W             |  | SEX            |  | F       |  | MARRIED |  | <input checked="" type="checkbox"/> |  | SINGLE |  | <input type="checkbox"/> |  |
| Nov. 18, 1978                                                                                                                                                                                                                              |  | DATE OF DEATH                   |  | not stated on provisional certificate |  | CAUSE OF DEATH |  | Nov. 21, 1978 |  | DATE OF BURIAL |  |         |  |         |  |                                     |  |        |  |                          |  |
| SECTION                                                                                                                                                                                                                                    |  | Blessed Virgin                  |  | ROW                                   |  | LOT            |  | 1             |  | GRAVE          |  | 19      |  |         |  |                                     |  |        |  |                          |  |
| CHURCH                                                                                                                                                                                                                                     |  | Holy Rosary                     |  | FUNERAL DIRECTOR                      |  | Mosti          |  | eagle         |  | TYPE VAULT     |  | triplex |  |         |  |                                     |  |        |  |                          |  |
| CHURCH PERMIT                                                                                                                                                                                                                              |  | A. Giannamore                   |  | HEALTH PERMIT No.                     |  | 4101-0773      |  |               |  |                |  |         |  |         |  |                                     |  |        |  |                          |  |
| REMARKS: Mrs. Ward, retired Western Union night manager died Saturday in St. John Medical Center, where she had been a patient for 10 days. She was a member of Holy Rosary Church and the Cathlic Womans Club. Surviving are her husband, |  |                                 |  |                                       |  |                |  |               |  |                |  |         |  |         |  |                                     |  |        |  |                          |  |

William A. Ward. Mrs. Ward was born May 15, 1907 in Steubenville, a daughter of the late Michael and Ella Caufield Denning. She was preceded in death by a sister, Grace Denning of Steubenville.

FAMILY NAME: WARD  
GIVEN NAME: BEATRICE A. MRS.  
INTERMENT NUMBER: 10642

|                                                                      |  |                                    |  |                    |  |                                                                               |  |
|----------------------------------------------------------------------|--|------------------------------------|--|--------------------|--|-------------------------------------------------------------------------------|--|
| NAME                                                                 |  | WARD, Mrs. Beatrice A.             |  | INTERMENT NO.      |  | 10642                                                                         |  |
| ADDRESS                                                              |  | 927 N. 6th St., Steubenville, Ohio |  |                    |  |                                                                               |  |
| PERSON RESPONSIBLE ADDRESS                                           |  |                                    |  |                    |  |                                                                               |  |
| Feb. 15, 1888                                                        |  |                                    |  |                    |  |                                                                               |  |
| AGE 57-7-25 da                                                       |  | RACE W                             |  | SEX F              |  | MARRIED <input checked="" type="checkbox"/> X SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                                                        |  | Oct. 10, 1945                      |  | CAUSE OF DEATH     |  | carcinoma of cervix                                                           |  |
|                                                                      |  |                                    |  | DATE OF BURIAL     |  | Oct. 13, 1945                                                                 |  |
| SECTION                                                              |  | Poor Souls                         |  | ROW                |  | LOT 228 GRAVE 6                                                               |  |
| CHURCH                                                               |  | St. Peter's                        |  | FUNERAL DIRECTOR   |  | Shannon                                                                       |  |
|                                                                      |  |                                    |  | sectional          |  | TYPE VAULT                                                                    |  |
| CHURCH PERMIT NO.                                                    |  | Dist. 654-                         |  | HEALTH PERMIT NO.  |  | 487                                                                           |  |
|                                                                      |  |                                    |  | 4-0" X 1-0" double |  | memorial.                                                                     |  |
| REMARKS: Born, Steubenville, Ohio of Edward & Agnes Zimmerman.       |  |                                    |  |                    |  |                                                                               |  |
| Died at Gill Hosp., Steubenville, Ohio. Survived by husband, Thomas  |  |                                    |  |                    |  |                                                                               |  |
| Ward., 1 daughter, Mrs. Joseph Bowers, and 4 brothers and 2 sisters. |  |                                    |  |                    |  |                                                                               |  |
|                                                                      |  |                                    |  |                    |  |                                                                               |  |
|                                                                      |  |                                    |  |                    |  |                                                                               |  |
|                                                                      |  |                                    |  |                    |  |                                                                               |  |



FAMILY NAME: WARD

GIVEN NAME: BERNARD

INTERMENT NUMBER: 18027

|                                                                                                                                                                                                                                |                               |                         |                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------|-----------------------------------------------------------------------------|
| NAME Ward, Bernard                                                                                                                                                                                                             |                               | INTERMENT No. 18027     |                                                                             |
| ADDRESS 400 Danhurst Rd. Columbus, Ohio                                                                                                                                                                                        |                               |                         |                                                                             |
| PERSON RESPONSIBLE ADDRESS McClave-Chandler-Mills Funeral Home                                                                                                                                                                 |                               |                         |                                                                             |
| 10-17-1913                                                                                                                                                                                                                     |                               |                         |                                                                             |
| AGE 73                                                                                                                                                                                                                         | RACE W                        | SEX M                   | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH 11-29-1986                                                                                                                                                                                                       | CAUSE OF DEATH Cardiac Arrest |                         | DATE OF BURIAL 12-3-1986                                                    |
| SECTION St.Mary Magdalene                                                                                                                                                                                                      | ROW                           | LOT 386                 | GRAVE 1                                                                     |
| CHURCH St.Peter's                                                                                                                                                                                                              | McClave-Chandler              | #9                      |                                                                             |
| Msgr.Lawrence                                                                                                                                                                                                                  | FUNERAL DIRECTOR Mills        | TYPE VAULT topseal      |                                                                             |
| CHURCH PERMIT Luciana                                                                                                                                                                                                          | HEALTH PERMIT No. 25-007550   | 3-10x1-2 Kurtz 2/9/1987 |                                                                             |
| REMARKS: Surviving are his wife, Laura Trombetti Ward; three sons, Michael of Atlanta, Ga. and Pat and Anthony, both of Columbus; a brother, Paul of Columbus; and two grandchildren. He was born in Steubenville a son of the |                               |                         |                                                                             |

late Patrick J and Nellie Caniff Ward. He was an employee of the Bureau of Workmans Compensation before his retirement. He was a veteran of the Army Air Corps of W.W.II, and a member of St. Peter's Catholic Church.

FAMILY NAME: WARD  
GIVEN NAME: BERNARD (BEN)  
INTERMENT NUMBER: 13260

|                                                                                                                                                                                                                                                                                                                                                      |  |                                          |  |                          |  |              |  |                |  |       |  |   |  |         |  |                          |  |        |  |                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|--|--------------------------|--|--------------|--|----------------|--|-------|--|---|--|---------|--|--------------------------|--|--------|--|--------------------------|--|
| NAME                                                                                                                                                                                                                                                                                                                                                 |  | WARD, Bernard (Ben)                      |  | INTERMENT No.            |  | 13260        |  |                |  |       |  |   |  |         |  |                          |  |        |  |                          |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                              |  | 207 Braybarton Blvd., Steubenville, Ohio |  |                          |  |              |  |                |  |       |  |   |  |         |  |                          |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                                                                                           |  | McGill Funeral Home                      |  |                          |  |              |  |                |  |       |  |   |  |         |  |                          |  |        |  |                          |  |
| June 2, 1880                                                                                                                                                                                                                                                                                                                                         |  | AGE                                      |  | 80-11-11da               |  | RACE         |  | W              |  | SEX   |  | M |  | MARRIED |  | <input type="checkbox"/> |  | SINGLE |  | <input type="checkbox"/> |  |
| May 12, 1961                                                                                                                                                                                                                                                                                                                                         |  | DATE OF DEATH                            |  | ventricular fibrillation |  | May 16, 1961 |  | DATE OF BURIAL |  |       |  |   |  |         |  |                          |  |        |  |                          |  |
| SECTION                                                                                                                                                                                                                                                                                                                                              |  | Blessed Virgin                           |  | ROW                      |  | LOT          |  | 55             |  | GRAVE |  | 5 |  |         |  |                          |  |        |  |                          |  |
| CHURCH                                                                                                                                                                                                                                                                                                                                               |  | Holy Rosary                              |  | FUNERAL DIRECTOR         |  | McGill       |  | Guardian # 9   |  |       |  |   |  |         |  |                          |  |        |  |                          |  |
| Msgr. A. Berendt,                                                                                                                                                                                                                                                                                                                                    |  | Dist. 4101 -                             |  | 4-0" X 1-2" X 2-2" dble  |  | memorial.    |  | Hayslip 5/71   |  |       |  |   |  |         |  |                          |  |        |  |                          |  |
| CHURCH PERMIT No.                                                                                                                                                                                                                                                                                                                                    |  | HEALTH PERMIT No.                        |  | 222                      |  |              |  |                |  |       |  |   |  |         |  |                          |  |        |  |                          |  |
| REMARKS: Born in Weirton Junction, W. Va., of Joseph and Bridget Haney Ward. Survived by wife, Mrs. Julia M. Ward, one daughter, Mrs. Chris Bottlander; 1 sister, Mrs. Fotheringham, 1 granddaughter, Miss Helen Bottlander. Proceeded in death by 4 brothers, Patrick, Albert, William and Thomas Ward. Died at Gill Memorial Hospital Steubenville |  |                                          |  |                          |  |              |  |                |  |       |  |   |  |         |  |                          |  |        |  |                          |  |

FAMILY NAME: WARD  
GIVEN NAME: BRIDGET MRS.  
INTERMENT NUMBER: 08372

|                                          |        |                    |                                        |                                 |  |
|------------------------------------------|--------|--------------------|----------------------------------------|---------------------------------|--|
| NAME                                     |        | WARD, Mrs. Bridget |                                        | INTERMENT NO. 8372              |  |
| ADDRESS Steubenville, Ohio               |        |                    |                                        |                                 |  |
| PERSON RESPONSIBLE ADDRESS               |        |                    |                                        |                                 |  |
| AGE                                      | RACE W | SEX F              | MARRIED <input type="checkbox"/> widow | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH May 15, 1929               |        | CAUSE OF DEATH     |                                        | DATE OF BURIAL                  |  |
| SECTION All Saints                       |        | ROW                | LOT 82                                 | GRAVE 7                         |  |
| CHURCH St. Peters                        |        | FUNERAL DIRECTOR   |                                        | TYPE VAULT                      |  |
| CHURCH PERMIT No. T.A. Powers            |        | HEALTH PERMIT No.  |                                        |                                 |  |
| REMARKS: Wife of Lot owner, Joseph Ward. |        |                    |                                        |                                 |  |
|                                          |        |                    |                                        |                                 |  |
|                                          |        |                    |                                        |                                 |  |
|                                          |        |                    |                                        |                                 |  |
|                                          |        |                    |                                        |                                 |  |

FAMILY NAME: WARD

GIVEN NAME: CATHERINE A.

INTERMENT NUMBER: 00775

|                                                                   |  |                                    |  |                   |  |                                                                         |  |
|-------------------------------------------------------------------|--|------------------------------------|--|-------------------|--|-------------------------------------------------------------------------|--|
| NAME                                                              |  | WARD, Catherine A. (Infant)        |  | INTERMENT No.     |  | 775                                                                     |  |
| ADDRESS                                                           |  | 9th & Franklin, Steubenville, Ohio |  |                   |  |                                                                         |  |
| PERSON RESPONSIBLE ADDRESS                                        |  |                                    |  |                   |  |                                                                         |  |
| AGE 2                                                             |  | RACE W                             |  | SEX F             |  | MARRIED <input type="checkbox"/> infant SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                                                     |  | CAUSE OF DEATH Fever               |  |                   |  | June 9, 1895<br>DATE OF BURIAL                                          |  |
| SECTION                                                           |  | St. Joseph                         |  | ROW               |  | LOT 109 part of GRAVE 2                                                 |  |
| CHURCH                                                            |  | St. Peters                         |  | FUNERAL DIRECTOR  |  | TYPE VAULT                                                              |  |
| CHURCH PERMIT No.                                                 |  | M.M.A.Hartnedy                     |  | HEALTH PERMIT No. |  |                                                                         |  |
| REMARKS: Survived by father, John Ward. (buried in lot of friend) |  |                                    |  |                   |  |                                                                         |  |
|                                                                   |  |                                    |  |                   |  |                                                                         |  |
|                                                                   |  |                                    |  |                   |  |                                                                         |  |
|                                                                   |  |                                    |  |                   |  |                                                                         |  |
|                                                                   |  |                                    |  |                   |  |                                                                         |  |



FAMILY NAME: WARD

GIVEN NAME: CLEMENT J.

INTERMENT NUMBER: 15135

|                                                                                                                                                                                                                                                                                                                                   |                                        |                                    |                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------|-----------------------------------------------------------------------------|
| NAME /WARD, Clement J.                                                                                                                                                                                                                                                                                                            |                                        | INTERMENT No. 15135                |                                                                             |
| ADDRESS 1113 Sycamore Street, Steubenville, Ohio                                                                                                                                                                                                                                                                                  |                                        |                                    |                                                                             |
| PERSON RESPONSIBLE ADDRESS McClave Funeral Home                                                                                                                                                                                                                                                                                   |                                        |                                    |                                                                             |
| Mar. 23, 1903                                                                                                                                                                                                                                                                                                                     |                                        |                                    |                                                                             |
| AGE 67-9-17d                                                                                                                                                                                                                                                                                                                      | RACE W                                 | SEX M                              | MARRIED <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> |
| Jan. 8, 1971                                                                                                                                                                                                                                                                                                                      | Not stated on provisional certificate. |                                    | Jan. 11, 1971                                                               |
| DATE OF DEATH                                                                                                                                                                                                                                                                                                                     | CAUSE OF DEATH                         | DATE OF BURIAL                     |                                                                             |
| SECTION Blessed Virgin                                                                                                                                                                                                                                                                                                            | ROW                                    | LOT 73                             | GRAVE 5                                                                     |
| CHURCH St. Peters                                                                                                                                                                                                                                                                                                                 | FUNERAL DIRECTOR McClave               | falcon topseal<br>TYPE VAULT conc. |                                                                             |
| Msgr. Cornin Malloy.                                                                                                                                                                                                                                                                                                              | Dist. 4101 -                           |                                    |                                                                             |
| CHURCH PERMIT                                                                                                                                                                                                                                                                                                                     | HEALTH PERMIT No. 16                   |                                    |                                                                             |
| REMARKS: Born in Steubenville of Albert A., and Mary Elizabeth Huber Ward. Retired employee of Weirton Steel Div. Nat'l Steel Corp.; Coke Plant. World War II Veteran, U.S. Army. Survived by a sister, Miss Eliz. Ward; 3 brothers, Thomas, H., Albert, R., and Chas. F. Ward; Died at Ohio Valley Hospital, Steubenville, Ohio. |                                        |                                    |                                                                             |

FAMILY NAME: WARD  
GIVEN NAME: FLORENCE MRS.  
INTERMENT NUMBER: 09242

|                            |    |                     |   |                   |   |                |                          |             |                          |
|----------------------------|----|---------------------|---|-------------------|---|----------------|--------------------------|-------------|--------------------------|
| NAME                       |    | WARD, Mrs. Florence |   | INTERMENT No.     |   | 9242           |                          |             |                          |
| ADDRESS                    |    | Steubenville, Ohio  |   |                   |   |                |                          |             |                          |
| PERSON RESPONSIBLE ADDRESS |    |                     |   |                   |   |                |                          |             |                          |
| AGE                        | 49 | RACE                | W | SEX               | F | MARRIED        | <input type="checkbox"/> | SINGLE      | <input type="checkbox"/> |
| DATE OF DEATH              |    | CAUSE OF DEATH      |   |                   |   | DATE OF BURIAL |                          | Nov. 14, 35 |                          |
| SECTION                    |    | St. Joseph's        |   | ROW               |   | LOT            | 56                       | GRAVE       | 2                        |
| CHURCH                     |    | Holy Name           |   | FUNERAL DIRECTOR  |   | TYPE VAULT     |                          |             |                          |
| CHURCH PERMIT No.          |    | E.A.Gilbert         |   | HEALTH PERMIT No. |   |                |                          |             |                          |
| REMARKS:                   |    |                     |   |                   |   |                |                          |             |                          |
|                            |    |                     |   |                   |   |                |                          |             |                          |
|                            |    |                     |   |                   |   |                |                          |             |                          |
|                            |    |                     |   |                   |   |                |                          |             |                          |
|                            |    |                     |   |                   |   |                |                          |             |                          |

FAMILY NAME: WARD  
GIVEN NAME: GEORGE  
INTERMENT NUMBER: 00667

|                            |  |                                                |  |                   |  |               |  |                |  |              |  |         |  |                          |  |       |  |        |  |                          |  |
|----------------------------|--|------------------------------------------------|--|-------------------|--|---------------|--|----------------|--|--------------|--|---------|--|--------------------------|--|-------|--|--------|--|--------------------------|--|
| NAME                       |  | WARD, George                                   |  | (child)           |  | INTERMENT No. |  | 667            |  |              |  |         |  |                          |  |       |  |        |  |                          |  |
| ADDRESS                    |  | 8th St., Steubenville, Ohio                    |  |                   |  |               |  |                |  |              |  |         |  |                          |  |       |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                                                |  |                   |  |               |  |                |  |              |  |         |  |                          |  |       |  |        |  |                          |  |
| AGE                        |  | 6                                              |  | RACE              |  | W             |  | SEX            |  | M            |  | MARRIED |  | <input type="checkbox"/> |  | child |  | SINGLE |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  |                                                |  | CAUSE OF DEATH    |  | Dropsy        |  | DATE OF BURIAL |  | Dec. 2, 1893 |  |         |  |                          |  |       |  |        |  |                          |  |
| SECTION                    |  | All Saints                                     |  | ROW               |  |               |  | LOT            |  | 82           |  | GRAVE   |  | 8                        |  |       |  |        |  |                          |  |
| CHURCH                     |  | St. Peters                                     |  | FUNERAL DIRECTOR  |  |               |  | TYPE VAULT     |  |              |  |         |  |                          |  |       |  |        |  |                          |  |
| CHURCH PERMIT No.          |  | M.M.A.Hartnedy                                 |  | HEALTH PERMIT No. |  |               |  |                |  |              |  |         |  |                          |  |       |  |        |  |                          |  |
| REMARKS:                   |  | Survived by father and lot owner, Joseph Ward. |  |                   |  |               |  |                |  |              |  |         |  |                          |  |       |  |        |  |                          |  |
|                            |  |                                                |  |                   |  |               |  |                |  |              |  |         |  |                          |  |       |  |        |  |                          |  |
|                            |  |                                                |  |                   |  |               |  |                |  |              |  |         |  |                          |  |       |  |        |  |                          |  |
|                            |  |                                                |  |                   |  |               |  |                |  |              |  |         |  |                          |  |       |  |        |  |                          |  |
|                            |  |                                                |  |                   |  |               |  |                |  |              |  |         |  |                          |  |       |  |        |  |                          |  |
|                            |  |                                                |  |                   |  |               |  |                |  |              |  |         |  |                          |  |       |  |        |  |                          |  |

FAMILY NAME: WARD  
GIVEN NAME: HARRY  
INTERMENT NUMBER: 00073

|                                                                                                                                                                                                                                                      |  |                             |  |                   |  |               |  |                |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|--|-------------------|--|---------------|--|----------------|--|---------------|--|---------|--|--------------------------|--|--------|--|--------|--|--------------------------|--|
| NAME                                                                                                                                                                                                                                                 |  | WARD, Harry                 |  | (Infant)          |  | INTERMENT No. |  | 73             |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
| ADDRESS                                                                                                                                                                                                                                              |  | 7th St., Steubenville, Ohio |  |                   |  |               |  |                |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                           |  |                             |  |                   |  |               |  |                |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
| AGE                                                                                                                                                                                                                                                  |  | 9 mo                        |  | RACE              |  | W             |  | SEX            |  | M             |  | MARRIED |  | <input type="checkbox"/> |  | infant |  | SINGLE |  | <input type="checkbox"/> |  |
| DATE OF DEATH                                                                                                                                                                                                                                        |  |                             |  | CAUSE OF DEATH    |  | Brain fever   |  | DATE OF BURIAL |  | Feb. 27, 1885 |  |         |  |                          |  |        |  |        |  |                          |  |
| SECTION                                                                                                                                                                                                                                              |  | St. Joseph's                |  | ROW               |  |               |  | LOT            |  | 97            |  | GRAVE   |  | ?                        |  |        |  |        |  |                          |  |
| CHURCH                                                                                                                                                                                                                                               |  | St. Peter's                 |  | FUNERAL DIRECTOR  |  |               |  | TYPE VAULT     |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
| CHURCH PERMIT No.                                                                                                                                                                                                                                    |  |                             |  | HEALTH PERMIT No. |  |               |  |                |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
| REMARKS: Location of grave not known. Peter Ward (father of Harry Ward died Nov. 4, 1885 and was buried in St. Joseph Section, Lot 97 but was later removed to Blessed Virgin Section, Lot 75. It is not known whether this infant was moved or not. |  |                             |  |                   |  |               |  |                |  |               |  |         |  |                          |  |        |  |        |  |                          |  |

FAMILY NAME: WARD  
GIVEN NAME: HELEN  
INTERMENT NUMBER: 01281

|                            |  |                                                 |  |                   |  |                                         |  |                                 |  |
|----------------------------|--|-------------------------------------------------|--|-------------------|--|-----------------------------------------|--|---------------------------------|--|
| NAME                       |  | WARD, Helen                                     |  | (Infant)          |  | INTERMENT No.                           |  | 1281                            |  |
| ADDRESS                    |  | N. 6th St., Steubenville, Ohio                  |  |                   |  |                                         |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS |  |                                                 |  |                   |  |                                         |  |                                 |  |
| AGE 2                      |  | RACE W                                          |  | SEX F             |  | MARRIED <input type="checkbox"/> infant |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH              |  | Feb. 19, 1902                                   |  | CAUSE OF DEATH    |  | Typhoid fever                           |  | DATE OF BURIAL                  |  |
| SECTION                    |  | Holy Name                                       |  | ROW               |  | LOT 52                                  |  | GRAVE 15                        |  |
| CHURCH                     |  | St. Peters                                      |  | FUNERAL DIRECTOR  |  | TYPE VAULT                              |  |                                 |  |
| CHURCH PERMIT No.          |  | John J. Dacey                                   |  | HEALTH PERMIT No. |  |                                         |  |                                 |  |
| REMARKS:                   |  | Survived by father and lot owner, Patrick Ward. |  |                   |  |                                         |  |                                 |  |
|                            |  |                                                 |  |                   |  |                                         |  |                                 |  |
|                            |  |                                                 |  |                   |  |                                         |  |                                 |  |
|                            |  |                                                 |  |                   |  |                                         |  |                                 |  |
|                            |  |                                                 |  |                   |  |                                         |  |                                 |  |



FAMILY NAME: WARD  
GIVEN NAME: INFANT  
INTERMENT NUMBER: 00836

|                                                                                                                                                          |    |                                    |   |                   |  |              |                          |        |                |                          |  |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------------------|---|-------------------|--|--------------|--------------------------|--------|----------------|--------------------------|--|----|--|
| NAME                                                                                                                                                     |    | WARD, Infant                       |   | INTERMENT No.     |  | 836          |                          |        |                |                          |  |    |  |
| ADDRESS                                                                                                                                                  |    | 222 N. 6th St., Steubenville, Ohio |   |                   |  |              |                          |        |                |                          |  |    |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                               |    |                                    |   |                   |  |              |                          |        |                |                          |  |    |  |
| AGE                                                                                                                                                      | -- | RACE                               | W | SEX               |  | MARRIED      | <input type="checkbox"/> | infant | SINGLE         | <input type="checkbox"/> |  |    |  |
| DATE OF DEATH                                                                                                                                            |    | CAUSE OF DEATH                     |   | Weakness          |  | June 8, 1896 |                          |        | DATE OF BURIAL |                          |  |    |  |
| SECTION                                                                                                                                                  |    | Holy Name                          |   | ROW               |  | LOT          |                          | 52     |                | GRAVE                    |  | 14 |  |
| CHURCH                                                                                                                                                   |    | St. Peters                         |   | FUNERAL DIRECTOR  |  |              |                          |        | TYPE VAULT     |                          |  |    |  |
| CHURCH PERMIT No.                                                                                                                                        |    | M.M.A.Hartnedy                     |   | HEALTH PERMIT No. |  |              |                          |        |                |                          |  |    |  |
| REMARKS: Infant of Pat ward, and grandchild of lot owner. Interment book indicates originally buried in Lot 37, Holy Name and later removed to this lot. |    |                                    |   |                   |  |              |                          |        |                |                          |  |    |  |
|                                                                                                                                                          |    |                                    |   |                   |  |              |                          |        |                |                          |  |    |  |
|                                                                                                                                                          |    |                                    |   |                   |  |              |                          |        |                |                          |  |    |  |
|                                                                                                                                                          |    |                                    |   |                   |  |              |                          |        |                |                          |  |    |  |

FAMILY NAME: WARD  
GIVEN NAME: INFANT  
INTERMENT NUMBER: 03496

|                                |                         |                    |                          |                   |                          |                |  |
|--------------------------------|-------------------------|--------------------|--------------------------|-------------------|--------------------------|----------------|--|
| NAME                           |                         | WARD, Infant       |                          | INTERMENT No.     |                          | 3496           |  |
| ADDRESS                        |                         | Steubenville, Ohio |                          |                   |                          |                |  |
| PERSON RESPONSIBLE ADDRESS     |                         |                    |                          |                   |                          |                |  |
| AGE                            | RACE                    | SEX                | MARRIED                  |                   | SINGLE                   |                |  |
|                                | W                       |                    | <input type="checkbox"/> | infant            | <input type="checkbox"/> |                |  |
| DATE OF DEATH                  | Nov. 5, 1913            |                    |                          | CAUSE OF DEATH    |                          | DATE OF BURIAL |  |
| SECTION                        | Holy Innocents, Div. II |                    | ROW                      | 3                 | LOT                      | GRAVE 14       |  |
| CHURCH                         | Holy Name               |                    | FUNERAL DIRECTOR         |                   | TYPE VAULT               |                |  |
| CHURCH PERMIT No.              |                         | J.A.Weigand        |                          | HEALTH PERMIT No. |                          |                |  |
| REMARKS: Child of Thomas Ward. |                         |                    |                          |                   |                          |                |  |
|                                |                         |                    |                          |                   |                          |                |  |
|                                |                         |                    |                          |                   |                          |                |  |
|                                |                         |                    |                          |                   |                          |                |  |
|                                |                         |                    |                          |                   |                          |                |  |

FAMILY NAME: WARD  
GIVEN NAME: INFANT  
INTERMENT NUMBER: 07048

|                                                                                                                                       |      |                    |     |                                         |                                 |
|---------------------------------------------------------------------------------------------------------------------------------------|------|--------------------|-----|-----------------------------------------|---------------------------------|
| NAME                                                                                                                                  |      | WARD, Infant       |     | INTERMENT No. 7048                      |                                 |
| ADDRESS                                                                                                                               |      | Steubenville, Ohio |     |                                         |                                 |
| PERSON RESPONSIBLE ADDRESS                                                                                                            |      |                    |     |                                         |                                 |
| AGE                                                                                                                                   | RACE | W                  | SEX | MARRIED <input type="checkbox"/> infant | SINGLE <input type="checkbox"/> |
| DATE OF DEATH                                                                                                                         |      | May 17, 1921       |     | CAUSE OF DEATH                          |                                 |
|                                                                                                                                       |      |                    |     | DATE OF BURIAL                          |                                 |
| SECTION                                                                                                                               |      | Unbaptized **      |     | ROW                                     | LOT GRAVE                       |
| CHURCH                                                                                                                                |      | Holy Name          |     | FUNERAL DIRECTOR                        |                                 |
|                                                                                                                                       |      |                    |     | TYPE VAULT                              |                                 |
| CHURCH PERMIT No.                                                                                                                     |      | Anthony Tague      |     | HEALTH PERMIT No.                       |                                 |
| REMARKS: Infant of P.A.Ward. ** Prior to Oct. 1926, no record was kept of the exact location of interments in the Unbaptized Section. |      |                    |     |                                         |                                 |
|                                                                                                                                       |      |                    |     |                                         |                                 |
|                                                                                                                                       |      |                    |     |                                         |                                 |
|                                                                                                                                       |      |                    |     |                                         |                                 |

FAMILY NAME: WARD  
GIVEN NAME: JAMES  
INTERMENT NUMBER: 01254

|                                                                                             |  |                                |  |                   |  |                                 |  |
|---------------------------------------------------------------------------------------------|--|--------------------------------|--|-------------------|--|---------------------------------|--|
| NAME                                                                                        |  | WARD, James (Infant)           |  | INTERMENT No.     |  | 1254                            |  |
| ADDRESS                                                                                     |  | N. 6th St., Steubenville, Ohio |  |                   |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                  |  |                                |  |                   |  |                                 |  |
| AGE                                                                                         |  | 4 mo                           |  | RACE              |  | W                               |  |
| SEX                                                                                         |  | M                              |  | MARRIED           |  | <input type="checkbox"/> infant |  |
| SINGLE                                                                                      |  | <input type="checkbox"/>       |  |                   |  |                                 |  |
| DATE OF DEATH                                                                               |  | Nov. 3, 1901                   |  | CAUSE OF DEATH    |  | Throat trouble                  |  |
| DATE OF BURIAL                                                                              |  |                                |  |                   |  |                                 |  |
| SECTION                                                                                     |  | Holy Name                      |  | ROW               |  | LOT 52                          |  |
| part of                                                                                     |  |                                |  | GRAVE             |  | 14                              |  |
| CHURCH                                                                                      |  | St. Peters                     |  | FUNERAL DIRECTOR  |  | TYPE VAULT                      |  |
| CHURCH PERMIT No.                                                                           |  | John J. Dacey                  |  | HEALTH PERMIT No. |  |                                 |  |
| REMARKS: Son of lot owner, Patrick Ward. Originall y interred in Lot 37, Holy Name Section. |  |                                |  |                   |  |                                 |  |
|                                                                                             |  |                                |  |                   |  |                                 |  |
|                                                                                             |  |                                |  |                   |  |                                 |  |
|                                                                                             |  |                                |  |                   |  |                                 |  |
|                                                                                             |  |                                |  |                   |  |                                 |  |

FAMILY NAME: WARD  
GIVEN NAME: JOHN  
INTERMENT NUMBER: 09204

|                            |    |                    |   |                   |                |            |                          |              |                          |
|----------------------------|----|--------------------|---|-------------------|----------------|------------|--------------------------|--------------|--------------------------|
| NAME                       |    | WARD, John         |   | INTERMENT NO.     |                | 9204       |                          |              |                          |
| ADDRESS                    |    | Steubenville, Ohio |   |                   |                |            |                          |              |                          |
| PERSON RESPONSIBLE ADDRESS |    |                    |   |                   |                |            |                          |              |                          |
| AGE                        | 58 | RACE               | W | SEX               | M              | MARRIED    | <input type="checkbox"/> | SINGLE       | <input type="checkbox"/> |
| DATE OF DEATH              |    | CAUSE OF DEATH     |   |                   | DATE OF BURIAL |            |                          | July 11, '35 |                          |
| SECTION                    |    | Sacred Heart VI    |   | ROW               | 4              | LOT        |                          | GRAVE        | 1                        |
| CHURCH                     |    | Holy Name          |   | FUNERAL DIRECTOR  |                | TYPE VAULT |                          |              |                          |
| CHURCH PERMIT NO.          |    | E.A. Gilbert       |   | HEALTH PERMIT NO. |                |            |                          |              |                          |
| REMARKS:                   |    |                    |   |                   |                |            |                          |              |                          |
|                            |    |                    |   |                   |                |            |                          |              |                          |
|                            |    |                    |   |                   |                |            |                          |              |                          |
|                            |    |                    |   |                   |                |            |                          |              |                          |
|                            |    |                    |   |                   |                |            |                          |              |                          |



FAMILY NAME: WARD  
GIVEN NAME: JOSEPH  
INTERMENT NUMBER: 00670

|                            |    |                                |   |                   |   |                          |                                     |
|----------------------------|----|--------------------------------|---|-------------------|---|--------------------------|-------------------------------------|
| NAME                       |    | WARD, Joseph                   |   | INTERMENT No.     |   | 670                      |                                     |
| ADDRESS                    |    | M. 8th St., Steubenville, Ohio |   |                   |   |                          |                                     |
| PERSON RESPONSIBLE ADDRESS |    |                                |   |                   |   |                          |                                     |
| AGE                        | 50 | RACE                           | W | SEX               | M | MARRIED                  | <input checked="" type="checkbox"/> |
|                            |    |                                |   | SINGLE            |   | <input type="checkbox"/> |                                     |
| DATE OF DEATH              |    | CAUSE OF DEATH                 |   | Pneumonia         |   | Dec. 12, 1893            |                                     |
|                            |    |                                |   | DATE OF BURIAL    |   |                          |                                     |
| SECTION                    |    | All Saints                     |   | ROW               |   | LOT                      | 82                                  |
|                            |    |                                |   | GRAVE             |   | 6                        |                                     |
| CHURCH                     |    | St. Peters                     |   | FUNERAL DIRECTOR  |   | TYPE VAULT               |                                     |
|                            |    |                                |   |                   |   |                          |                                     |
| CHURCH PERMIT No.          |    | M.M.A.Hartnedy                 |   | HEALTH PERMIT No. |   |                          |                                     |
|                            |    |                                |   |                   |   |                          |                                     |
| REMARKS:                   |    | Survived by wife, .            |   |                   |   |                          |                                     |
|                            |    |                                |   |                   |   |                          |                                     |
|                            |    |                                |   |                   |   |                          |                                     |
|                            |    |                                |   |                   |   |                          |                                     |
|                            |    |                                |   |                   |   |                          |                                     |

FAMILY NAME: WARD  
GIVEN NAME: JOSEPH  
INTERMENT NUMBER: 02551

|                                          |                              |                       |                                         |                                 |  |
|------------------------------------------|------------------------------|-----------------------|-----------------------------------------|---------------------------------|--|
| NAME                                     |                              | WARD, Joseph (Infant) |                                         | INTERMENT No. 2551              |  |
| ADDRESS                                  |                              | Steubenville, Ohio    |                                         |                                 |  |
| PERSON RESPONSIBLE ADDRESS               |                              |                       |                                         |                                 |  |
| AGE 4                                    | RACE W                       | SEX M                 | MARRIED <input type="checkbox"/> infant | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH June 22, 1909              | CAUSE OF DEATH Gastric fever |                       | DATE OF BURIAL                          |                                 |  |
| SECTION Holy Name                        | ROW                          | LOT 52                | GRAVE 17                                |                                 |  |
| CHURCH St. Peters                        | FUNERAL DIRECTOR             |                       | TYPE VAULT                              |                                 |  |
| CHURCH PERMIT No. T.A.Powers             | HEALTH PERMIT No.            |                       |                                         |                                 |  |
| REMARKS: Son of lot owner, Patrick Ward. |                              |                       |                                         |                                 |  |
|                                          |                              |                       |                                         |                                 |  |
|                                          |                              |                       |                                         |                                 |  |
|                                          |                              |                       |                                         |                                 |  |
|                                          |                              |                       |                                         |                                 |  |

FAMILY NAME: WARD  
GIVEN NAME: JULIA M. MRS.  
INTERMENT NUMBER: 15184

|                                                                      |  |                                                                                         |  |                         |       |                                                   |                                 |
|----------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------|--|-------------------------|-------|---------------------------------------------------|---------------------------------|
| NAME                                                                 |  | WARD, Mrs. Julia M.                                                                     |  | INTERMENT No.           |       | 15184                                             |                                 |
| ADDRESS                                                              |  | (Brookhaven Rest Home, Follansbee, W. Va.,)<br>207 Braybarton Blvd., Steubenville, Ohio |  |                         |       |                                                   |                                 |
| PERSON RESPONSIBLE ADDRESS                                           |  | McClave Funeral Home                                                                    |  |                         |       |                                                   |                                 |
| Feb. 25, 1877                                                        |  | AGE 94-2-17d                                                                            |  | RACE W                  | SEX F | MARRIED <input checked="" type="checkbox"/> widow | SINGLE <input type="checkbox"/> |
| DATE OF DEATH                                                        |  | May 12, 1971                                                                            |  | CAUSE OF DEATH          |       | Not stated on W. Va., burial permit.              |                                 |
| May 15, 1971                                                         |  | DATE OF BURIAL                                                                          |  |                         |       |                                                   |                                 |
| SECTION                                                              |  | Blessed Virgin                                                                          |  | ROW                     | LOT   | 55 GRAVE 6                                        |                                 |
| CHURCH                                                               |  | Holy Rosary                                                                             |  | FUNERAL DIRECTOR        |       | McClave Eagle Triplex TYPE VAULT conc.            |                                 |
| Msgr. A. Berendt.                                                    |  | CHURCH PERMIT                                                                           |  | Dist. Wellsburg, W. Va. |       | 4-0" X 1-2"X 2-2"dbler                            |                                 |
|                                                                      |  | HEALTH PERMIT No. 27                                                                    |  | memorial.Hayslip 5/71   |       |                                                   |                                 |
| REMARKS: Born in Steubenville ofDaniel & Nora Callahan Burns.        |  |                                                                                         |  |                         |       |                                                   |                                 |
| Survived by a grand-daughter, Mrs. John (Helen) Reed and 3 greatp    |  |                                                                                         |  |                         |       |                                                   |                                 |
| grand-daughters. Died at Rest Home where she had rested for 4 years. |  |                                                                                         |  |                         |       |                                                   |                                 |
|                                                                      |  |                                                                                         |  |                         |       |                                                   |                                 |
|                                                                      |  |                                                                                         |  |                         |       |                                                   |                                 |

FAMILY NAME: WARD  
GIVEN NAME: KATHERINE V.  
INTERMENT NUMBER: 18828

|                                                                                                                                                                         |                                                      |                          |                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------|
| NAME Ward, Katherine V.                                                                                                                                                 |                                                      | INTERMENT No. 18828      |                                                                             |
| ADDRESS 901 N. Sixth, Apt.112, Steubenville, Ohio                                                                                                                       |                                                      |                          |                                                                             |
| PERSON RESPONSIBLE ADDRESS Dunlope-Shorac Funeral Home                                                                                                                  |                                                      |                          |                                                                             |
| 8-25-1910                                                                                                                                                               |                                                      |                          |                                                                             |
| AGE 80                                                                                                                                                                  | RACE W                                               | SEX F                    | MARRIED <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> |
| DATE OF DEATH 1-12-1991                                                                                                                                                 | CAUSE OF DEATH Not stated on provisional certificate |                          | DATE OF BURIAL 1-15-1991                                                    |
| SECTION Blessed Virgin                                                                                                                                                  | ROW                                                  | LOT 73                   | GRAVE 2                                                                     |
| CHURCH St. Peter's                                                                                                                                                      | FUNERAL DIRECTOR Dunlope-Shorac                      | TYPE VAULT eagle triplex |                                                                             |
| CHURCH PERMIT Brother Patrick                                                                                                                                           | HEALTH PERMIT No. 4101-24                            |                          |                                                                             |
| REMARKS: Surviving are two brothers, Albert Ward of Follansbee and Charles Ward of Whittier, Calif.; a sister, Mary Elizabeth Ward of Steubenville. She was preceded in |                                                      |                          |                                                                             |

death by her parents, Albert and Mary Ward and two brotehrrs, Clement Ward and Thomas Ward. She was a former employee of the Riverview Nursing Home.

FAMILY NAME: WARD  
GIVEN NAME: LILLIAN MARY  
INTERMENT NUMBER: 08230

|                            |    |                    |   |                   |   |                |                          |                |                          |
|----------------------------|----|--------------------|---|-------------------|---|----------------|--------------------------|----------------|--------------------------|
| NAME                       |    | WARD, Lillian Mary |   | INTERMENT No.     |   | 8230           |                          |                |                          |
| ADDRESS                    |    | Steubenville, Ohio |   |                   |   |                |                          |                |                          |
| PERSON RESPONSIBLE ADDRESS |    |                    |   |                   |   |                |                          |                |                          |
| AGE                        | 20 | RACE               | W | SEX               | F | MARRIED        | <input type="checkbox"/> | SINGLE         | <input type="checkbox"/> |
| DATE OF DEATH              |    | Oct. 1, 1928       |   |                   |   | CAUSE OF DEATH |                          | DATE OF BURIAL |                          |
| SECTION                    |    | St. Peters         |   | ROW               |   | LOT            | 80                       | GRAVE          | 11                       |
| CHURCH                     |    | Holy Name          |   | FUNERAL DIRECTOR  |   | TYPE VAULT     |                          |                |                          |
| CHURCH PERMIT No.          |    | E.A.Gilbert        |   | HEALTH PERMIT No. |   |                |                          |                |                          |
| REMARKS:                   |    |                    |   |                   |   |                |                          |                |                          |
|                            |    |                    |   |                   |   |                |                          |                |                          |
|                            |    |                    |   |                   |   |                |                          |                |                          |
|                            |    |                    |   |                   |   |                |                          |                |                          |
|                            |    |                    |   |                   |   |                |                          |                |                          |



FAMILY NAME: WARD  
GIVEN NAME: MARGARET MRS.  
INTERMENT NUMBER: 08525

|                            |     |                     |   |                    |        |
|----------------------------|-----|---------------------|---|--------------------|--------|
| NAME                       |     | WARD, Mrs. Margaret |   | INTERMENT No. 8525 |        |
| ADDRESS                    |     | Steubenville, Ohio  |   |                    |        |
| PERSON RESPONSIBLE ADDRESS |     |                     |   |                    |        |
| AGE                        | 46- | RACE                | W | SEX                | F      |
|                            |     | MARRIED             |   |                    | SINGLE |
| DATE OF DEATH              |     | CAUSE OF DEATH      |   | July 17, 1930      |        |
|                            |     | Accident            |   | DATE OF BURIAL     |        |
| SECTION                    |     | St. Peter's         |   | ROW                | LOT    |
|                            |     |                     |   |                    | 80     |
| CHURCH                     |     | Holy Name           |   | wood box           |        |
|                            |     | FUNERAL DIRECTOR    |   | TYPE VAULT         |        |
| CHURCH PERMIT No.          |     | E.A.Gilbert         |   | HEALTH PERMIT No.  |        |
|                            |     |                     |   |                    |        |
| REMARKS:                   |     |                     |   |                    |        |
|                            |     |                     |   |                    |        |
|                            |     |                     |   |                    |        |
|                            |     |                     |   |                    |        |
|                            |     |                     |   |                    |        |

FAMILY NAME: WARD  
GIVEN NAME: MARY  
INTERMENT NUMBER: 02102

|                                                                          |    |                    |   |                   |   |                |                          |               |                          |
|--------------------------------------------------------------------------|----|--------------------|---|-------------------|---|----------------|--------------------------|---------------|--------------------------|
| NAME                                                                     |    | WARD, Mary         |   | INTERMENT No.     |   | 2102           |                          |               |                          |
| ADDRESS                                                                  |    | Steubenville, Ohio |   |                   |   |                |                          |               |                          |
| PERSON RESPONSIBLE ADDRESS                                               |    |                    |   |                   |   |                |                          |               |                          |
| AGE                                                                      | 24 | RACE               | W | SEX               | F | MARRIED        | <input type="checkbox"/> | SINGLE        | <input type="checkbox"/> |
| DATE OF DEATH                                                            |    | Jan. 14, 1907      |   |                   |   | CAUSE OF DEATH |                          | Heart failure |                          |
| SECTION                                                                  |    | All Saints         |   | ROW               |   | LOT            | 82                       | GRAVE         | 5                        |
| CHURCH                                                                   |    | St. Peters         |   | FUNERAL DIRECTOR  |   | TYPE VAULT     |                          |               |                          |
| CHURCH PERMIT No.                                                        |    | T.A.Powers         |   | HEALTH PERMIT No. |   |                |                          |               |                          |
| REMARKS: Daughter of lot owner, Joseph Ward, S urvived by mother, Bridge |    |                    |   |                   |   |                |                          |               |                          |
|                                                                          |    |                    |   |                   |   |                |                          |               |                          |
|                                                                          |    |                    |   |                   |   |                |                          |               |                          |
|                                                                          |    |                    |   |                   |   |                |                          |               |                          |
|                                                                          |    |                    |   |                   |   |                |                          |               |                          |

FAMILY NAME: WARD  
GIVEN NAME: MARY E. HUBER MRS.  
INTERMENT NUMBER: 14948

|                                                                                                                                                                              |  |                                  |  |                                                                                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|--|------------------------------------------------------------------------------------------------|--|
| NAME                                                                                                                                                                         |  | WARD, Mrs. Mary E. Huber         |  | INTERMENT No. 14948                                                                            |  |
| ADDRESS 1113 Sycamore Street, Steubenville, Ohio                                                                                                                             |  |                                  |  |                                                                                                |  |
| PERSON RESPONSIBLE ADDRESS McClave Funeral Home                                                                                                                              |  |                                  |  |                                                                                                |  |
| Mar. 25, 1878                                                                                                                                                                |  | AGE 91-9-5da                     |  | RACE W SEX F MARRIED <input checked="" type="checkbox"/> widow SINGLE <input type="checkbox"/> |  |
| Dec. 30, 1969                                                                                                                                                                |  | DATE OF DEATH                    |  | Not stated on provisional certificate.                                                         |  |
| Jan. 2, 1970                                                                                                                                                                 |  | DATE OF BURIAL                   |  | 4                                                                                              |  |
| SECTION Blessed Virgin                                                                                                                                                       |  | ROW                              |  | LOT 73 GRAVE B                                                                                 |  |
| CHURCH St. Peters                                                                                                                                                            |  | FUNERAL DIRECTOR McClave         |  | falcon topseal                                                                                 |  |
| CHURCH PERMIT                                                                                                                                                                |  | Dist. 4101-HEALTH PERMIT No. 731 |  | TYPE VAULT conc.                                                                               |  |
| REMARKS: Born in Carnegie Penna of Clement & Anna Jane Huber.                                                                                                                |  |                                  |  |                                                                                                |  |
| Survived by 2 daughters, Miss Elizabeth and Miss Kathryn Ward; 4 sons, Clement, Thomas H., Albert F., Charles F. Ward; 3 grandchildren. Died at home. Widow of Albert (1959) |  |                                  |  |                                                                                                |  |

FAMILY NAME: WARD

GIVEN NAME: MARY ELIZABETH

INTERMENT NUMBER: 21037

|                                                                                                                                                                                                                                                  |                                       |                             |                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------|--------------------------------------------|
| NAME WARD, Mary Elizabeth                                                                                                                                                                                                                        |                                       | INTERMENT No. 21046         |                                            |
| ADDRESS 901 North Sixth Street Steubenville Ohio                                                                                                                                                                                                 |                                       |                             |                                            |
| PERSON RESPONSIBLE Shorac, Funeral Home                                                                                                                                                                                                          |                                       |                             |                                            |
| ADDRESS                                                                                                                                                                                                                                          |                                       |                             |                                            |
| Jan. 25, 1907                                                                                                                                                                                                                                    | W                                     | F                           |                                            |
| AGE                                                                                                                                                                                                                                              | RACE                                  | SEX F                       | MARRIED <input type="checkbox"/>           |
| Jan. 7, 2002                                                                                                                                                                                                                                     | Not stated on provisional certificate |                             | SINGLE <input checked="" type="checkbox"/> |
| DATE OF DEATH                                                                                                                                                                                                                                    | CAUSE OF DEATH                        | DATE OF BURIAL Feb. 9, 2002 |                                            |
| SECTION Blessed Virgin                                                                                                                                                                                                                           |                                       | ROW                         | LOT 73 GRAVE 1                             |
| CHURCH St. Peters                                                                                                                                                                                                                                |                                       | FUNERAL DIRECTOR Shorac     | TYPE Delphi                                |
| Monsignor George Yontz                                                                                                                                                                                                                           |                                       | HEALTH PERMIT No. 4101-81   |                                            |
| REMARKS: She was the daughter of the late Albert A. and Mary Huber Ward. Surviving are a brother Albert Ward of Follansbee. She was also preceded in death by three brother, Clement, Thomas and Charles Ward and one sister, Katherine V. Ward. |                                       |                             |                                            |

## Mary Elizabeth Ward

STEUBENVILLE — Mary Elizabeth Ward, 95, of Steubenville died Thursday, Feb. 7, 2002, at Lancia Villa Royale, Steubenville.

She was born on Jan. 26, 1907, a daughter of the late Albert A. and Mary Huber Ward.

Surviving is one brother, Albert Ward of Follansbee, W.Va.

Mary Elizabeth was preceded in death by three brothers, Clement, Thomas and Charles Ward and one sister, Katherine V. Ward.

Blessing and burial services were held on Saturday at Mount Calvary Cemetery Chapel with Monsignor George Yontz officiating.

Arrangements by Dunlope-Shorac, Wintersville, Ohio.

Review obituary/offer condolences at [www.shorac.com](http://www.shorac.com).

FAMILY NAME: WARD  
GIVEN NAME: MARY MARGARET  
INTERMENT NUMBER: 02141

|                                               |        |                              |                          |                    |                                 |
|-----------------------------------------------|--------|------------------------------|--------------------------|--------------------|---------------------------------|
| NAME                                          |        | WARD, Mary Margaret (Infant) |                          | INTERMENT No. 2141 |                                 |
| ADDRESS Steubenville, Ohio                    |        |                              |                          |                    |                                 |
| PERSON RESPONSIBLE ADDRESS                    |        |                              |                          |                    |                                 |
| AGE                                           | 4-5 mo | RACE                         | W                        | SEX                | F                               |
|                                               |        | MARRIED                      | <input type="checkbox"/> | infant             | SINGLE <input type="checkbox"/> |
| DATE OF DEATH                                 |        | CAUSE OF DEATH               |                          | DATE OF BURIAL     |                                 |
| Mar. 5, 1907                                  |        | Pneumonia                    |                          |                    |                                 |
| SECTION                                       |        | Holy Name                    |                          | ROW                |                                 |
|                                               |        |                              |                          | LOT                | 52                              |
|                                               |        |                              |                          | GRAVE 16           |                                 |
| CHURCH                                        |        | St. Peters                   |                          | FUNERAL DIRECTOR   |                                 |
|                                               |        |                              |                          | TYPE VAULT         |                                 |
| CHURCH PERMIT No.                             |        | T.A.Powers                   |                          | HEALTH PERMIT No.  |                                 |
|                                               |        |                              |                          |                    |                                 |
| REMARKS: Daughter of lot owner, Patrick Ward. |        |                              |                          |                    |                                 |
|                                               |        |                              |                          |                    |                                 |
|                                               |        |                              |                          |                    |                                 |
|                                               |        |                              |                          |                    |                                 |
|                                               |        |                              |                          |                    |                                 |



FAMILY NAME: WARD  
GIVEN NAME: MARY TOPICH MRS.  
INTERMENT NUMBER: 15455

|                                                                        |  |                                           |  |                         |  |                                           |  |
|------------------------------------------------------------------------|--|-------------------------------------------|--|-------------------------|--|-------------------------------------------|--|
| NAME                                                                   |  | WARD, Mrs. Mary TOPICK                    |  | INTERMENT No.           |  | 15455                                     |  |
| ADDRESS                                                                |  | 135 Brady Circle West, Steubenville, Ohio |  |                         |  |                                           |  |
| PERSON RESPONSIBLE ADDRESS                                             |  | McClave-Chandler-Mills Funeral Home.      |  |                         |  |                                           |  |
| Oct. 15, 1912                                                          |  | RACE                                      |  | SEX                     |  | MARRIED                                   |  |
| AGE 59-11-16d                                                          |  | W                                         |  | F                       |  | <input checked="" type="checkbox"/> widow |  |
| SINGLE                                                                 |  |                                           |  |                         |  | <input type="checkbox"/>                  |  |
| Sept. 30, 1972                                                         |  | DATE OF DEATH                             |  | CAUSE OF DEATH          |  | dehydration                               |  |
| Oct. 4, 1972                                                           |  | DATE OF BURIAL                            |  |                         |  |                                           |  |
| SECTION                                                                |  | Holy Name                                 |  | ROW                     |  | LOT 52                                    |  |
| GRAVE                                                                  |  | 2                                         |  |                         |  |                                           |  |
| CHURCH                                                                 |  | St. Peters                                |  | McClave-Chandler-Mills  |  | Clarke 12 gauge                           |  |
| FUNERAL DIRECTOR                                                       |  |                                           |  | TYPE                    |  | metal                                     |  |
| VAULT                                                                  |  |                                           |  |                         |  |                                           |  |
| Msgr. Cronin Malloy.                                                   |  | Dist. Pgh. Pa.,                           |  | 3-0" X 1-0" X 1-6" dble |  |                                           |  |
| CHURCH PERMIT                                                          |  | HEALTH PERMIT No. 1410                    |  | memorial. Arrher. 9/72  |  |                                           |  |
| REMARKS: Born in Steubenville of Milovan and Stana Tepovich Topich.    |  |                                           |  |                         |  |                                           |  |
| Survived by 2 daughters, Mrs. Nick Joann Sedoti and Mrs. Thomas        |  |                                           |  |                         |  |                                           |  |
| (Mona) Sticco; 7 grandchildren and a sister, Mrs. John (Sophia) Peters |  |                                           |  |                         |  |                                           |  |
| and a brother, G. Jack Topach. Died at University Presbyterian Hosp.,  |  |                                           |  |                         |  |                                           |  |
| Pittsburgh, Pa.,                                                       |  |                                           |  |                         |  |                                           |  |

FAMILY NAME: WARD  
GIVEN NAME: NELL C. MRS.  
INTERMENT NUMBER: 11312

|                                                                                                                                                                  |  |                                   |  |                  |  |                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|--|------------------|--|---------------------------------|--|
| NAME                                                                                                                                                             |  | WARD, Mrs. Nell C.                |  | INTERMENT No.    |  | 11312                           |  |
| ADDRESS                                                                                                                                                          |  | 203 North St., Steubenville, Ohio |  |                  |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                       |  |                                   |  |                  |  |                                 |  |
| Sept 28, 1874                                                                                                                                                    |  | AGE 75-4-0 da                     |  | RACE W           |  | SEX F                           |  |
|                                                                                                                                                                  |  | MARRIED <input type="checkbox"/>  |  | widow            |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                                                                                                                                                    |  | Jan. 27, 1950                     |  | CAUSE OF DEATH   |  | auricular fibrillation          |  |
|                                                                                                                                                                  |  |                                   |  | DATE OF BURIAL   |  | Jan. 30, '50                    |  |
| SECTION                                                                                                                                                          |  | Holy Na me                        |  | ROW              |  | LOT 52                          |  |
|                                                                                                                                                                  |  |                                   |  |                  |  | GRAVE 11                        |  |
| CHURCH                                                                                                                                                           |  | St. Peter's                       |  | FUNERAL DIRECTOR |  | Shannon                         |  |
|                                                                                                                                                                  |  |                                   |  | TYPE VAULT       |  |                                 |  |
| CHURCH PERMIT No.                                                                                                                                                |  | H. J. Grigsby                     |  | Dist. 654-       |  | HEALTH PERMIT No. 48            |  |
| REMARKS: Born, Steubenville, Ohio of Bernard & Margaret Caniff.                                                                                                  |  |                                   |  |                  |  |                                 |  |
| Died, Ohio Valley Hosp., Steub. O. Widow of Patrick Ward. Survived by three sons, Patrick, Bernard and Paul. 1 sister, Gertrude Blose, 1 brother, William Caniff |  |                                   |  |                  |  |                                 |  |

FAMILY NAME: WARD  
GIVEN NAME: PATRICK J.  
INTERMENT NUMBER: 15202

|                                                                                                                                                                                                                                                                         |  |                                          |  |                         |  |                                             |  |                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|--|-------------------------|--|---------------------------------------------|--|---------------------------------|--|
| NAME                                                                                                                                                                                                                                                                    |  | WARD, Patrick J.                         |  | INTERMENT No.           |  | 15202                                       |  |                                 |  |
| ADDRESS                                                                                                                                                                                                                                                                 |  | 135 Brady Circle West Steubenville, Ohio |  |                         |  |                                             |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                              |  | McClave Funeral Home                     |  |                         |  |                                             |  |                                 |  |
| Sept. 30, 1910                                                                                                                                                                                                                                                          |  | RACE W                                   |  | SEX M                   |  | MARRIED <input checked="" type="checkbox"/> |  | SINGLE <input type="checkbox"/> |  |
| AGE 60-8-20d                                                                                                                                                                                                                                                            |  |                                          |  |                         |  |                                             |  |                                 |  |
| DATE OF DEATH                                                                                                                                                                                                                                                           |  | June 19, 1971                            |  | CAUSE OF DEATH          |  | Not stated on provisional certificate       |  | DATE OF BURIAL                  |  |
|                                                                                                                                                                                                                                                                         |  |                                          |  |                         |  |                                             |  |                                 |  |
| SECTION                                                                                                                                                                                                                                                                 |  | Holy Name                                |  | ROW                     |  | LOT 52                                      |  | GRAVE 1                         |  |
| CHURCH                                                                                                                                                                                                                                                                  |  | Blessing only St. Peters                 |  | FUNERAL DIRECTOR        |  | McClave                                     |  | TYPE VAULT                      |  |
|                                                                                                                                                                                                                                                                         |  |                                          |  |                         |  |                                             |  | Galvanized Clarke               |  |
| Msgr. Wm. Cornelius                                                                                                                                                                                                                                                     |  | District 4101-                           |  | 3-0" X 1-0" X 1-6" dble |  | memorial. Archer 9/71                       |  |                                 |  |
| CHURCH PERMIT                                                                                                                                                                                                                                                           |  | HEALTH PERMIT No.                        |  | 369                     |  |                                             |  |                                 |  |
| REMARKS: Survived by his wife, Mrs. Mary Topick Ward; 2 daughters, Mrs. Nick(Joann) Sedoti of Steubenville and Mrs. Thomas (Mona) Sticco of Hollywood, Florida; 2 brothers, Bernard T. and Paul F. Ward. both of Columbus. Mr. Ward was a former councilman-at-large in |  |                                          |  |                         |  |                                             |  |                                 |  |

Steubenville. Hea was employed in the basic oxygen plant at Wheeling-Pittsburgh Steel Corp. Pronounced D.O.A. at the Ohio Valley Hospital, Steubenville, Ohio. Born in Steubenville of Patrick and Nellie Caniff Ward.

FAMILY NAME: WARD  
GIVEN NAME: PATRICK JOSEPH  
INTERMENT NUMBER: 06717

|                            |    |                    |   |                   |   |                      |                          |                |                          |
|----------------------------|----|--------------------|---|-------------------|---|----------------------|--------------------------|----------------|--------------------------|
| NAME                       |    | WARD, Patrick Jos. |   | INTERMENT No.     |   | 6717                 |                          |                |                          |
| ADDRESS                    |    | Steubenville, Ohio |   |                   |   |                      |                          |                |                          |
| PERSON RESPONSIBLE ADDRESS |    |                    |   |                   |   |                      |                          |                |                          |
| AGE                        | 46 | RACE               | W | SEX               | M | MARRIED              | <input type="checkbox"/> | SINGLE         | <input type="checkbox"/> |
| DATE OF DEATH              |    | July 1, 1919       |   | CAUSE OF DEATH    |   | Intestinal nephritis |                          | DATE OF BURIAL |                          |
| SECTION                    |    | Holy Name          |   | ROW               |   | LOT                  |                          | 52 GRAVE 10    |                          |
| CHURCH                     |    | St. Peters         |   | FUNERAL DIRECTOR  |   | TYPE VAULT           |                          |                |                          |
| CHURCH PERMIT No.          |    | T.A.Powers         |   | HEALTH PERMIT No. |   |                      |                          |                |                          |
| REMARKS:                   |    | Lot owner.         |   |                   |   |                      |                          |                |                          |
|                            |    |                    |   |                   |   |                      |                          |                |                          |
|                            |    |                    |   |                   |   |                      |                          |                |                          |
|                            |    |                    |   |                   |   |                      |                          |                |                          |
|                            |    |                    |   |                   |   |                      |                          |                |                          |

FAMILY NAME: WARD  
GIVEN NAME: PETER  
INTERMENT NUMBER: 00115

|                                                                                                                                                                                                                                                                  |                                               |                   |                                  |                                 |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------|----------------------------------|---------------------------------|---------|
| NAME                                                                                                                                                                                                                                                             |                                               | WARD, Peter       |                                  | INTERMENT No. 115               |         |
| ADDRESS                                                                                                                                                                                                                                                          |                                               |                   |                                  |                                 |         |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                       |                                               |                   |                                  |                                 |         |
| AGE 27                                                                                                                                                                                                                                                           | RACE W                                        | SEX M             | MARRIED <input type="checkbox"/> | SINGLE <input type="checkbox"/> |         |
| DATE OF DEATH                                                                                                                                                                                                                                                    | CAUSE OF DEATH consumption                    |                   | Nov. 4, 1885<br>DATE OF BURIAL   |                                 |         |
| SECTION                                                                                                                                                                                                                                                          | NOW: Blessed Virgin<br>Originally, St. Joseph |                   | ROW                              | LOT 75<br>97                    | GRAVE ? |
| CHURCH                                                                                                                                                                                                                                                           |                                               | FUNERAL DIRECTOR  |                                  | TYPE VAULT                      |         |
| M.M.A. Hartnedy                                                                                                                                                                                                                                                  |                                               |                   |                                  |                                 |         |
| CHURCH PERMIT No.                                                                                                                                                                                                                                                |                                               | HEALTH PERMIT No. |                                  |                                 |         |
| REMARKS: Lot originall reserved for Peter Ward; later sold to Thos. Farrington: John M. Snyder, Sexton (1900-1940) thinks Peter Ward, and (possibly) his infant son, later moved to Lot 75, Blessed Virgin Section owned by Ward's brother-in-law, Henry Herbst. |                                               |                   |                                  |                                 |         |



FAMILY NAME: WARD  
GIVEN NAME: PETER  
INTERMENT NUMBER: 09946

|                            |  |                    |  |                   |  |                          |  |                          |  |
|----------------------------|--|--------------------|--|-------------------|--|--------------------------|--|--------------------------|--|
| NAME                       |  | WARD, Peter        |  | INTERMENT No.     |  | 9946                     |  |                          |  |
| ADDRESS                    |  | Steubenville, Ohio |  |                   |  |                          |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                    |  |                   |  |                          |  |                          |  |
| AGE                        |  | RACE               |  | SEX               |  | MARRIED                  |  | SINGLE                   |  |
| 60                         |  | W                  |  | M                 |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  | CAUSE OF DEATH     |  |                   |  | DATE OF BURIAL           |  |                          |  |
|                            |  |                    |  |                   |  | Dec. 27, '40             |  |                          |  |
| SECTION                    |  | St. Joseph         |  | ROW               |  | LOT                      |  | GRAVE                    |  |
|                            |  |                    |  |                   |  | 56                       |  | 1                        |  |
| CHURCH                     |  | Holy Name          |  | FUNERAL DIRECTOR  |  | Fox                      |  | TYPE VAULT               |  |
|                            |  |                    |  |                   |  |                          |  |                          |  |
| CHURCH PERMIT No.          |  | E.A. Gilbert       |  | HEALTH PERMIT No. |  |                          |  |                          |  |
|                            |  |                    |  |                   |  |                          |  |                          |  |
| REMARKS:                   |  |                    |  |                   |  |                          |  |                          |  |
|                            |  |                    |  |                   |  |                          |  |                          |  |
|                            |  |                    |  |                   |  |                          |  |                          |  |
|                            |  |                    |  |                   |  |                          |  |                          |  |
|                            |  |                    |  |                   |  |                          |  |                          |  |

FAMILY NAME: WARD  
GIVEN NAME: ROSEMARY MRS.  
INTERMENT NUMBER: 11939

|                                                                                                                                                                                                                                                  |  |                                       |  |                  |  |                                  |  |                   |  |               |  |              |  |         |  |                                       |  |        |  |                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|------------------|--|----------------------------------|--|-------------------|--|---------------|--|--------------|--|---------|--|---------------------------------------|--|--------|--|--------------------------|--|
| NAME                                                                                                                                                                                                                                             |  | WARD, Mrs. Rosemary                   |  | INTERMENT No.    |  | 11939                            |  |                   |  |               |  |              |  |         |  |                                       |  |        |  |                          |  |
| ADDRESS                                                                                                                                                                                                                                          |  | 1075 LaBelle Ave., Steubenville, Ohio |  |                  |  |                                  |  |                   |  |               |  |              |  |         |  |                                       |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                       |  | McGill Funeral Home                   |  |                  |  |                                  |  |                   |  |               |  |              |  |         |  |                                       |  |        |  |                          |  |
| Oct. 1, 1888                                                                                                                                                                                                                                     |  | AGE                                   |  | 65-4-14 da       |  | RACE                             |  | W                 |  | SEX           |  | F            |  | MARRIED |  | <input checked="" type="checkbox"/> X |  | SINGLE |  | <input type="checkbox"/> |  |
| DATE OF DEATH                                                                                                                                                                                                                                    |  | Feb. 14, 1954                         |  | CAUSE OF DEATH   |  | Coronary thrombosis hypertension |  | DATE OF BURIAL    |  | Feb. 17, 1954 |  |              |  |         |  |                                       |  |        |  |                          |  |
| SECTION                                                                                                                                                                                                                                          |  | Poor Souls                            |  | ROW              |  | LOT                              |  | 236               |  | GRAVE         |  | 2            |  |         |  |                                       |  |        |  |                          |  |
| CHURCH                                                                                                                                                                                                                                           |  | St. Peters                            |  | FUNERAL DIRECTOR |  | McGill                           |  | TYPE VAULT        |  | Conc          |  | Wheatley # 9 |  |         |  |                                       |  |        |  |                          |  |
| CHURCH PERMIT No.                                                                                                                                                                                                                                |  | Msg. H. J. Grigsby                    |  | Dist. 4101 -     |  | Fr. Dan'l Egan, TOR at cemetery  |  | HEALTH PERMIT No. |  | 70            |  |              |  |         |  |                                       |  |        |  |                          |  |
| REMARKS: Born in Steubenville, of Alexander Milewski. Survived by husband, Thomas, 1 brother, John Milewski, 1 sister, Mrs. Marie Poole, 1 aunt, Josephine Fitzgerald, uncle, William Fitzgerald. Died at Ohio Valley Hospital, Steubenville, O. |  |                                       |  |                  |  |                                  |  |                   |  |               |  |              |  |         |  |                                       |  |        |  |                          |  |
| 2-0" X 1-0" marker - S. White's Sons - 1955                                                                                                                                                                                                      |  |                                       |  |                  |  |                                  |  |                   |  |               |  |              |  |         |  |                                       |  |        |  |                          |  |

FAMILY NAME: WARD

GIVEN NAME: RUTH LYONS MRS.

INTERMENT NUMBER: 14625

|                                                                                                              |  |                                          |  |                  |  |                                             |  |                                 |  |
|--------------------------------------------------------------------------------------------------------------|--|------------------------------------------|--|------------------|--|---------------------------------------------|--|---------------------------------|--|
| NAME                                                                                                         |  | WARD, Mrs. Ruth Lyons                    |  | INTERMENT No.    |  | 14625                                       |  |                                 |  |
| ADDRESS                                                                                                      |  | 3544 Brightway,                          |  | Weirton, W.Va.,  |  | 26062                                       |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                   |  | McClave Funeral Home, Steubenville, Ohio |  |                  |  |                                             |  |                                 |  |
| Nov. 4, 1912                                                                                                 |  | RACE W                                   |  | SEX F            |  | MARRIED <input checked="" type="checkbox"/> |  | SINGLE <input type="checkbox"/> |  |
| AGE 55-4-20da                                                                                                |  | RACE W                                   |  | SEX F            |  | MARRIED <input checked="" type="checkbox"/> |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                                                                                                |  | March 23, 1968                           |  | CAUSE OF DEATH   |  | Not stated on provisional certificate.      |  | DATE OF BURIAL                  |  |
| DATE OF DEATH                                                                                                |  | March 23, 1968                           |  | CAUSE OF DEATH   |  | Not stated on provisional certificate.      |  | DATE OF BURIAL                  |  |
| DATE OF DEATH                                                                                                |  | March 23, 1968                           |  | CAUSE OF DEATH   |  | Not stated on provisional certificate.      |  | DATE OF BURIAL                  |  |
| SECTION                                                                                                      |  | Blessed Virgin                           |  | ROW              |  | LOT 73                                      |  | GRAVE 6                         |  |
| CHURCH                                                                                                       |  | 1st Christian                            |  | FUNERAL DIRECTOR |  | McClave                                     |  | Eagle Triplex TYPE VAULT conc.  |  |
| CHURCH PERMIT                                                                                                |  | Rev. Mr. Geo. Crenshaw.                  |  | Dist. 4101 -     |  | HEALTH PERMIT No. 204                       |  |                                 |  |
| REMARKS: Born in Clarksburg, W. Va., of Calder and Ercel McAfee Lyons.                                       |  |                                          |  |                  |  |                                             |  |                                 |  |
| Survived by her parents and her husband, Thomas. H. Ward. Died at the Ohio Valley Hospital, Steubenville, O. |  |                                          |  |                  |  |                                             |  |                                 |  |
|                                                                                                              |  |                                          |  |                  |  |                                             |  |                                 |  |
|                                                                                                              |  |                                          |  |                  |  |                                             |  |                                 |  |
|                                                                                                              |  |                                          |  |                  |  |                                             |  |                                 |  |

FAMILY NAME: WARD  
GIVEN NAME: THOMAS E.  
INTERMENT NUMBER: 12988

|                                                                                                                                                                                                                                                                                |  |                                                                                   |  |                  |  |                     |  |              |  |                                                     |  |                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|------------------|--|---------------------|--|--------------|--|-----------------------------------------------------|--|---------------------------------|--|
| NAME                                                                                                                                                                                                                                                                           |  | WARD, Thomas M. E.                                                                |  | INTERMENT NO.    |  | 12988               |  |              |  |                                                     |  |                                 |  |
| ADDRESS                                                                                                                                                                                                                                                                        |  | Reider Rest Home, Wintersville, Ohio.<br>1109 Sycamore Street, Steubenville, Ohio |  |                  |  |                     |  |              |  |                                                     |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                     |  | McGill Funeral Home                                                               |  |                  |  |                     |  |              |  |                                                     |  |                                 |  |
| Dec. 3, 1884                                                                                                                                                                                                                                                                   |  | AGE                                                                               |  | 75-0-13 da       |  | RACE W              |  | SEX M        |  | MARRIED <input checked="" type="checkbox"/> widower |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                                                                                                                                                                                                                                                                  |  | Dec. 15, 1959                                                                     |  | CAUSE OF DEATH   |  | Cerebral homorrhage |  |              |  | DATE OF BURIAL                                      |  | Dec. 18, 1959                   |  |
| SECTION                                                                                                                                                                                                                                                                        |  | Poor Souls                                                                        |  | ROW              |  | LOT                 |  | 228          |  | GRAVE                                               |  | 5                               |  |
| CHURCH                                                                                                                                                                                                                                                                         |  | St. Peters                                                                        |  | FUNERAL DIRECTOR |  | McGill              |  | Guardian # 9 |  | TYPE VAULT                                          |  | conc.                           |  |
| CHURCH PERMIT NO.                                                                                                                                                                                                                                                              |  | Msgr. H. J. Grigsby                                                               |  | Dist. 4100 -     |  | HEALTH PERMIT NO.   |  | 183          |  | 4-0" X 1-0" double memorial.                        |  |                                 |  |
| REMARKS: Born Wheeling, Junction, W. Va., of Joseph and Bridget Haney Ward. Retired P.R. Railway Conductor. W.W.I Veteran (35th M.G. Bn.,) Survived by 1 sister, Mrs. Ann Fotheringham; 2 brothers, William J. and Bernard Ward. Died at Reider Rest Home, Wintersville, Ohio. |  |                                                                                   |  |                  |  |                     |  |              |  |                                                     |  |                                 |  |

FAMILY NAME: WARD

GIVEN NAME: WILLIAM

INTERMENT NUMBER: 16605

|                                                           |                                       |                                      |                                                                                    |
|-----------------------------------------------------------|---------------------------------------|--------------------------------------|------------------------------------------------------------------------------------|
| NAME WARD, William                                        |                                       | INTERMENT No. 16605                  |                                                                                    |
| ADDRESS Sunset Blvd. Steubenville, Ohio                   |                                       |                                      |                                                                                    |
| PERSON RESPONSIBLE ADDRESS Mosti Funeral Home             |                                       |                                      |                                                                                    |
| 4-29-1905                                                 | RACE W                                | SEX M                                | MARRIED <input checked="" type="checkbox"/> widowerSINGLE <input type="checkbox"/> |
| AGE 73                                                    |                                       |                                      |                                                                                    |
| Feb. 21, 1979                                             | not stated on provisional certificate |                                      | Feb. 24, 1979                                                                      |
| DATE OF DEATH                                             | CAUSE OF DEATH                        | DATE OF BURIAL                       |                                                                                    |
| SECTION Blessed Vrgin                                     | ROW                                   | LOT 1                                | GRAVE 18                                                                           |
| CHURCH Holy Rosary                                        | FUNERAL DIRECTOR Mosti                | eagel<br>TYPE VAULT triplex          |                                                                                    |
| CHURCH PERMIT A. Giannamore                               | HEALTH PERMIT No. 4101-0109           | 4-0 x 1-0 x 1-6<br>dbble.Kurtz 7/79. |                                                                                    |
| REMARKS: William Albert Ward, retired Soldiers and Sailor |                                       |                                      |                                                                                    |
| Sailor Relief Commission director died Wednesday in his   |                                       |                                      |                                                                                    |
| home after an extended illness. Mr. Ward, who owned a dry |                                       |                                      |                                                                                    |
| cleaning shop in the 200 block of So. 4th Street before   |                                       |                                      |                                                                                    |

in World Wae II, was a life member of the Elks Lodge, American Legion Argonne Post 33 and Holy Rosary Church. Surviving are a niece, Mrs. James E. (Marjorie) Gibson of Steubenville, and three nephews, Joseph J. Bowman Jr. of Louisville, Ky., and Lee and William Klein both of Steubenville. He was born April 29, 1905 in Steubenville, a son of the late William J. and Mary Ritson Ward. He was preceded in death by two sister, Mrs. Margaret Kathleen Bowman in Steubenville, in September 1977, and Mrs. Agnes Klein of Steubenville, in March 1973.

February 26, 1979 Flat Bronze Marker ordered.

April 20, 1979 Flat Bronze Marker reeeived.



FAMILY NAME: WARE  
GIVEN NAME: INFANT (KARE?)  
INTERMENT NUMBER: 08819

|                            |              |                     |                   |                                  |                                 |
|----------------------------|--------------|---------------------|-------------------|----------------------------------|---------------------------------|
| NAME                       |              | WARE, Infant (KARE) |                   | INTERMENT No. 8819               |                                 |
| ADDRESS                    |              | Steubenville, Ohio  |                   |                                  |                                 |
| PERSON RESPONSIBLE ADDRESS |              |                     |                   |                                  |                                 |
| AGE                        | RACE         | W                   | SEX               | MARRIED <input type="checkbox"/> | SINGLE <input type="checkbox"/> |
| DATE OF DEATH              |              | CAUSE OF DEATH      |                   | Sept 21, 1932<br>DATE OF BURIAL  |                                 |
| SECTION                    |              | Unbaptized          |                   | ROW                              | 21                              |
|                            |              |                     |                   | LOT                              |                                 |
| GRAVE                      |              | 13                  |                   |                                  |                                 |
| CHURCH                     | Holy Name    |                     | FUNERAL DIRECTOR  |                                  | TYPE VAULT                      |
| CHURCH PERMIT No.          | E.A. Gilbert |                     | HEALTH PERMIT No. |                                  |                                 |
| REMARKS:                   |              |                     |                   |                                  |                                 |
|                            |              |                     |                   |                                  |                                 |
|                            |              |                     |                   |                                  |                                 |
|                            |              |                     |                   |                                  |                                 |
|                            |              |                     |                   |                                  |                                 |

FAMILY NAME: WARE  
GIVEN NAME: INFANT BOY  
INTERMENT NUMBER: 13077

|                                                                                                                                                                                                                                                                                |  |                                          |  |                  |  |       |  |                                         |  |                                 |  |                |  |              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|--|------------------|--|-------|--|-----------------------------------------|--|---------------------------------|--|----------------|--|--------------|--|
| NAME                                                                                                                                                                                                                                                                           |  | WARE, Infant boy.                        |  | INTERMENT No.    |  | 13077 |  |                                         |  |                                 |  |                |  |              |  |
| ADDRESS                                                                                                                                                                                                                                                                        |  | 1492 Parkview Circle, Steubenville, Ohio |  |                  |  |       |  |                                         |  |                                 |  |                |  |              |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                     |  | Mosti Funeral Home                       |  |                  |  |       |  |                                         |  |                                 |  |                |  |              |  |
| June 4, 1960                                                                                                                                                                                                                                                                   |  | AGE 4 hr                                 |  | RACE W           |  | SEX M |  | MARRIED <input type="checkbox"/> infant |  | SINGLE <input type="checkbox"/> |  |                |  |              |  |
| DATE OF DEATH                                                                                                                                                                                                                                                                  |  | June 4, 1960                             |  | CAUSE OF DEATH   |  |       |  | not stated on provisional certificate   |  |                                 |  | DATE OF BURIAL |  | June 6, 1960 |  |
| SECTION                                                                                                                                                                                                                                                                        |  | Holy Innocents, Div. VI                  |  | ROW              |  | 8     |  | LOT                                     |  | GRAVE                           |  | 9              |  |              |  |
| CHURCH                                                                                                                                                                                                                                                                         |  | Holy Name                                |  | FUNERAL DIRECTOR |  | Mosti |  | TYPE VAULT                              |  | Wood box                        |  |                |  |              |  |
| CHURCH PERMIT No.                                                                                                                                                                                                                                                              |  | Msgr. Regis Urig.                        |  | Dist. 4101 -     |  | 9     |  | HEALTH PERMIT No.                       |  |                                 |  |                |  |              |  |
| REMARKS: Born at Ohio Valley Hospital, Steubenville, Ohio of Loman and Patty Jeffers Ware. Survived by parents; paternal grandmother, Lelah Ware; maternal grandparents Mr. & Mrs. Bert Jeffers. Also 2 brothers, Eugene and John; 2 sisters, Jean Marie and Barbara Ann Ware. |  |                                          |  |                  |  |       |  |                                         |  |                                 |  |                |  |              |  |

FAMILY NAME: WARGACKI

GIVEN NAME: RAMON T. "TED"

INTERMENT NUMBER: 19883

|                                                                                                                                                                                                                                                                 |  |                                       |  |                   |  |                                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|-------------------|--|-----------------------------------------------------|--|
| NAME                                                                                                                                                                                                                                                            |  | Wargacki, Ramon T. "Ted"              |  | INTERMENT No.     |  | 19883                                               |  |
| ADDRESS                                                                                                                                                                                                                                                         |  | 2720 Penna Ave., Weirton, W.Va. 26062 |  |                   |  |                                                     |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                      |  | Presley Funeral Home                  |  |                   |  |                                                     |  |
| 8-8-1930                                                                                                                                                                                                                                                        |  | RACE                                  |  | SEX               |  | MARRIED                                             |  |
| AGE 65                                                                                                                                                                                                                                                          |  | W                                     |  | M                 |  | <input checked="" type="checkbox"/>                 |  |
|                                                                                                                                                                                                                                                                 |  |                                       |  |                   |  | SINGLE <input type="checkbox"/>                     |  |
| DATE OF DEATH                                                                                                                                                                                                                                                   |  | 5-31-1996                             |  | CAUSE OF DEATH    |  | Not stated on provisional certificate               |  |
|                                                                                                                                                                                                                                                                 |  |                                       |  |                   |  | 6-4-1996                                            |  |
| SECTION                                                                                                                                                                                                                                                         |  | Assumption                            |  | ROW               |  | LOT 464 GRAVE 4                                     |  |
| CHURCH                                                                                                                                                                                                                                                          |  | Sacred Heart of Mary                  |  | FUNERAL DIRECTOR  |  | Presley eagle                                       |  |
|                                                                                                                                                                                                                                                                 |  |                                       |  |                   |  | TYPE VAULT triplex                                  |  |
| CHURCH PERMIT                                                                                                                                                                                                                                                   |  | Fr. Charles Savage                    |  | HEALTH PERMIT No. |  | Hancock Co. W.Va 4-6x1-2 dbl.mem. Steckman 10/23/96 |  |
| REMARKS: Surviving are his wife, Helen Barkoci Wargacki; two sons, Raymond of Weirton and Dr. Ronald Wargacki of Kingsport, Tenn.; a brother, John of Weirton, two sisters, Agnes Gontas and Mrs. Julius (Rose) Rurak, both of Weirton; and five grandchildren. |  |                                       |  |                   |  |                                                     |  |

He was born in Weirton, a son of the late Anthony and Frances Kopic Wargacki. He was also preceded in death by a brother, Julius. He was a member of Sacred Heart of Mary Church; the Knights of Columbus, D.P. Murphy Council No. 3734. the 25 Year Club of Weirton Steel and the Hancock County Sportsman's Club. He was an Army veteran.

FAMILY NAME: WARKINAC  
GIVEN NAME: MARY MRS.  
INTERMENT NUMBER: 00777

|                                           |                            |                      |                                             |                                     |  |
|-------------------------------------------|----------------------------|----------------------|---------------------------------------------|-------------------------------------|--|
| NAME                                      |                            | WARKINAC, Mrs. Mary  |                                             | INTERMENT No. 777<br><del>778</del> |  |
| ADDRESS                                   |                            | Mingo Junction, Ohio |                                             |                                     |  |
| PERSON RESPONSIBLE ADDRESS                |                            |                      |                                             |                                     |  |
| AGE 29                                    | RACE W                     | SEX F                | MARRIED <input checked="" type="checkbox"/> | SINGLE <input type="checkbox"/>     |  |
| DATE OF DEATH                             | CAUSE OF DEATH Consumption |                      | June 26, 1895<br>DATE OF BURIAL             |                                     |  |
| SECTION Sacred Heart "A"                  |                            | ROW 8                | LOT                                         | GRAVE 13                            |  |
| CHURCH St. Agnes, Mingo                   | FUNERAL DIRECTOR           |                      | TYPE VAULT                                  |                                     |  |
| Fr. W. Ross                               |                            |                      |                                             |                                     |  |
| CHURCH PERMIT No.                         | HEALTH PERMIT No.          |                      |                                             |                                     |  |
| REMARKS: Survived by husband, John, Mingo |                            |                      |                                             |                                     |  |
| Check spelling of St Agnes                |                            |                      |                                             |                                     |  |
|                                           |                            |                      |                                             |                                     |  |
|                                           |                            |                      |                                             |                                     |  |
|                                           |                            |                      |                                             |                                     |  |

FAMILY NAME: WARKINAC  
GIVEN NAME: MARY MRS.  
INTERMENT NUMBER: 00777

|                            |    |                                   |   |                  |   |                                 |                                     |
|----------------------------|----|-----------------------------------|---|------------------|---|---------------------------------|-------------------------------------|
| NAME                       |    | WARKINAC, Mrs. Mary               |   | INTERMENT No.    |   | 777<br><del>778</del>           |                                     |
| ADDRESS                    |    | Mingo Junction, Ohio              |   |                  |   |                                 |                                     |
| PERSON RESPONSIBLE ADDRESS |    |                                   |   |                  |   |                                 |                                     |
| AGE                        | 29 | RACE                              | W | SEX              | F | MARRIED                         | <input checked="" type="checkbox"/> |
|                            |    |                                   |   | SINGLE           |   | <input type="checkbox"/>        |                                     |
| DATE OF DEATH              |    | CAUSE OF DEATH                    |   | Consumption      |   | June 26, 1895<br>DATE OF BURIAL |                                     |
| SECTION                    |    | Sacred Heart "A"                  |   | ROW              | 8 | LOT                             |                                     |
|                            |    |                                   |   |                  |   | GRAVE 13                        |                                     |
| CHURCH                     |    | St. Agnes, Mingo                  |   | FUNERAL DIRECTOR |   | TYPE VAULT                      |                                     |
|                            |    | Fr. W. Ross                       |   |                  |   |                                 |                                     |
| CHURCH PERMIT No.          |    | HEALTH PERMIT No.                 |   |                  |   |                                 |                                     |
| REMARKS:                   |    | Survived by husband, John, Mingo  |   |                  |   |                                 |                                     |
|                            |    | <i>Check spelling of St Agnes</i> |   |                  |   |                                 |                                     |
|                            |    |                                   |   |                  |   |                                 |                                     |
|                            |    |                                   |   |                  |   |                                 |                                     |
|                            |    |                                   |   |                  |   |                                 |                                     |
|                            |    |                                   |   |                  |   |                                 |                                     |



FAMILY NAME: WARNE

GIVEN NAME: MARY E.

INTERMENT NUMBER: 17603

|                                                                                                                                                                                                                               |  |                                       |  |               |  |                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------|--|-----------------------------------------------------|--|
| NAME                                                                                                                                                                                                                          |  | Warne, Mary E.                        |  | INTERMENT No. |  | 17603                                               |  |
| ADDRESS                                                                                                                                                                                                                       |  | 614 Oxford Blvd. Steubenville, Ohio   |  |               |  |                                                     |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                    |  | Mosti Funeral Home                    |  |               |  |                                                     |  |
| 8-13-1909                                                                                                                                                                                                                     |  | RACE W                                |  | SEX F         |  | MARRIED <input checked="" type="checkbox"/> widowed |  |
| AGE 74                                                                                                                                                                                                                        |  | SINGLE <input type="checkbox"/>       |  |               |  |                                                     |  |
| DATE OF DEATH 6-17-1984                                                                                                                                                                                                       |  | not stated on provisional certificate |  |               |  | DATE OF BURIAL 6-20-1984                            |  |
| SECTION Queen of Heaven                                                                                                                                                                                                       |  | ROW                                   |  | LOT 28        |  | GRAVE 6                                             |  |
| CHURCH St. Anthony                                                                                                                                                                                                            |  | FUNERAL DIRECTOR Mosti                |  | TYPE eagle    |  |                                                     |  |
| CHURCH PERMIT Fr. John Mucha                                                                                                                                                                                                  |  | HEALTH PERMIT No. 4101-372            |  | VAULT triplex |  |                                                     |  |
| REMARKS: Surviving are a brother, Harold Schumacher of Wellsburg. She was preceded in death by her husband, Joe. She was born in Steubenville. She had been owner and operator of the M&M Party Center on Maryland Ave. until |  |                                       |  |               |  |                                                     |  |

FAMILY NAME: WARRICK  
GIVEN NAME: BERNADINE  
INTERMENT NUMBER: 16239

|                                                                                                                                                                                                                                                                                        |                                       |                     |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------|-----------------------------------------------------------------------------------|
| NAME WARRICK, Bernadine                                                                                                                                                                                                                                                                |                                       | INTERMENT No. 16239 |                                                                                   |
| ADDRESS 1027 Charles Street, Wellsburg, West Va.                                                                                                                                                                                                                                       |                                       |                     |                                                                                   |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                             |                                       |                     |                                                                                   |
| AGE 86                                                                                                                                                                                                                                                                                 | RACE W                                | SEX F               | MARRIED <input checked="" type="checkbox"/> widow SINGLE <input type="checkbox"/> |
| DATE OF DEATH 1-30-77                                                                                                                                                                                                                                                                  | not stated on provisional certificate |                     | Feb. 1, 1977                                                                      |
| SECTION Poor Souls                                                                                                                                                                                                                                                                     |                                       | ROW                 | LOT 125 GRAVE 9                                                                   |
| CHURCH St. John                                                                                                                                                                                                                                                                        | FUNERAL DIRECTOR Chambers             |                     | falcon<br>TYPE VAULT topseal                                                      |
| CHURCH PERMIT                                                                                                                                                                                                                                                                          | HEALTH PERMIT No. 4101-0078           |                     |                                                                                   |
| REMARKS: Mrs. Bernadine (Teenie) Warrick, died Sunday at the Royal Pavillion, Steubenville. She was a member of St. John Catholic Church. She was preceded in death by her husband, Wilbur, in 1963. Surviving are three daughters, Mrs. Marion Kress at home, Mrs. Marjorie Beemer of |                                       |                     |                                                                                   |

Weirton; eight grandchildren; eight great-grandchildren; a sister, Mrs. Mary McFarland of Barnsville.

FAMILY NAME: WARRICK  
GIVEN NAME: WILMER M.  
INTERMENT NUMBER: 13651

|                                                                                                                                                                                                                                                                                                                                                                            |  |                                      |  |                                     |  |                  |  |                            |  |                   |  |           |  |         |  |                                     |  |        |  |                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--|-------------------------------------|--|------------------|--|----------------------------|--|-------------------|--|-----------|--|---------|--|-------------------------------------|--|--------|--|--------------------------|--|
| NAME                                                                                                                                                                                                                                                                                                                                                                       |  | WARRICK, Wilmer M.                   |  | INTERMENT NO.                       |  | 12651            |  |                            |  |                   |  |           |  |         |  |                                     |  |        |  |                          |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                    |  | 1221 Main Street, Wellsburg, W. Va., |  |                                     |  |                  |  |                            |  |                   |  |           |  |         |  |                                     |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                                                                                                                 |  | Mrs. Beredine Warrick, Same address. |  |                                     |  |                  |  |                            |  |                   |  |           |  |         |  |                                     |  |        |  |                          |  |
| April 3, 1895                                                                                                                                                                                                                                                                                                                                                              |  | AGE                                  |  | 68-1-16da                           |  | RACE             |  | W                          |  | SEX               |  | M         |  | MARRIED |  | <input checked="" type="checkbox"/> |  | SINGLE |  | <input type="checkbox"/> |  |
| May 18, 1963                                                                                                                                                                                                                                                                                                                                                               |  | DATE OF DEATH                        |  | Not stated on W. Va. burial permit. |  | CAUSE OF DEATH   |  | May 21, 1963               |  | DATE OF BURIAL    |  |           |  |         |  |                                     |  |        |  |                          |  |
| SECTION                                                                                                                                                                                                                                                                                                                                                                    |  | Poor Souls                           |  | ROW                                 |  | LOT              |  | 125                        |  | GRAVE             |  | 8         |  |         |  |                                     |  |        |  |                          |  |
| CHURCH                                                                                                                                                                                                                                                                                                                                                                     |  | St. John                             |  | FUNERAL DIRECTOR                    |  | Chambers         |  | Washington Pa.,            |  | TYPE VAULT        |  | conc.     |  |         |  |                                     |  |        |  |                          |  |
| Fr. John Halpin.                                                                                                                                                                                                                                                                                                                                                           |  | CHURCH PERMIT NO.                    |  | Wellsburg, W. Va.,                  |  | 3-8" X 1-2" Dble |  | memorial. Wurtz. Wash. Pa. |  | HEALTH PERMIT NO. |  | no number |  |         |  |                                     |  |        |  |                          |  |
| REMARKS: Born in Somerton, Ohio of Henry and Rosa Monroe Warrick. Retired employee of the Banner Fiberboard Co., Survived by his wife Beredine Warrick; 3 daughters, Mrs. Marian Kress Mrs. Marjorie Deemer and Mrs. Martha Deemer; 1 sister, Mrs. Nora Rosebrough; 2 brothers Joseph and Harrison Warrick. Died at the Wheeling Hospital, Wheeling. (Coronary thromnosis) |  |                                      |  |                                     |  |                  |  |                            |  |                   |  |           |  |         |  |                                     |  |        |  |                          |  |

FAMILY NAME: WARSZYNSKI  
GIVEN NAME: THEODORE J. (TED)  
INTERMENT NUMBER: 14714

|                                                                                                                                                                                                             |  |                                     |  |                         |  |                                             |  |                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|-------------------------|--|---------------------------------------------|--|---------------------------------|--|
| NAME                                                                                                                                                                                                        |  | WARSZYNSKI, Theodore (Ted) J.       |  | INTERMENT No.           |  | 14714                                       |  |                                 |  |
| ADDRESS                                                                                                                                                                                                     |  | 321 Bennett Drive, Weirton, W. Va., |  |                         |  |                                             |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                  |  | Wife: Mrs. Theodore, same address.  |  |                         |  |                                             |  |                                 |  |
| Dec. 8, 1931                                                                                                                                                                                                |  | RACE W                              |  | SEX M                   |  | MARRIED <input checked="" type="checkbox"/> |  | SINGLE <input type="checkbox"/> |  |
| AGE 36-9-6d                                                                                                                                                                                                 |  |                                     |  |                         |  |                                             |  |                                 |  |
| DATE OF DEATH                                                                                                                                                                                               |  | Sept. 13, 1968                      |  | CAUSE OF DEATH          |  | Thrombotic thromboigtopenic purpura.        |  | DATE OF BURIAL                  |  |
|                                                                                                                                                                                                             |  |                                     |  |                         |  |                                             |  |                                 |  |
| SECTION                                                                                                                                                                                                     |  | Holy Rosary                         |  | ROW                     |  | LOT 66                                      |  | GRAVE 1                         |  |
| CHURCH                                                                                                                                                                                                      |  | Sacred H eart                       |  | FUNERAL DIRECTOR        |  | Greco-Hertnick                              |  | falcon topseal TYPE VAULT conc. |  |
| Fr. Emil Dobosz.                                                                                                                                                                                            |  | Pgh. Pa.                            |  | 4-6" X 1-2" X 3-0"dbble |  | memorial. Archer 9/68                       |  |                                 |  |
| CHURCH PERMIT                                                                                                                                                                                               |  | HEALTH PERMIT No. 1292              |  |                         |  |                                             |  |                                 |  |
| REMARKS: Born in Weirton, W. Va., of Michael & Mary Mul Warszynski.                                                                                                                                         |  |                                     |  |                         |  |                                             |  |                                 |  |
| Employed as Manager of Associates Finance Co., (Wheeling, W. Va.,)                                                                                                                                          |  |                                     |  |                         |  |                                             |  |                                 |  |
| Survived by his wife, Mrs. Theresa Warszynski; his parents, 3 daughters, Cynthia, Christina, and Catherine; a brother Edward Warszyski, 2 sisters, Mrs. Peter(Rose) Pelesky and Mrs. Henry (Laura) Drizmala |  |                                     |  |                         |  |                                             |  |                                 |  |

Died at Shady<sub>s</sub>ide General Hospital, Pittsburgh, Pa.,



FAMILY NAME: WARSZYNSKI

GIVEN NAME: THERESA MRS.

INTERMENT NUMBER: 14813

|                                                                       |  |                                                   |  |                                 |        |
|-----------------------------------------------------------------------|--|---------------------------------------------------|--|---------------------------------|--------|
| NAME                                                                  |  | WARSZYNSKI, Mrs. Theresa                          |  | INTERMENT No. 14813             |        |
| ADDRESS                                                               |  | 321 Bennett Drive                                 |  | Weirton, W. Va.,                |        |
| PERSON RESPONSIBLE ADDRESS                                            |  | Greco-Hertnick Funeral Home                       |  |                                 |        |
| March 1, 1935                                                         |  | AGE 34-11-22d                                     |  | RACE W                          | SEX F  |
|                                                                       |  | MARRIED <input checked="" type="checkbox"/> widow |  | SINGLE <input type="checkbox"/> |        |
| DATE OF DEATH                                                         |  | March 9, 1969                                     |  | CAUSE OF DEATH Cardiac arrest.  |        |
|                                                                       |  | March 12, 1969                                    |  | DATE OF BURIAL                  |        |
| SECTION                                                               |  | Holy Rosary                                       |  | ROW                             | LOT 66 |
|                                                                       |  |                                                   |  | GRAVE 2                         |        |
| CHURCH                                                                |  | Sacred Heart of Mary                              |  | Greco-Hertnick                  |        |
|                                                                       |  | FUNERAL DIRECTOR                                  |  | falcon topseal                  |        |
| Fr. Emil Dobosz.                                                      |  | Pittsburgh, Pa.                                   |  | 4-6" X 1-2" X 3-0" dble         |        |
| CHURCH PERMIT                                                         |  | HEALTH PERMIT No. 337                             |  | memorial.Archer 9/68            |        |
| REMARKS: Born in Toronto, Ohio of Frank & Josephine Slowikowski       |  |                                                   |  |                                 |        |
| Survived by 3 daughters, Miss Cynthia, Christina, and Catherine;      |  |                                                   |  |                                 |        |
| 3 brothers, Tony, Leo, and Zigmund Slowikowski; 1 sister, Mrs. Andrew |  |                                                   |  |                                 |        |
| Kondik/ Died in Presbyterian General Hospital, Pittsburgh, Pa.,       |  |                                                   |  |                                 |        |



FAMILY NAME: WASELAK

GIVEN NAME: ANNA

INTERMENT NUMBER: 02356

|                            |  |                |                    |          |  |                                 |  |                          |  |
|----------------------------|--|----------------|--------------------|----------|--|---------------------------------|--|--------------------------|--|
| NAME                       |  | WASELAK, Anna  |                    | (Infant) |  | INTERMENT No.                   |  | 2356                     |  |
| ADDRESS                    |  |                |                    |          |  |                                 |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                |                    |          |  |                                 |  |                          |  |
| AGE                        |  | RACE           |                    | SEX      |  | MARRIED                         |  | SINGLE                   |  |
|                            |  | W              |                    | F        |  | <input type="checkbox"/> Infant |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  | CAUSE OF DEATH |                    |          |  | DATE OF BURIAL                  |  |                          |  |
| Mar. 27, 1908              |  |                |                    |          |  |                                 |  |                          |  |
| SECTION                    |  |                | Holy Innocents "A" |          |  | ROW                             |  | GRAVE                    |  |
|                            |  |                |                    |          |  | 25                              |  | 11                       |  |
| CHURCH                     |  |                | FUNERAL DIRECTOR   |          |  | TYPE VAULT                      |  |                          |  |
| Greek Cath.                |  |                |                    |          |  |                                 |  |                          |  |
| CHURCH PERMIT No.          |  |                | HEALTH PERMIT No.  |          |  |                                 |  |                          |  |
| Rr. A. Budinszky.          |  |                |                    |          |  |                                 |  |                          |  |
| REMARKS:                   |  |                |                    |          |  |                                 |  |                          |  |
|                            |  |                |                    |          |  |                                 |  |                          |  |
|                            |  |                |                    |          |  |                                 |  |                          |  |
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|                            |  |                |                    |          |  |                                 |  |                          |  |

FAMILY NAME: WASHALY

GIVEN NAME: ANNA

INTERMENT NUMBER: 02431

|                            |  |                                       |   |                   |    |                |                          |                |                          |
|----------------------------|--|---------------------------------------|---|-------------------|----|----------------|--------------------------|----------------|--------------------------|
| NAME                       |  | WASHALY, Anna                         |   | INTERMENT No.     |    | 2431           |                          |                |                          |
| ADDRESS                    |  | Poor House Steubenville, Ohio         |   |                   |    |                |                          |                |                          |
| PERSON RESPONSIBLE ADDRESS |  |                                       |   |                   |    |                |                          |                |                          |
| AGE                        |  | RACE                                  | W | SEX               | F  | MARRIED        | <input type="checkbox"/> | SINGLE         | <input type="checkbox"/> |
| DATE OF DEATH              |  | Sept 11, 1908                         |   |                   |    | CAUSE OF DEATH |                          | DATE OF BURIAL |                          |
| SECTION                    |  | Sacred Heart "A"                      |   | ROW               | 22 | LOT            |                          | GRAVE          | 18                       |
| CHURCH                     |  | Greek Rite<br><del>SLYXXPRKX</del>    |   | FUNERAL DIRECTOR  |    | TYPE VAULT     |                          |                |                          |
| CHURCH PERMIT No.          |  | <del>TrxKwax</del> Alexander Dudinsky |   | HEALTH PERMIT No. |    |                |                          |                |                          |
| REMARKS:                   |  | Grave donated.                        |   |                   |    |                |                          |                |                          |
|                            |  |                                       |   |                   |    |                |                          |                |                          |
|                            |  |                                       |   |                   |    |                |                          |                |                          |
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|                            |  |                                       |   |                   |    |                |                          |                |                          |

FAMILY NAME: WASHASH  
GIVEN NAME: ELIZABETH  
INTERMENT NUMBER: 03259

|                            |  |                         |  |                  |  |                                 |  |                          |  |
|----------------------------|--|-------------------------|--|------------------|--|---------------------------------|--|--------------------------|--|
| NAME                       |  | WASHASH, Elizabeth      |  | (Infant)         |  | INTERMENT No.                   |  | 3259                     |  |
| ADDRESS                    |  | Mingo Junction, Ohio    |  |                  |  |                                 |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                         |  |                  |  |                                 |  |                          |  |
| AGE                        |  | RACE                    |  | SEX              |  | MARRIED                         |  | SINGLE                   |  |
|                            |  | W                       |  | F                |  | <input type="checkbox"/> infant |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  | CAUSE OF DEATH          |  |                  |  | DATE OF BURIAL                  |  |                          |  |
| Oct. 29, 1912              |  |                         |  |                  |  |                                 |  |                          |  |
| SECTION                    |  | Holy Innocents, Div. II |  | ROW              |  | LOT                             |  | GRAVE                    |  |
|                            |  |                         |  | 1                |  |                                 |  | 7                        |  |
| CHURCH                     |  | St. Agnes, Mingo        |  | FUNERAL DIRECTOR |  | TYPE VAULT                      |  |                          |  |
| D.A.Coffey                 |  |                         |  |                  |  |                                 |  |                          |  |
| CHURCH PERMIT No.          |  | HEALTH PERMIT No.       |  |                  |  |                                 |  |                          |  |
| REMARKS:                   |  |                         |  |                  |  |                                 |  |                          |  |
|                            |  |                         |  |                  |  |                                 |  |                          |  |
|                            |  |                         |  |                  |  |                                 |  |                          |  |
|                            |  |                         |  |                  |  |                                 |  |                          |  |
|                            |  |                         |  |                  |  |                                 |  |                          |  |

FAMILY NAME: WASHEL

GIVEN NAME: ANDREW (VASILY)

INTERMENT NUMBER: 11031

|                                                               |  |                                     |   |                   |   |                           |                          |                |                          |              |  |   |  |
|---------------------------------------------------------------|--|-------------------------------------|---|-------------------|---|---------------------------|--------------------------|----------------|--------------------------|--------------|--|---|--|
| NAME                                                          |  | WASHEL, Andrew V (Vasily)           |   | INTERMENT No.     |   | 11031                     |                          |                |                          |              |  |   |  |
| ADDRESS                                                       |  | 128 Aetna St., Mingo Junction, Ohio |   |                   |   |                           |                          |                |                          |              |  |   |  |
| PERSON RESPONSIBLE ADDRESS                                    |  |                                     |   |                   |   |                           |                          |                |                          |              |  |   |  |
| AGE                                                           |  | RACE                                | W | SEX               | M | MARRIED                   | <input type="checkbox"/> | SINGLE         | <input type="checkbox"/> |              |  |   |  |
| DATE OF DEATH                                                 |  | May 8, 1948                         |   | CAUSE OF DEATH    |   | heart attack              |                          | DATE OF BURIAL |                          | May 11, 1948 |  |   |  |
| SECTION                                                       |  | Poor Souls                          |   | ROW               |   | LOT                       |                          | 22             |                          | GRAVE        |  | 7 |  |
| CHURCH                                                        |  | St. John's Gk Cath Rite             |   | FUNERAL DIRECTOR  |   | Mingo Jct.,               |                          | Murphy         |                          | TYPE VAULT   |  |   |  |
| CHURCH PERMIT No.                                             |  | Fr. Kurty.                          |   | HEALTH PERMIT No. |   | Dist. 286 - Cleveland, O. |                          | 3806           |                          |              |  |   |  |
| REMARKS: Died, Cleveland, Employed by White Motor Co., there. |  |                                     |   |                   |   |                           |                          |                |                          |              |  |   |  |
| Born, Mingo Jct., survived by sister Ann and brother John.    |  |                                     |   |                   |   |                           |                          |                |                          |              |  |   |  |
| World War II veteran.                                         |  |                                     |   |                   |   |                           |                          |                |                          |              |  |   |  |
| 2-0" X 1-0" flat granite Veteran Marker                       |  |                                     |   |                   |   |                           |                          |                |                          |              |  |   |  |

FAMILY NAME: WASHEL

GIVEN NAME: ANN K.

INTERMENT NUMBER: 19280

|                                                                                                                                                                                                                                          |                |                                      |                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------|-----------------------------------------------------------------------------|
| NAME Washel, Ann K.                                                                                                                                                                                                                      |                | INTERMENT No. 19280                  |                                                                             |
| ADDRESS Lawson Ave., Steubenville, Ohio                                                                                                                                                                                                  |                |                                      |                                                                             |
| PERSON RESPONSIBLE ADDRESS Blaschalk Funeral Home                                                                                                                                                                                        |                |                                      |                                                                             |
| 10-19-1906                                                                                                                                                                                                                               | RACE W         | SEX F                                | MARRIED <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> |
| AGE 86                                                                                                                                                                                                                                   | DATE 4-26-1993 |                                      | CAUSE OF DEATH Not stated on provisional certificate                        |
| DATE OF DEATH                                                                                                                                                                                                                            |                | DATE OF BURIAL 4-30-1993             |                                                                             |
| SECTION Poor Souls                                                                                                                                                                                                                       |                | ROW                                  | LOT 22 GRAVE 12                                                             |
| St. John Byzantine                                                                                                                                                                                                                       |                | Blaschalk eagle                      |                                                                             |
| CHURCH Fr. Andrew Chura                                                                                                                                                                                                                  |                | FUNERAL DIRECTOR TYPE VAULT sentinel |                                                                             |
| CHURCH PERMIT Fr. Paul Turnbull                                                                                                                                                                                                          |                | HEALTH PERMIT No. 4101-241           |                                                                             |
| REMARKS: She was born in Mingo Jct., a daughter of the late John and Anna Koshak Washel. She was also preceded in death by three brothers. She was a member of St. John Byzantine Catholic Church, Mingo Junction, and its Ladies Guild; |                |                                      |                                                                             |

University Women's Club of the Franciscan University of Steubenville; Steubenville Business and Professional Women's Club; Catholic Daughters of America; Civic Service League, Greek Catholic Union; Bridge for Books; American Association for Retired Persons; and East Liverpool Bridge Club. She was manager of the hat dept. in the former Reiner's Department Store before her retirement.



FAMILY NAME: WASHEL  
GIVEN NAME: JOHN (VASILY)  
INTERMENT NUMBER: 08458

|                                                                                                                               |  |                                         |  |                   |  |                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|-------------------|--|---------------------------------------|--|
| NAME                                                                                                                          |  | WASHEL,, John (Vasily)                  |  | INTERMENT No.     |  | 8458                                  |  |
| ADDRESS                                                                                                                       |  | 128 Aetna Ave..<br>Mingo Junction, Ohio |  |                   |  |                                       |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                    |  |                                         |  |                   |  |                                       |  |
| AGE                                                                                                                           |  | RACE                                    |  | SEX               |  | MARRIED                               |  |
| 58-                                                                                                                           |  | W                                       |  | M                 |  | <input type="checkbox"/>              |  |
|                                                                                                                               |  |                                         |  |                   |  | SINGLE <input type="checkbox"/>       |  |
| DATE OF DEATH                                                                                                                 |  | CAUSE OF DEATH                          |  |                   |  | Jah. 10, 1930                         |  |
|                                                                                                                               |  |                                         |  |                   |  | DATE OF BURIAL                        |  |
| SECTION                                                                                                                       |  | Poor Souls *                            |  | ROW               |  | LOT 22 GRAVE 9                        |  |
| CHURCH                                                                                                                        |  | St. John Greek Cath Mingo               |  | FUNERAL DIRECTOR  |  | TYPE VAULT                            |  |
| CHURCH PERMIT No.                                                                                                             |  | John Sokol                              |  | HEALTH PERMIT No. |  | 4-6" X 1-6" double memrozial "VASILY" |  |
| REMARKS: * Originally interred in Poor Souls 305, Gr. 2. Removed about May 1, 1930. Survived by wife, Mary Vasily, lot owner. |  |                                         |  |                   |  |                                       |  |
|                                                                                                                               |  |                                         |  |                   |  |                                       |  |
|                                                                                                                               |  |                                         |  |                   |  |                                       |  |
|                                                                                                                               |  |                                         |  |                   |  |                                       |  |

FAMILY NAME: WASHEL  
GIVEN NAME: JOHN (WHITEY)  
INTERMENT NUMBER: 12265

|                                                                                                                                                                    |  |                                      |  |                  |  |                     |  |                          |  |                    |  |    |  |         |  |                          |  |        |  |                                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--|------------------|--|---------------------|--|--------------------------|--|--------------------|--|----|--|---------|--|--------------------------|--|--------|--|---------------------------------------|--|
| NAME                                                                                                                                                               |  | WASHEL, John (Whitey)                |  | INTERMENT No.    |  | 12265               |  |                          |  |                    |  |    |  |         |  |                          |  |        |  |                                       |  |
| ADDRESS                                                                                                                                                            |  | 128 Aetna Ave., Mingo Junction, Ohio |  |                  |  |                     |  |                          |  |                    |  |    |  |         |  |                          |  |        |  |                                       |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                         |  | Murphy Funeral Home                  |  |                  |  |                     |  |                          |  |                    |  |    |  |         |  |                          |  |        |  |                                       |  |
| Nov. 29, 1903                                                                                                                                                      |  | AGE                                  |  | 52-019 da        |  | RACE                |  | W                        |  | SEX                |  | M  |  | MARRIED |  | <input type="checkbox"/> |  | SINGLE |  | <input checked="" type="checkbox"/> X |  |
| DATE OF DEATH                                                                                                                                                      |  | Dec. 18, 1955                        |  | CAUSE OF DEATH   |  | Coronary thrombosis |  | DATE OF BURIAL           |  | Dec. 19, 1955      |  |    |  |         |  |                          |  |        |  |                                       |  |
| SECTION                                                                                                                                                            |  | Poor Souls                           |  | ROW              |  | LOT                 |  | 22                       |  | GRAVE              |  | 11 |  |         |  |                          |  |        |  |                                       |  |
| CHURCH                                                                                                                                                             |  | St. John's Greek Cath. Mingo         |  | FUNERAL DIRECTOR |  | Murphy              |  | TYPE VAULT               |  | Wheatley # 9 conc. |  |    |  |         |  |                          |  |        |  |                                       |  |
| CHURCH PERMIT No.                                                                                                                                                  |  | Er. Geo. A. Billie                   |  | Dist.            |  | 4100 -              |  | 2-0" X 1-0" slant marker |  |                    |  |    |  |         |  |                          |  |        |  |                                       |  |
| HEALTH PERMIT No.                                                                                                                                                  |  | 189                                  |  |                  |  |                     |  |                          |  |                    |  |    |  |         |  |                          |  |        |  |                                       |  |
| REMARKS: Born in Mingo Junction, Ohio of John and Mary(Vasily)Washel. Survived by sister, Ann Washal. Employed at Wheeling Steel Corp., Mingo Works, died at work. |  |                                      |  |                  |  |                     |  |                          |  |                    |  |    |  |         |  |                          |  |        |  |                                       |  |

FAMILY NAME: WASHEL

GIVEN NAME: MARY MRS. (VASILY)

INTERMENT NUMBER: 09381

|                                                                                 |                                |                      |                                                       |                                    |  |
|---------------------------------------------------------------------------------|--------------------------------|----------------------|-------------------------------------------------------|------------------------------------|--|
| NAME <b>VASIL, Mary</b>                                                         |                                | <b>(WASHEL) Mrs.</b> |                                                       | INTERMENT NO. <b>9381</b>          |  |
| ADDRESS <b>Mingo Junction, Ohio</b>                                             |                                |                      |                                                       |                                    |  |
| PERSON RESPONSIBLE ADDRESS                                                      |                                |                      |                                                       |                                    |  |
| AGE <b>59</b>                                                                   | RACE <b>W</b>                  | SEX <b>F</b>         | MARRIED <input checked="" type="checkbox"/> <b>XX</b> | SINGLE <input type="checkbox"/>    |  |
| DATE OF DEATH                                                                   | CAUSE OF DEATH                 |                      |                                                       | DATE OF BURIAL <b>Nov. 12, '36</b> |  |
| SECTION <b>Poor Souls</b>                                                       | ROW                            | LOT <b>22</b>        | GRAVE <b>10</b>                                       |                                    |  |
| CHURCH <b>St. Agnes, Mingo</b>                                                  | FUNERAL DIRECTOR <b>Murphy</b> |                      | TYPE VAULT                                            |                                    |  |
| CHURCH PERMIT NO. <b>Jos. F. Dooley</b>                                         | HEALTH PERMIT NO.              |                      | <b>4-6" X 1-6" double memorial "VASILY"</b>           |                                    |  |
| REMARKS: <b>Survived by daughter, Ann Washel, sons, Andrew John and Stephen</b> |                                |                      |                                                       |                                    |  |
|                                                                                 |                                |                      |                                                       |                                    |  |
|                                                                                 |                                |                      |                                                       |                                    |  |
|                                                                                 |                                |                      |                                                       |                                    |  |
|                                                                                 |                                |                      |                                                       |                                    |  |

FAMILY NAME: WASHEL

GIVEN NAME: STEPHEN

INTERMENT NUMBER: 10263

|                                                                 |                                  |                                            |                                  |
|-----------------------------------------------------------------|----------------------------------|--------------------------------------------|----------------------------------|
| NAME WASHEL, Stephen                                            |                                  | INTERMENT No. 10263                        |                                  |
| ADDRESS Toledo, Ohio                                            |                                  |                                            |                                  |
| PERSON RESPONSIBLE ADDRESS                                      |                                  |                                            |                                  |
| Dec. 31, 1901                                                   |                                  |                                            |                                  |
| AGE 41-0-2 da                                                   | RACE W                           | SEX M                                      | MARRIED <input type="checkbox"/> |
|                                                                 |                                  | SINGLE <input checked="" type="checkbox"/> |                                  |
| DATE OF DEATH April 28, 1943                                    | CAUSE OF DEATH spinal meningitis |                                            | DATE OF BURIAL April 30, 1943    |
| SECTION Poor Souls                                              | ROW                              | LOT 22                                     | GRAVE 8                          |
| CHURCH St. John's Gk. Catholic Mingo Jct.,                      | FUNERAL DIRECTOR Murphy          |                                            | Sectional                        |
| CHURCH PERMIT No. Fr. Shanley                                   | Dist 654, HEALTH PERMIT No. 215  |                                            | TYPE VAULT                       |
| REMARKS: Born, Mingo Junction, Ohio of John and Mary Washel.    |                                  |                                            |                                  |
| Occupation, RR eng'r. Died, Ohio Valley Hosp., Steubenville, O. |                                  |                                            |                                  |
|                                                                 |                                  |                                            |                                  |
|                                                                 |                                  |                                            |                                  |
|                                                                 |                                  |                                            |                                  |

FAMILY NAME: WASHEY

GIVEN NAME: JOSEPH

INTERMENT NUMBER: 02211

|                            |  |                    |  |                |  |                   |  |      |  |                |  |         |  |                          |  |        |  |        |  |                          |  |
|----------------------------|--|--------------------|--|----------------|--|-------------------|--|------|--|----------------|--|---------|--|--------------------------|--|--------|--|--------|--|--------------------------|--|
| NAME                       |  | WASHEY, Joseph     |  | (Infant)       |  | INTERMENT No.     |  | 2211 |  |                |  |         |  |                          |  |        |  |        |  |                          |  |
| ADDRESS                    |  | Steubenville, Ohio |  |                |  |                   |  |      |  |                |  |         |  |                          |  |        |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                    |  |                |  |                   |  |      |  |                |  |         |  |                          |  |        |  |        |  |                          |  |
| AGE                        |  | 8 mo               |  | RACE           |  | W                 |  | SEX  |  | M              |  | MARRIED |  | <input type="checkbox"/> |  | infant |  | SINGLE |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  | July 16, 1907      |  | CAUSE OF DEATH |  |                   |  |      |  | DATE OF BURIAL |  |         |  |                          |  |        |  |        |  |                          |  |
| SECTION                    |  | Holy Innocents "A" |  |                |  | ROW               |  | 8    |  | LOT            |  |         |  | GRAVE                    |  | 10     |  |        |  |                          |  |
| CHURCH                     |  | Holy Name          |  |                |  | FUNERAL DIRECTOR  |  |      |  |                |  |         |  | TYPE VAULT               |  |        |  |        |  |                          |  |
| CHURCH PERMIT No.          |  | Fr. John W. Byrne  |  |                |  | HEALTH PERMIT No. |  |      |  |                |  |         |  |                          |  |        |  |        |  |                          |  |
| REMARKS:                   |  |                    |  |                |  |                   |  |      |  |                |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                    |  |                |  |                   |  |      |  |                |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                    |  |                |  |                   |  |      |  |                |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                    |  |                |  |                   |  |      |  |                |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                    |  |                |  |                   |  |      |  |                |  |         |  |                          |  |        |  |        |  |                          |  |



FAMILY NAME: WASHNER  
GIVEN NAME: ANNA DEVORE ANNA  
INTERMENT NUMBER: 15577

|                                                                                                                                                                                                                                                              |  |                                                   |  |                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|---------------------------------|--|
| NAME                                                                                                                                                                                                                                                         |  | WASHNER, Mrs. Anna DeVore                         |  | INTERMENT No. 15577             |  |
| ADDRESS                                                                                                                                                                                                                                                      |  | R. D. # 1, Lee Ridge Rd., Steubenville, Ohio      |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                   |  | Mosti Funeral Home                                |  |                                 |  |
| May 4, 1901                                                                                                                                                                                                                                                  |  | AGE 72-1-4da                                      |  | RACE W SEX F                    |  |
|                                                                                                                                                                                                                                                              |  | MARRIED <input checked="" type="checkbox"/> widow |  | SINGLE <input type="checkbox"/> |  |
| June 7, 1973                                                                                                                                                                                                                                                 |  | Not stated on provisional certificate.            |  | June 9, 1973                    |  |
| DATE OF DEATH                                                                                                                                                                                                                                                |  | CAUSE OF DEATH                                    |  | DATE OF BURIAL                  |  |
| SECTION All Souls                                                                                                                                                                                                                                            |  | ROW                                               |  | LOT 66 GRAVE 11                 |  |
| CHURCH Mosti Chapel                                                                                                                                                                                                                                          |  | FUNERAL DIRECTOR Mosti                            |  | falcon topseal                  |  |
| Fr. Anthony Giannamore                                                                                                                                                                                                                                       |  | Dist. 4101-                                       |  | 1/25/74 Archer                  |  |
| CHURCH PERMIT                                                                                                                                                                                                                                                |  | HEALTH PERMIT No. 365                             |  | 2-0x1-0x1-6 mem.                |  |
| REMARKS: Born in Braddock, Pa., of John and Anna Kaudasik DeVore.                                                                                                                                                                                            |  |                                                   |  |                                 |  |
| Survived by 3 daughters, Mrs. Barbara DiAngelo, with whom she resided, Mrs. Leo (Jennie) Dales and Miss Dorothy Washner; a brother George DeVore and a sister, Mrs. John (Sue) Onifer and 2 grandchildren. Died at Ohio Valley Hospital, Steubenville, Ohio. |  |                                                   |  |                                 |  |

FAMILY NAME: WASHNER  
GIVEN NAME: DOROTHY MISS  
INTERMENT NUMBER: 15742

|                                                                                                                                                                                                                      |  |                                        |  |                        |  |                                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|------------------------|--|--------------------------------------------|--|
| NAME                                                                                                                                                                                                                 |  | WASHNER, Miss. Dorothy                 |  | INTERMENT No.          |  | 15742                                      |  |
| ADDRESS 7706 E. 34th Street Kansas City, Missouri                                                                                                                                                                    |  |                                        |  |                        |  |                                            |  |
| PERSON RESPONSIBLE ADDRESS Mosti Funeral Home                                                                                                                                                                        |  |                                        |  |                        |  |                                            |  |
| May 27, 1927                                                                                                                                                                                                         |  | RACE W                                 |  | SEX F                  |  | MARRIED <input type="checkbox"/>           |  |
| AGE 46-11-5                                                                                                                                                                                                          |  |                                        |  |                        |  | SINGLE <input checked="" type="checkbox"/> |  |
| May 2, 1974                                                                                                                                                                                                          |  | not stated on Missouri                 |  |                        |  | May 6, 1974                                |  |
| DATE OF DEATH                                                                                                                                                                                                        |  | CAUSE OF DEATH burial permit           |  |                        |  | DATE OF BURIAL                             |  |
| SECTION All Souls                                                                                                                                                                                                    |  |                                        |  | ROW                    |  | LOT 66                                     |  |
|                                                                                                                                                                                                                      |  |                                        |  |                        |  | 12-A GRAVE                                 |  |
| Service at Mosti Funeral Home                                                                                                                                                                                        |  |                                        |  | FUNERAL DIRECTOR Mosti |  | concrete TYPE VAULT box                    |  |
| CHURCH PERMIT Fr. Giannamore                                                                                                                                                                                         |  | Missouri - 149- HEALTH PERMIT No. 2434 |  |                        |  |                                            |  |
| REMARKS: Miss. Washner was dead on arrivival at General Hospital in Kansas City Missouri. Surviving are two sisters Mrs. Leo (Jennie) Dales of Chester W. Va. and Mrs. Barbara DiAngelo of Steubenville. She was the |  |                                        |  |                        |  |                                            |  |

daughter of the late William and Anna DeVore Washner.

FAMILY NAME: WASHNER

GIVEN NAME: WILLIAM D.

INTERMENT NUMBER: 14038

|                                                                       |  |                                                     |  |                                        |  |                   |  |                                             |  |                                 |  |
|-----------------------------------------------------------------------|--|-----------------------------------------------------|--|----------------------------------------|--|-------------------|--|---------------------------------------------|--|---------------------------------|--|
| NAME                                                                  |  | WASHNER, William D.                                 |  | INTERMENT NO.                          |  | 14038             |  |                                             |  |                                 |  |
| ADDRESS                                                               |  | Rear 426 S. 4th St., Steubenville, Ohio             |  |                                        |  |                   |  |                                             |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                            |  | Mosti for Opening                                   |  | for lot.                               |  |                   |  |                                             |  |                                 |  |
|                                                                       |  | Reno DiAngelo, R.D.# 1, Lee Ridge Rd., Steubenville |  |                                        |  |                   |  |                                             |  |                                 |  |
| Feb. 9, 1923                                                          |  | AGE 42-2-24da                                       |  | RACE W                                 |  | SEX M             |  | MARRIED <input checked="" type="checkbox"/> |  | SINGLE <input type="checkbox"/> |  |
| May 2, 1965                                                           |  | DATE OF DEATH                                       |  | Not stated on provisional certificate. |  |                   |  | May 5, 1965                                 |  |                                 |  |
|                                                                       |  | CAUSE OF DEATH                                      |  |                                        |  |                   |  | DATE OF BURIAL                              |  |                                 |  |
| SECTION                                                               |  | All Souls                                           |  | ROW                                    |  | LOT               |  | 66                                          |  | GRAVE                           |  |
|                                                                       |  |                                                     |  |                                        |  |                   |  |                                             |  | 12                              |  |
| CHURCH                                                                |  | Alikanna Methodist                                  |  | FUNERAL DIRECTOR                       |  | Mosti             |  | falcon topseal                              |  |                                 |  |
|                                                                       |  |                                                     |  |                                        |  |                   |  | TYPE VAULT conc.                            |  |                                 |  |
| Rev. Mr. Geo. P. Abel                                                 |  | CHURCH PERMIT NO.                                   |  | Dist. 4101 -                           |  | HEALTH PERMIT NO. |  | 293                                         |  | 2-0" X 1-0" flat Gr.,           |  |
|                                                                       |  |                                                     |  |                                        |  |                   |  |                                             |  | Det. Marker 5/13/65             |  |
| REMARKS: Borb in Pennsylvania William S. and Anna DeVore Washner.     |  |                                                     |  |                                        |  |                   |  |                                             |  |                                 |  |
| World War II Veteran formerly employed at Weirton Steel Co., Survived |  |                                                     |  |                                        |  |                   |  |                                             |  |                                 |  |
| by his mother, Mrs. Anna DeVore Washner, 2 sisters, Mrs. Leo (Jennie) |  |                                                     |  |                                        |  |                   |  |                                             |  |                                 |  |
| Dale and Mrs. Reno(Barbara) DiAngelo. D.O.A. at Ohio Valley Hospital  |  |                                                     |  |                                        |  |                   |  |                                             |  |                                 |  |
| Steubenville, Ohio                                                    |  |                                                     |  |                                        |  |                   |  |                                             |  |                                 |  |

FAMILY NAME: WASILEWSKI

GIVEN NAME: JAN (JOHN)

INTERMENT NUMBER: 08917

|                                                                                                  |                               |                            |                                                                             |
|--------------------------------------------------------------------------------------------------|-------------------------------|----------------------------|-----------------------------------------------------------------------------|
| NAME WASILEWSKI, John                                                                            |                               | INTERMENT No. 8917         |                                                                             |
| ADDRESS 258 N. 10th St.<br>Steubenville, Ohio                                                    |                               |                            |                                                                             |
| PERSON RESPONSIBLE ADDRESS                                                                       |                               |                            |                                                                             |
| AGE 46                                                                                           | RACE W                        | SEX M                      | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH                                                                                    | CAUSE OF DEATH                | DATE OF BURIAL Aug. 3, '33 |                                                                             |
| SECTION All Saints                                                                               | ROW                           | LOT 47                     | GRAVE 5                                                                     |
| CHURCH St. Stanislaus                                                                            | FUNERAL DIRECTOR Mettenberger | TYPE VAULT                 |                                                                             |
| CHURCH PERMIT No. Casimir Smogor                                                                 | HEALTH PERMIT No.             |                            |                                                                             |
| REMARKS: Born in Poland. Survived by wife, Mrs. Josephine Wasilewski Helen and Clara, daughters. |                               |                            |                                                                             |
|                                                                                                  |                               |                            |                                                                             |
|                                                                                                  |                               |                            |                                                                             |
|                                                                                                  |                               |                            |                                                                             |



FAMILY NAME: WASILEWSKI

GIVEN NAME: JOHN T.

INTERMENT NUMBER: 14774

|                                                                                                                                                                                                               |  |                                       |  |                      |       |                                             |                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|----------------------|-------|---------------------------------------------|---------------------------------|
| NAME                                                                                                                                                                                                          |  | WASILEWSKI, John T.                   |  | INTERMENT No.        |       | 14774                                       |                                 |
| ADDRESS                                                                                                                                                                                                       |  | 1317 Overlook Drive, Weirton, W. Va., |  |                      |       |                                             |                                 |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                    |  | Wife: Mrs. Marg't M. (same address)   |  |                      |       |                                             |                                 |
| Mar. 31, 1916                                                                                                                                                                                                 |  | AGE 52-10-2d                          |  | RACE W               | SEX M | MARRIED <input checked="" type="checkbox"/> | SINGLE <input type="checkbox"/> |
| Jan. 4, 1969                                                                                                                                                                                                  |  | DATE OF DEATH                         |  | CAUSE OF DEATH       |       | carcinoma, stomach & metastasis             |                                 |
| Jan. 7, 1969                                                                                                                                                                                                  |  | DATE OF BURIAL                        |  | SECTION              |       | Holy Rosary                                 |                                 |
| ROW                                                                                                                                                                                                           |  | LOT 67                                |  | GRAVE 3              |       |                                             |                                 |
| CHURCH                                                                                                                                                                                                        |  | Sacred Heart of Mary                  |  | FUNERAL DIRECTOR     |       | Greco-Hertnick                              |                                 |
| Fr. Emil Dobosz.                                                                                                                                                                                              |  | Dist. 4101 -                          |  | TYPE VAULT           |       | falcon topseal conc.                        |                                 |
| CHURCH PERMIT                                                                                                                                                                                                 |  | HEALTH PERMIT No. 7                   |  | 2-0" X 1-0" flat Gr. |       | Veteran marker 2/21/69                      |                                 |
| REMARKS: Born in McKees Rocks, Pa. of Frank & Alexandria Wasilewski                                                                                                                                           |  |                                       |  |                      |       |                                             |                                 |
| World War II Veteran. Employed as a Crane Operator, Weirton Steel Div.                                                                                                                                        |  |                                       |  |                      |       |                                             |                                 |
| Survived by his wife, Mrs. Marg't M. Skubaczewski Wasilewski; a daughter, Mrs. Kenneth (Jane) Mason; 3 brothers, Ted (in Weirton) and 2 in Poland; a sister in Poland and one grandchild. Died at Ohio Valley |  |                                       |  |                      |       |                                             |                                 |

Hospital, Steubenville, Ohio

May 3, 1969: 4-6" X 1-2" X 3-0" double memorial. Machay Memorials, 1106 East High Ave., New Philadelphia, Ohio 44663



FAMILY NAME: WASILEWSKI  
GIVEN NAME: MARGARET MRS.  
INTERMENT NUMBER: 16318

|                            |  |                                                                                                                                                                                                                      |  |                          |  |                 |  |               |  |                |  |         |  |         |  |                                           |  |        |  |                          |  |
|----------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--|-----------------|--|---------------|--|----------------|--|---------|--|---------|--|-------------------------------------------|--|--------|--|--------------------------|--|
| NAME                       |  | WASILEWSKI, Mrs. Margaret                                                                                                                                                                                            |  | INTERMENT No.            |  | 16318           |  |               |  |                |  |         |  |         |  |                                           |  |        |  |                          |  |
| ADDRESS                    |  | Forester Nursing Home                                                                                                                                                                                                |  |                          |  |                 |  |               |  |                |  |         |  |         |  |                                           |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  | McClave Chandler Mills Funeral Home                                                                                                                                                                                  |  |                          |  |                 |  |               |  |                |  |         |  |         |  |                                           |  |        |  |                          |  |
| 6-19-1901                  |  | AGE                                                                                                                                                                                                                  |  | 75                       |  | RACE            |  | W             |  | SEX            |  | F       |  | MARRIED |  | <input checked="" type="checkbox"/> widow |  | SINGLE |  | <input type="checkbox"/> |  |
| June 20, 1977              |  | DATE OF DEATH                                                                                                                                                                                                        |  | Congestive Heart Failure |  | CAUSE OF DEATH  |  | June 22, 1977 |  | DATE OF BURIAL |  |         |  |         |  |                                           |  |        |  |                          |  |
| SECTION                    |  | Holy Rosary                                                                                                                                                                                                          |  | ROW                      |  | LOT             |  | 67            |  | GRAVE          |  | 4       |  |         |  |                                           |  |        |  |                          |  |
| CHURCH                     |  | St. Thomas Moore                                                                                                                                                                                                     |  | FUNERAL DIRECTOR         |  | McClave CM      |  | eagle         |  | TYPE           |  | triplex |  |         |  |                                           |  |        |  |                          |  |
| CHURCH PERMIT              |  | HEALTH PERMIT No.                                                                                                                                                                                                    |  | 4101-0440                |  | 4-6 x 1-2 x 3-0 |  | dbble.        |  | 5/69           |  | Machay. |  |         |  |                                           |  |        |  |                          |  |
| REMARKS:                   |  | Mrs. Margaret Wasilewski died at 1:10 a.m. in Ohio Valley Hospital. She was a member of Sacred Heart of Mary Catholic Church of Weirton, and the Polish National Alliance Club of Weirton. Surviving are a daughter, |  |                          |  |                 |  |               |  |                |  |         |  |         |  |                                           |  |        |  |                          |  |

Mrs. Kenneth H. (Jane L.) Mason of Bloomingdale; a brother, Ignace, and a niece, both of Poland, and three grandchildren. Mrs. Wasilewski was born June 19, 1901, in Poland. She was preceded in death by her husband, John T. Wasilewski in 1969.

FAMILY NAME: WASILEWSKI

GIVEN NAME: MARTHA

INTERMENT NUMBER: 06846

|                            |       |                         |   |                   |   |                |                          |                |        |                          |
|----------------------------|-------|-------------------------|---|-------------------|---|----------------|--------------------------|----------------|--------|--------------------------|
| NAME                       |       | WASILEWSKI, Martha      |   | (Infant)          |   | INTERMENT No.  |                          | 6846           |        |                          |
| ADDRESS                    |       | Steubenville, Ohio      |   |                   |   |                |                          |                |        |                          |
| PERSON RESPONSIBLE ADDRESS |       |                         |   |                   |   |                |                          |                |        |                          |
| AGE                        | 3 yrs | RACE                    | W | SEX               | F | MARRIED        | <input type="checkbox"/> | infant         | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH              |       | Feb. 19, 1920           |   |                   |   | CAUSE OF DEATH |                          | DATE OF BURIAL |        |                          |
| SECTION                    |       | Holy Innocents, Div. IV |   | ROW               | 5 | LOT            |                          | GRAVE          |        | 10                       |
| CHURCH                     |       | St. Stanislaus          |   | FUNERAL DIRECTOR  |   | TYPE VAULT     |                          |                |        |                          |
| CHURCH PERMIT No.          |       | Casmir Smogor           |   | HEALTH PERMIT No. |   |                |                          |                |        |                          |
| REMARKS:                   |       |                         |   |                   |   |                |                          |                |        |                          |
|                            |       |                         |   |                   |   |                |                          |                |        |                          |
|                            |       |                         |   |                   |   |                |                          |                |        |                          |
|                            |       |                         |   |                   |   |                |                          |                |        |                          |
|                            |       |                         |   |                   |   |                |                          |                |        |                          |

FAMILY NAME: WASKIEWICZ

GIVEN NAME: MARY E.

INTERMENT NUMBER: 19769

|                            |  |                                                                                                                                                                                                                        |  |                   |  |                      |  |                    |  |                |  |                                           |  |        |  |                          |  |
|----------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|----------------------|--|--------------------|--|----------------|--|-------------------------------------------|--|--------|--|--------------------------|--|
| NAME                       |  | Waskiewicz, Mary E.                                                                                                                                                                                                    |  | INTERMENT No.     |  | 19769                |  |                    |  |                |  |                                           |  |        |  |                          |  |
| ADDRESS                    |  | R.D.#2, Murphy Ave., Wintersville, Ohio                                                                                                                                                                                |  |                   |  |                      |  |                    |  |                |  |                                           |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  | daughter- Jane Waskiwwicz                                                                                                                                                                                              |  |                   |  |                      |  |                    |  |                |  |                                           |  |        |  |                          |  |
| 10-23-1922                 |  | RACE                                                                                                                                                                                                                   |  | W                 |  | SEX                  |  | F                  |  | MARRIED        |  | <input checked="" type="checkbox"/> widow |  | SINGLE |  | <input type="checkbox"/> |  |
| AGE                        |  | 73                                                                                                                                                                                                                     |  |                   |  |                      |  |                    |  |                |  |                                           |  |        |  |                          |  |
| DATE OF DEATH              |  | 11-5-1995                                                                                                                                                                                                              |  | CAUSE OF DEATH    |  | Not stated on provi- |  | sional certificate |  | DATE OF BURIAL |  | 11-8-1995                                 |  |        |  |                          |  |
| SECTION                    |  | Poor Souls                                                                                                                                                                                                             |  | ROW               |  | LOT                  |  | 89                 |  | GRAVE          |  | 2                                         |  |        |  |                          |  |
| CHURCH                     |  | Our Lady of Lourdes                                                                                                                                                                                                    |  | FUNERAL DIRECTOR  |  | Mosti                |  | TYPE VAULT         |  | #12            |  | gauge                                     |  |        |  |                          |  |
| CHURCH PERMIT              |  | Msgr. Gerald Calovini                                                                                                                                                                                                  |  | HEALTH PERMIT No. |  | 4101-none            |  | 4-0x1-0 dbl.mem    |  | Valley         |  | 2/20/1998                                 |  |        |  |                          |  |
| REMARKS:                   |  | Surviving are a daughter, Jane with whom she resided; a son, Robert of Wintersville; a brother Robert Salancy of Wintersvilleand a sister, Mrs. Robert(JoAnn) Barrett of Wintersville. She was born in Steubenville, a |  |                   |  |                      |  |                    |  |                |  |                                           |  |        |  |                          |  |

daughter of the late Mike and Julia Kovach Salancy. She was also preceded in death by her husband, Robert in 1960; two brothers, Michael and Francis Salancy ; a sister, Helen Spence. She was a member of Our Lady of Lourdes Catholic Church. She retired in 1984 from the former McCrory's after 24 years of service.

FAMILY NAME: WASKIEWICZ  
GIVEN NAME: ROBERT (LITTLE WHISTLE)  
INTERMENT NUMBER: 13086

|                             |  |                                                                      |  |                              |  |                                                                             |  |
|-----------------------------|--|----------------------------------------------------------------------|--|------------------------------|--|-----------------------------------------------------------------------------|--|
| NAME                        |  | WASKIEWICZ, Robert (Little Whistle)                                  |  | INTERMENT No.                |  | 13086                                                                       |  |
| ADDRESS                     |  | 319 Hill Ave.,                                                       |  | Steubenville, Ohio           |  |                                                                             |  |
| PERSON RESPONSIBLE ADDRESS  |  |                                                                      |  |                              |  |                                                                             |  |
| Mar. 18, 1921               |  |                                                                      |  |                              |  |                                                                             |  |
| AGE 39-2-29 da              |  | RACE W                                                               |  | SEX M                        |  | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH June 16, 1960 |  | CAUSE OF DEATH cerebral hemorrhage hypertension                      |  | DATE OF BURIAL June 20, 1960 |  |                                                                             |  |
| SECTION Poor Souls          |  | ROW                                                                  |  | LOT 89                       |  | GRAVE 1                                                                     |  |
| CHURCH Holy Name            |  | FUNERAL DIRECTOR Mosti                                               |  | Guardian # 9                 |  |                                                                             |  |
| CHURCH PERMIT No.           |  | District 4101 -                                                      |  | 2-0" X 1-0" flat Gr.,        |  | Veteran 7/60                                                                |  |
| REMARKS:                    |  | Born in Steubenville of Albin and Anna Tomaszczyk Grykiewicz         |  |                              |  |                                                                             |  |
|                             |  | Waskiewicz. Employed at Federal Paperboard Co., W.W. II veteran, Air |  |                              |  |                                                                             |  |
|                             |  | Force. Married Mary Salancy Oct. 20, 1951. Survived by wife, 1 son   |  |                              |  |                                                                             |  |
|                             |  | Robert Jr., 1 daughter Jane; 2 brothers, William and Edward; 2 half  |  |                              |  |                                                                             |  |
|                             |  | brothers, Joseph and Fred Grykiewicz; 2 sisters, Mrs. Michael (Mary) |  |                              |  |                                                                             |  |

Meatris and Mrs. William (Laura) DeMark. Died at Ohio Valley Hospital, Steubenville, Ohio



FAMILY NAME: WASSON  
GIVEN NAME: CHARLES R.  
INTERMENT NUMBER: 19570

|                                                                                                                                                                                                                             |                                                      |                             |                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------|
| NAME Wasson, Charles R.                                                                                                                                                                                                     |                                                      | INTERMENT No. 19570         |                                                                             |
| ADDRESS 105 Parkdale Rd., Steubenville, Ohio                                                                                                                                                                                |                                                      |                             |                                                                             |
| PERSON RESPONSIBLE ADDRESS son-Bob Wasson                                                                                                                                                                                   |                                                      |                             |                                                                             |
| 2-20-1918                                                                                                                                                                                                                   | RACE W                                               | SEX M                       | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| AGE 76                                                                                                                                                                                                                      |                                                      |                             |                                                                             |
| DATE OF DEATH 10-25-1994                                                                                                                                                                                                    | CAUSE OF DEATH Not stated on provisional certificate |                             | DATE OF BURIAL 10-26-1994                                                   |
| SECTION St. Mary Magdalene                                                                                                                                                                                                  | ROW                                                  | LOT 261                     | GRAVE 1                                                                     |
| CHURCH from funeral home                                                                                                                                                                                                    | FUNERAL DIRECTOR Mosti                               | TYPE VAULT Clarke #12 gauge |                                                                             |
| CHURCH PERMIT Mr. Delbert Lash                                                                                                                                                                                              | HEALTH PERMIT No. 4101-522                           |                             |                                                                             |
| REMARKS: Surviving are his wife, Mary Sedina Wasson; two sons, Robert of Toronto and Willard of Mingo Jct., a sister, Mary Mitchell of Steubenville; two grandchildren; a great grandchild. He was preceded in death by his |                                                      |                             |                                                                             |

parents, Joseph and Grace Smith Wasson; two brothers, Walter and William; three sisters, Ruth Kessler, Ida Blackburn and Frances Robertson. He was retired from Weirton Steel Corp. and a Methodist by faith. He was an Army veteran of W.W.II

Oct. 27, 1994 Flat bronze veteran marker ordered.

Dec. 20, 1994 Flat bronze veteran marker received.



FAMILY NAME: WASSON

GIVEN NAME: HELEN

INTERMENT NUMBER: 17103

|                                                                                                                                                                                                                                           |        |                                                           |                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------|-----------------------------------------------------------------------------|
| NAME WASSON, Helen                                                                                                                                                                                                                        |        | INTERMENT No. 17103                                       |                                                                             |
| ADDRESS 1520 Euclid Avenue Steubenville, Ohio 43952                                                                                                                                                                                       |        |                                                           |                                                                             |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                |        |                                                           |                                                                             |
| 7-2-1943                                                                                                                                                                                                                                  |        |                                                           |                                                                             |
| AGE 38                                                                                                                                                                                                                                    | RACE W | SEX F                                                     | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH 11-22-1981                                                                                                                                                                                                                  |        | CAUSE OF DEATH Sudden cardiac arrest-pos-sibly sysrythmia |                                                                             |
| DATE OF BURIAL 11-25-1981                                                                                                                                                                                                                 |        |                                                           |                                                                             |
| SECTION Assumption                                                                                                                                                                                                                        |        | ROW                                                       | LOT 357 GRAVE 4                                                             |
| Wintersville Baptist Church Temple                                                                                                                                                                                                        |        | McClave-Chandler-FUNERAL DIRECTOR Mills                   | #9 Falcon Type Vault Topseal                                                |
| Rev. Donald Evilhiser                                                                                                                                                                                                                     |        | Allegheny County 3-8x1-2x2-2 Archer                       |                                                                             |
| CHURCH PERMIT                                                                                                                                                                                                                             |        | HEALTH PERMIT No. none dble mem 1-21-1982                 |                                                                             |
| REMARKS: Died at St. Francis Hospital in Pittsburgh, Pa after a lengthy illness. She was a member of the Wintersville Baptist Temple and was employed at Leicy's Drug Store. Surviving are her husband, Robert; her parents, Lawrence and |        |                                                           |                                                                             |

Margaret Lucas Kittle of Steubenville; two sons, Foster and Robert Evans at home; two brothers, Thomas and Larry Kittle both of Steubenville; two sisters, Mrs. John (Linda) Neiden-gard of Steubenville and Mrs. James (Shirley) Pennebaker of Mingo Junction, Ohio and Maternal grandparents, Mr. and Mrs. Charles Kittle of Moundsville. She was born July 2, 1943, in Steubenville and preceded in death by a brother, Dale in 1955.

FAMILY NAME: WASSON  
GIVEN NAME: MARY (EILEEN)  
INTERMENT NUMBER: 20453

|                                                                                                                                                                                                                                       |  |                                             |  |                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--|---------------------------------|--|
| NAME                                                                                                                                                                                                                                  |  | Wasson, (Eileen) Mary                       |  | INTERMENT No. 20453             |  |
| ADDRESS Lot 29, Skyview Dr., Wintersville, Ohio                                                                                                                                                                                       |  |                                             |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS pre-paid                                                                                                                                                                                                   |  |                                             |  |                                 |  |
| 10-16-1924                                                                                                                                                                                                                            |  | RACE W                                      |  | SEX F                           |  |
| AGE 74                                                                                                                                                                                                                                |  | MARRIED <input checked="" type="checkbox"/> |  | SINGLE <input type="checkbox"/> |  |
| DATE 4-26-1999                                                                                                                                                                                                                        |  | CAUSE OF DEATH                              |  | DATE OF BURIAL                  |  |
| OF DEATH                                                                                                                                                                                                                              |  | Not stated on provisional certificate       |  | 4-28-1999                       |  |
| SECTION St. Mary Magdalene                                                                                                                                                                                                            |  | ROW                                         |  | LOT 261                         |  |
| from funeral home                                                                                                                                                                                                                     |  | GRAVE 2                                     |  |                                 |  |
| CHURCH                                                                                                                                                                                                                                |  | FUNERAL DIRECTOR Mosti                      |  | TYPE VAULT #12 gauge            |  |
| Msgr. Gerald Calovini                                                                                                                                                                                                                 |  | HEALTH PERMIT No. 4101-251                  |  |                                 |  |
| REMARKS: She was born in Windsor Heights, a daughter of the late Frank and Elma Palzy Sedina. She was also preceded in death by her husband, Charles; two brothers and two sisters. Surviving are two sons, Robert J. of Wintersville |  |                                             |  |                                 |  |

and Willard C. of Mingo Jct., onee sister Lorain Nimiel of Bonnere Ferry, Idaho, two grandchildren and three great grandchildren. She was an Army veteran of W.W.II and a member of Our Lady of Loudes Catholic Church.

May 5, 1999 Flat bronze veteran marker ordered.  
June 3, 1999 Flat bronze veteran marker received.

FAMILY NAME: WASSUM

GIVEN NAME: GEORGE WILSON

INTERMENT NUMBER: 12067

|                                                                                                                              |     |                                                                                           |   |                   |     |                           |                                     |              |                          |   |
|------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------|---|-------------------|-----|---------------------------|-------------------------------------|--------------|--------------------------|---|
| NAME                                                                                                                         |     | WASSUM, George Wilson                                                                     |   | INTERMENT No.     |     | 12067                     |                                     |              |                          |   |
| ADDRESS                                                                                                                      |     | 698 Merchant St., Ambridge, Pa.,                                                          |   |                   |     |                           |                                     |              |                          |   |
| PERSON RESPONSIBLE ADDRESS                                                                                                   |     | McCabe Funeral Home, 346 Maplewood Ave., Ambridge, Pa.<br><del>Shannon Funeral Home</del> |   |                   |     |                           |                                     |              |                          |   |
| AGE                                                                                                                          | 71- | RACE                                                                                      | W | SEX               | M   | MARRIED                   | <input checked="" type="checkbox"/> | SINGLE       | <input type="checkbox"/> |   |
| DATE OF DEATH                                                                                                                |     | CAUSE OF DEATH                                                                            |   |                   |     | DATE OF BURIAL            |                                     |              |                          |   |
| Nov. 22, 1954                                                                                                                |     | Cerebral hemorrhage                                                                       |   |                   |     | Nov. 26, 1954             |                                     |              |                          |   |
| SECTION                                                                                                                      |     | St. Stanislaus                                                                            |   | ROW               | LOT |                           | 67                                  |              | GRAVE                    | 7 |
| CHURCH                                                                                                                       |     | St. Veronica's                                                                            |   | FUNERAL DIRECTOR  |     | McCabe, 546 Maplewood Ave |                                     | Wheatley # 9 |                          |   |
| Fr. Walter J. Schaming                                                                                                       |     | Ambridge, Pa.,                                                                            |   | Ambridge, Pa      |     | TYPE VAULT                |                                     | Conc         |                          |   |
| CHURCH PERMIT NO.                                                                                                            |     | #58-1954                                                                                  |   | HEALTH PERMIT NO. |     | 145                       |                                     |              |                          |   |
| REMARKS: Born at Know, Pa., of John and Mary Creek Wassum. Survived by wife, Nora Hayes Wassum. Occupation, Retired Driller. |     |                                                                                           |   |                   |     |                           |                                     |              |                          |   |
|                                                                                                                              |     |                                                                                           |   |                   |     |                           |                                     |              |                          |   |
|                                                                                                                              |     |                                                                                           |   |                   |     |                           |                                     |              |                          |   |
|                                                                                                                              |     |                                                                                           |   |                   |     |                           |                                     |              |                          |   |

FAMILY NAME: WASSUM

GIVEN NAME: NORA HAYES MRS.

INTERMENT NUMBER: 15629

|                                                                                                                                                                                                                                           |                                    |                                            |                                                   |                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|---------------------------------------------------|---------------------------------|--|
| NAME                                                                                                                                                                                                                                      |                                    | WASSUM, Mrs. Nora Hayes                    |                                                   | INTERMENT No. 15629             |  |
| ADDRESS 441 Merchant St. Ambridge, Pa.                                                                                                                                                                                                    |                                    |                                            |                                                   |                                 |  |
| PERSON RESPONSIBLE ADDRESS McCabe-Kul\$an Funeral Home Ambridge, Pa.                                                                                                                                                                      |                                    |                                            |                                                   |                                 |  |
| AGE 83y                                                                                                                                                                                                                                   | RACE W                             | SEX F                                      | MARRIED <input checked="" type="checkbox"/> widow | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH Oct. 14, 1973                                                                                                                                                                                                               | CAUSE OF DEATH Cerebral Thrombosis |                                            |                                                   | DATE OF BURIAL October 17, 1973 |  |
| SECTION St. Stanislaus                                                                                                                                                                                                                    |                                    | ROW                                        | LOT 67                                            | GRAVE 8                         |  |
| CHURCH St. Veronica Ambridge, Pa.                                                                                                                                                                                                         |                                    | McCabe-Kul\$an FUNERAL DIRECTOR            |                                                   | Concrete TYPE VAULT box         |  |
| CHURCH PERMIT                                                                                                                                                                                                                             |                                    | Pa. Allegheny HEALTH PERMIT No. County 316 |                                                   |                                 |  |
| REMARKS: Preceded in death by her husband, George Wassum in 1954. Owned & operated the Hayes Flower Shop, Ambridge, & was a piano teacher for many years. Surviving are a sister, Miss Frances Hayes, Ambidge; & 2 nephews, Jerome Hayes, |                                    |                                            |                                                   |                                 |  |

Penn Hills, & Paul Hayes Mt. Lebanon. Died in Sewickley Valley Hospital.



FAMILY NAME: WASULEWSKI  
GIVEN NAME: JOSEPHINE ANN  
INTERMENT NUMBER: 19096

|                                                                                                                                                                                                                                                                                |  |                                           |  |                                       |  |                                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|--|---------------------------------------|--|-----------------------------------------------------------------------------|--|
| NAME                                                                                                                                                                                                                                                                           |  | Wasulewski, Josephine Ann                 |  | INTERMENT No.                         |  | 19096                                                                       |  |
| ADDRESS                                                                                                                                                                                                                                                                        |  | 258 North 10th Street, Steubenville, Ohio |  |                                       |  |                                                                             |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                     |  | Mosti Funeral Home                        |  |                                       |  |                                                                             |  |
| 9-8-1894                                                                                                                                                                                                                                                                       |  |                                           |  | widow                                 |  |                                                                             |  |
| AGE 97                                                                                                                                                                                                                                                                         |  | RACE W                                    |  | SEX F                                 |  | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |  |
| 5-11-1992                                                                                                                                                                                                                                                                      |  | DATE OF DEATH                             |  | Not stated on provisional certificate |  | 5-14-1992<br>DATE OF BURIAL                                                 |  |
| SECTION                                                                                                                                                                                                                                                                        |  | Coronation Mausoleum                      |  | CRYPT I-E                             |  |                                                                             |  |
|                                                                                                                                                                                                                                                                                |  | ROW                                       |  | LOT                                   |  | GRAVE                                                                       |  |
| CHURCH                                                                                                                                                                                                                                                                         |  | St. Stanislaus                            |  | FUNERAL DIRECTOR                      |  | Mosti                                                                       |  |
|                                                                                                                                                                                                                                                                                |  | TYPE VAULT                                |  | not required                          |  |                                                                             |  |
| CHURCH PERMIT                                                                                                                                                                                                                                                                  |  | Fr. Chester Szymanski                     |  | HEALTH PERMIT No.                     |  | 4101-239                                                                    |  |
| REMARKS: Surviving are two daughters, Mrs. Albert (Helen) Liberatore of Youngstown and Mrs, Alfonse (Clara) Szydowski, with whom she resided; six grandchildren and eight great grandchildren. She was born in Poland, a daughter of the late Joseph and Sophia Puszka Zienka. |  |                                           |  |                                       |  |                                                                             |  |

She was also preceded ind eath by her husband, John Wasulewski in 1933; a daughter, Martha Wasulewski; three brothers and four sisters. She was a member of St. Stanislaus Catholic Church, Catholic Womans Club, Rosary Society and Queen Hedwig Society. She was a 22 year employee of the tin mill department at Weirton SteelCorp. when she retired in 1955. She died of natural causes at her home.



FAMILY NAME: WASZKIEWIC

GIVEN NAME: ANNA

INTERMENT NUMBER: 03182

|                            |        |                        |   |                   |   |                  |                          |                |        |                          |   |
|----------------------------|--------|------------------------|---|-------------------|---|------------------|--------------------------|----------------|--------|--------------------------|---|
| NAME                       |        | WASZKIEWIC, Anna       |   | (Infant)          |   | INTERMENT No.    |                          | 3182           |        |                          |   |
| ADDRESS                    |        | Steubenville, Ohio     |   |                   |   |                  |                          |                |        |                          |   |
| PERSON RESPONSIBLE ADDRESS |        |                        |   |                   |   |                  |                          |                |        |                          |   |
| AGE                        | 2-6 mo | RACE                   | W | SEX               | F | MARRIED          | <input type="checkbox"/> | Infant         | SINGLE | <input type="checkbox"/> |   |
| DATE OF DEATH              |        | July 17, 1912          |   | CAUSE OF DEATH    |   | Summer complaint |                          | DATE OF BURIAL |        |                          |   |
| SECTION                    |        | Holy Innocents, Div. I |   | ROW               |   | 3                |                          | LOT            |        | GRAVE                    | 8 |
| CHURCH                     |        | St. Stanislaus         |   | FUNERAL DIRECTOR  |   |                  |                          | TYPE VAULT     |        |                          |   |
| CHURCH PERMIT No.          |        | Casmir Smogor          |   | HEALTH PERMIT No. |   |                  |                          |                |        |                          |   |
| REMARKS:                   |        |                        |   |                   |   |                  |                          |                |        |                          |   |
|                            |        |                        |   |                   |   |                  |                          |                |        |                          |   |
|                            |        |                        |   |                   |   |                  |                          |                |        |                          |   |
|                            |        |                        |   |                   |   |                  |                          |                |        |                          |   |
|                            |        |                        |   |                   |   |                  |                          |                |        |                          |   |

INTERMENT NUMBER: 03384

FAMILY NAME: WASZKIEWIC

GIVEN NAME: JOHN

INTERMENT NUMBER: 03448

|                            |        |                         |   |                   |   |               |                          |                |        |                          |
|----------------------------|--------|-------------------------|---|-------------------|---|---------------|--------------------------|----------------|--------|--------------------------|
| NAME                       |        | WASZKIEWICZ, John       |   | (Infant)          |   | INTERMENT No. |                          | 3448           |        |                          |
| ADDRESS                    |        | Steubenville, Ohio      |   |                   |   |               |                          |                |        |                          |
| PERSON RESPONSIBLE ADDRESS |        |                         |   |                   |   |               |                          |                |        |                          |
| AGE                        | 1-6 mo | RACE                    | W | SEX               | M | MARRIED       | <input type="checkbox"/> | infant         | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH              |        | Aug. 4, 1913            |   | CAUSE OF DEATH    |   | Dyphtheria    |                          | DATE OF BURIAL |        |                          |
| SECTION                    |        | Holy Innocents, Div. II |   | ROW               | 2 | LOT           |                          | GRAVE          | 18     |                          |
| CHURCH                     |        | St. Stanislaus          |   | FUNERAL DIRECTOR  |   |               |                          | TYPE VAULT     |        |                          |
| CHURCH PERMIT No.          |        | Casmir Smogor           |   | HEALTH PERMIT No. |   |               |                          |                |        |                          |
| REMARKS:                   |        |                         |   |                   |   |               |                          |                |        |                          |
|                            |        |                         |   |                   |   |               |                          |                |        |                          |
|                            |        |                         |   |                   |   |               |                          |                |        |                          |
|                            |        |                         |   |                   |   |               |                          |                |        |                          |
|                            |        |                         |   |                   |   |               |                          |                |        |                          |
|                            |        |                         |   |                   |   |               |                          |                |        |                          |

FAMILY NAME: WASZKIEWIC

GIVEN NAME: SABINA

INTERMENT NUMBER: 06087

|                            |  |                          |  |                   |  |                                  |  |                |  |                                 |  |
|----------------------------|--|--------------------------|--|-------------------|--|----------------------------------|--|----------------|--|---------------------------------|--|
| NAME                       |  | WASZKIEWICZ, Sabina      |  | (Infant)          |  | INTERMENT NO.                    |  | 6087           |  |                                 |  |
| ADDRESS                    |  | Steubenville, Ohio       |  |                   |  |                                  |  |                |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS |  |                          |  |                   |  |                                  |  |                |  |                                 |  |
| AGE                        |  | RACE W                   |  | SEX F             |  | MARRIED <input type="checkbox"/> |  | infant         |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH              |  | Jan. 14, 1917            |  | CAUSE OF DEATH    |  |                                  |  | DATE OF BURIAL |  |                                 |  |
| SECTION                    |  | Holy Innocents, Div. III |  | ROW 5             |  | LOT                              |  | GRAVE 5        |  |                                 |  |
| CHURCH                     |  | St. Stanislaus           |  | FUNERAL DIRECTOR  |  |                                  |  | TYPE VAULT     |  |                                 |  |
| CHURCH PERMIT NO.          |  | Casmir Smogor            |  | HEALTH PERMIT NO. |  |                                  |  |                |  |                                 |  |
| REMARKS:                   |  |                          |  |                   |  |                                  |  |                |  |                                 |  |
|                            |  |                          |  |                   |  |                                  |  |                |  |                                 |  |
|                            |  |                          |  |                   |  |                                  |  |                |  |                                 |  |
|                            |  |                          |  |                   |  |                                  |  |                |  |                                 |  |
|                            |  |                          |  |                   |  |                                  |  |                |  |                                 |  |

FAMILY NAME: WASZKIEWICZ

GIVEN NAME: ALBINUS

INTERMENT NUMBER: 07044

|                                 |        |                      |                                  |                                 |  |
|---------------------------------|--------|----------------------|----------------------------------|---------------------------------|--|
| NAME                            |        | WASZKIEWICZ, Albinus |                                  | INTERMENT No. 7044              |  |
| ADDRESS                         |        | Steubenville, Ohio   |                                  |                                 |  |
| PERSON RESPONSIBLE ADDRESS      |        |                      |                                  |                                 |  |
| AGE 33                          | RACE W | SEX M                | MARRIED <input type="checkbox"/> | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH Apr. 24, 1921     |        | CAUSE OF DEATH       |                                  | DATE OF BURIAL                  |  |
| SECTION Sacred Heart, Div. IV   |        | ROW 1                | LOT                              | GRAVE 15                        |  |
| CHURCH St. Stanislaus           |        | FUNERAL DIRECTOR     |                                  | TYPE VAULT                      |  |
| CHURCH PERMIT No. Casmir Smogor |        | HEALTH PERMIT No.    |                                  |                                 |  |
| REMARKS:                        |        |                      |                                  |                                 |  |
|                                 |        |                      |                                  |                                 |  |
|                                 |        |                      |                                  |                                 |  |
|                                 |        |                      |                                  |                                 |  |
|                                 |        |                      |                                  |                                 |  |



FAMILY NAME: WASZKIEWICZ  
GIVEN NAME: BOLESLAUS "BILL"  
INTERMENT NUMBER: 20512

|                            |  |                                                                                                                                                                                                                                                          |  |                   |  |                                       |  |                |  |            |  |   |  |         |  |                                     |  |        |  |                          |  |
|----------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|---------------------------------------|--|----------------|--|------------|--|---|--|---------|--|-------------------------------------|--|--------|--|--------------------------|--|
| NAME                       |  | Waszkiewicz, Boleslaus "Bill"                                                                                                                                                                                                                            |  | INTERMENT No.     |  | 20512                                 |  |                |  |            |  |   |  |         |  |                                     |  |        |  |                          |  |
| ADDRESS                    |  | 195 Canterbury Blvd., Steubenville, Ohio                                                                                                                                                                                                                 |  |                   |  |                                       |  |                |  |            |  |   |  |         |  |                                     |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  | son-Albin Waszkiewicz                                                                                                                                                                                                                                    |  |                   |  |                                       |  |                |  |            |  |   |  |         |  |                                     |  |        |  |                          |  |
| 12-25-1913                 |  | AGE                                                                                                                                                                                                                                                      |  | 85                |  | RACE                                  |  | W              |  | SEX        |  | M |  | MARRIED |  | <input checked="" type="checkbox"/> |  | SINGLE |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  | 7-28-1999                                                                                                                                                                                                                                                |  | CAUSE OF DEATH    |  | Not stated on provisional certificate |  | DATE OF BURIAL |  | 7-31-1999  |  |   |  |         |  |                                     |  |        |  |                          |  |
| SECTION                    |  | St. Mary Magdalene                                                                                                                                                                                                                                       |  | ROW               |  | LOT                                   |  | 303            |  | GRAVE      |  | 3 |  |         |  |                                     |  |        |  |                          |  |
| CHURCH                     |  | Holy Name                                                                                                                                                                                                                                                |  | FUNERAL DIRECTOR  |  | Mosti                                 |  | TYPE VAULT     |  | delphi     |  |   |  |         |  |                                     |  |        |  |                          |  |
| CHURCH PERMIT              |  | Fr. Tim Shannon                                                                                                                                                                                                                                          |  | HEALTH PERMIT No. |  | 4101-412                              |  | 3-8x1-0x0-8    |  | db1e Kurtz |  |   |  |         |  |                                     |  |        |  |                          |  |
| REMARKS:                   |  | Surviving are his wife, Sophia Exterovich Waszkiewicz, two sons, Albin and Raymond of Steubenville, a daughter, Patricia Madden of Winterville; a brother, Joseph Grykiewicz of Columbus; a sister, Mary Meatrix of Steubenville, and two grandchildren. |  |                   |  |                                       |  |                |  |            |  |   |  |         |  |                                     |  |        |  |                          |  |

He was preceded in death by his parents Albin Waszkiewicz and Anna Tomaszczyk Waszkiewicz Grykiewicz; two brothers, and a sister. He was retired from the former Federal Paper Board Co., Steuebville and a member of Holy Name Cathedral.

FAMILY NAME: WASZKIEWICZ  
GIVEN NAME: SOPHIE M.  
INTERMENT NUMBER: 20600

|                            |  |                                                                                                                                                                                                                                                                   |  |                   |  |                                           |  |
|----------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|-------------------------------------------|--|
| NAME                       |  | Waszkiewicz, Sophie M.                                                                                                                                                                                                                                            |  | INTERMENT No.     |  | 20600                                     |  |
| ADDRESS                    |  | 195 Canterbury Blvd., Steubenville, Ohio                                                                                                                                                                                                                          |  |                   |  |                                           |  |
| PERSON RESPONSIBLE ADDRESS |  | son-Albin Waszkiewicz                                                                                                                                                                                                                                             |  |                   |  |                                           |  |
| 1-31-1915                  |  | RACE                                                                                                                                                                                                                                                              |  | SEX               |  | MARRIED                                   |  |
| AGE                        |  | 84                                                                                                                                                                                                                                                                |  | W                 |  | F                                         |  |
|                            |  |                                                                                                                                                                                                                                                                   |  | MARRIED           |  | <input checked="" type="checkbox"/> widow |  |
|                            |  |                                                                                                                                                                                                                                                                   |  |                   |  | SINGLE <input type="checkbox"/>           |  |
| DATE OF DEATH              |  | 12-29-1999                                                                                                                                                                                                                                                        |  | CAUSE OF DEATH    |  | Not stated on provisional certificate     |  |
|                            |  |                                                                                                                                                                                                                                                                   |  |                   |  | 1-3-2000                                  |  |
|                            |  |                                                                                                                                                                                                                                                                   |  |                   |  | DATE OF BURIAL                            |  |
| SECTION                    |  | St. Mary Magdalene                                                                                                                                                                                                                                                |  | ROW               |  | LOT 303 GRAVE 4                           |  |
| CHURCH                     |  | Holy Name                                                                                                                                                                                                                                                         |  | FUNERAL DIRECTOR  |  | Mosti                                     |  |
|                            |  |                                                                                                                                                                                                                                                                   |  |                   |  | TYPE VAULT delphi                         |  |
| CHURCH PERMIT              |  | Fr. Tim Shannon                                                                                                                                                                                                                                                   |  | HEALTH PERMIT No. |  | April 17, 2000                            |  |
|                            |  |                                                                                                                                                                                                                                                                   |  |                   |  | 4101-672 3-8x1-0x0-8 dble Kurtz           |  |
| REMARKS:                   |  | Surviving are two sons, Albin and Raymond, both of Steubenville; a daughter, Patricia Madden of Wintersville, two brothers, Alec Exterovich of Steuebnnville, and Vincent Exterovich of Toronto two sisters, Mary Choma of Garfield Heights and Clara Najdecki of |  |                   |  |                                           |  |

Adena and two grandchildren. She was born in Toronto a daughter of the late Frank and Apolonia Alubowicz Exterovich. She was also preceded in death by her husband, Boleslaus "Bill" "Whistle" Waszkiewicz on July 28, 1999 and three brothers, Joseph, Louis and John Exterovich. She was a member of Holy Name Cathedral.

FAMILY NAME: WATKINS

GIVEN NAME: JOHN

INTERMENT NUMBER: 08027

|                            |              |                                                       |                  |                                 |       |
|----------------------------|--------------|-------------------------------------------------------|------------------|---------------------------------|-------|
| NAME                       |              | WATKINS, John (Infant)                                |                  | INTERMENT No. 8027              |       |
| ADDRESS                    |              | Steubenville, Ohio                                    |                  |                                 |       |
| PERSON RESPONSIBLE ADDRESS |              |                                                       |                  |                                 |       |
| AGE                        | 1-7 mo       | RACE                                                  | W                | SEX                             | M     |
| MARRIED                    |              | <input type="checkbox"/> infant                       |                  | SINGLE <input type="checkbox"/> |       |
| DATE OF DEATH              | Apr. 7, 1927 |                                                       | CAUSE OF DEATH   | poisoning                       |       |
| DATE OF BURIAL             |              | lower half                                            |                  |                                 |       |
| SECTION                    | St. Patrick  |                                                       | ROW              | LOT                             | GRAVE |
|                            |              |                                                       |                  | 40                              | 7     |
| CHURCH                     | Holy Name    |                                                       | FUNERAL DIRECTOR | TYPE VAULT                      |       |
| CHURCH PERMIT No.          |              | E.AGilbert                                            |                  | HEALTH PERMIT No.               |       |
| REMARKS:                   |              | Interred in same grave with (cousin?) Jamo McPherson. |                  |                                 |       |
|                            |              |                                                       |                  |                                 |       |
|                            |              |                                                       |                  |                                 |       |
|                            |              |                                                       |                  |                                 |       |
|                            |              |                                                       |                  |                                 |       |

FAMILY NAME: WATLEY  
GIVEN NAME: MARGARET LELA  
INTERMENT NUMBER: 11143

|                                                                                                                                                                                                               |  |                                    |  |                   |  |                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|--|-------------------|--|---------------------------------------------|--|
| NAME                                                                                                                                                                                                          |  | WATLEY, Margaret Lela              |  | INTERMENT No.     |  | 11143                                       |  |
| ADDRESS 912 N. 7th St., Steubenville, Ohio                                                                                                                                                                    |  |                                    |  |                   |  |                                             |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                    |  |                                    |  |                   |  |                                             |  |
| AGE 36                                                                                                                                                                                                        |  | RACE W                             |  | SEX F             |  | MARRIED <input checked="" type="checkbox"/> |  |
|                                                                                                                                                                                                               |  |                                    |  |                   |  | SINGLE <input type="checkbox"/>             |  |
| DATE OF DEATH Jan. 8, '49                                                                                                                                                                                     |  | CAUSE OF DEATH pneumonia-influenza |  |                   |  | Jan. 11, 1949                               |  |
|                                                                                                                                                                                                               |  |                                    |  |                   |  | DATE OF BURIAL                              |  |
| SECTION Poor Souls                                                                                                                                                                                            |  | ROW 29                             |  | LOT               |  | GRAVE 21                                    |  |
| CHURCH St. Peter's                                                                                                                                                                                            |  | FUNERAL DIRECTOR McClave           |  |                   |  | TYPE VAULT                                  |  |
| CHURCH PERMIT No.                                                                                                                                                                                             |  | Francis Maloney Dist. 654-         |  | HEALTH PERMIT No. |  | 17                                          |  |
| REMARKS: Daughter of Esquire and Kate Smith Thomas. Wife of Theodore Watley; three children, Bobbie, Thaddeus, and Patricia Ann; two brothers, Matthew Thomas, and Raymond, and a sister, Mrs. Katie Stewart. |  |                                    |  |                   |  |                                             |  |

FAMILY NAME: WATSON  
GIVEN NAME: ELIZABETH  
INTERMENT NUMBER: 00580

|                                                             |  |                            |  |                  |  |                                 |  |
|-------------------------------------------------------------|--|----------------------------|--|------------------|--|---------------------------------|--|
| NAME                                                        |  | WATSON, Elizabeth (Infant) |  | INTERMENT No.    |  | 580                             |  |
| ADDRESS                                                     |  | Mingo Junction, Ohio       |  |                  |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                  |  |                            |  |                  |  |                                 |  |
| AGE                                                         |  | 9 mo                       |  | RACE             |  | W                               |  |
| SEX                                                         |  | F                          |  | MARRIED          |  | <input type="checkbox"/> infant |  |
| SINGLE                                                      |  | <input type="checkbox"/>   |  |                  |  |                                 |  |
| DATE OF DEATH                                               |  | CAUSE OF DEATH             |  |                  |  | Aug. 25, 1892                   |  |
|                                                             |  | Cholera                    |  |                  |  | DATE OF BURIAL                  |  |
| SECTION                                                     |  | All Saints                 |  | ROW              |  | LOT 97                          |  |
| GRAVE                                                       |  | 7 *                        |  |                  |  |                                 |  |
| CHURCH                                                      |  | St. Agnes, Mingo           |  | FUNERAL DIRECTOR |  | TYPE VAULT                      |  |
| Fr. Walter Ross                                             |  |                            |  |                  |  |                                 |  |
| CHURCH PERMIT No.                                           |  | HEALTH PERMIT No.          |  |                  |  |                                 |  |
| REMARKS: Survived by lot owner, father, David Watson. Mingo |  |                            |  |                  |  |                                 |  |
| * May be buried in Grave # 7, with Mother.                  |  |                            |  |                  |  |                                 |  |
|                                                             |  |                            |  |                  |  |                                 |  |
|                                                             |  |                            |  |                  |  |                                 |  |
|                                                             |  |                            |  |                  |  |                                 |  |



FAMILY NAME: WATSON  
GIVEN NAME: ELIZABETH J.  
INTERMENT NUMBER: 07634

|                            |  |                               |       |                                  |               |                 |                                 |
|----------------------------|--|-------------------------------|-------|----------------------------------|---------------|-----------------|---------------------------------|
| NAME                       |  | WATSON, Elizabeth J. (Infant) |       | INTERMENT No.                    |               | 7634            |                                 |
| ADDRESS                    |  | Steubenville, Ohio            |       |                                  |               |                 |                                 |
| PERSON RESPONSIBLE ADDRESS |  |                               |       |                                  |               |                 |                                 |
| AGE 3 yrs                  |  | RACE W                        | SEX F | MARRIED <input type="checkbox"/> | i nfant       |                 | SINGLE <input type="checkbox"/> |
| DATE OF DEATH              |  | Dec. 22, 1924                 |       |                                  | Dec. 24, 1924 |                 |                                 |
| CAUSE OF DEATH             |  | DATE OF BURIAL                |       |                                  |               |                 |                                 |
| SECTION                    |  | St. Joseph, City,             |       | ROW                              | LOT 43        | part of GRAVE 4 |                                 |
| CHURCH                     |  | Holy Name                     |       | FUNERAL DIRECTOR                 |               | TYPE VAULT      |                                 |
| CHURCH PERMIT NO.          |  | J.A.Weigand                   |       | HEALTH PERMIT NO.                |               |                 |                                 |
| REMARKS:                   |  |                               |       |                                  |               |                 |                                 |
|                            |  |                               |       |                                  |               |                 |                                 |
|                            |  |                               |       |                                  |               |                 |                                 |
|                            |  |                               |       |                                  |               |                 |                                 |
|                            |  |                               |       |                                  |               |                 |                                 |

FAMILY NAME: WATSON

GIVEN NAME: HARRIETT MRS.

INTERMENT NUMBER: 00544

|                            |    |                                            |   |                   |   |               |                                     |         |                          |
|----------------------------|----|--------------------------------------------|---|-------------------|---|---------------|-------------------------------------|---------|--------------------------|
| NAME                       |    | WATSON, Mrs. Harriett                      |   | INTERMENT No.     |   | 544           |                                     |         |                          |
| ADDRESS                    |    | Mingo Junction, Ohio                       |   |                   |   |               |                                     |         |                          |
| PERSON RESPONSIBLE ADDRESS |    |                                            |   |                   |   |               |                                     |         |                          |
| AGE                        | 32 | RACE                                       | W | SEX               | F | MARRIED       | <input checked="" type="checkbox"/> | SINGLE  | <input type="checkbox"/> |
| DATE OF DEATH              |    | CAUSE OF DEATH                             |   | Typhoid fever     |   | Mar. 22, 1892 |                                     |         | DATE OF BURIAL           |
| SECTION                    |    | All Saints                                 |   | ROW               |   | LOT           | 97                                  | GRAVE 7 |                          |
| CHURCH                     |    | St. Agnes, Mingo                           |   | FUNERAL DIRECTOR  |   | TYPE VAULT    |                                     |         |                          |
| CHURCH PERMIT No.          |    | A.M.Leyden                                 |   | HEALTH PERMIT No. |   |               |                                     |         |                          |
| REMARKS:                   |    | Survived by David Watson, lot owner. Mingo |   |                   |   |               |                                     |         |                          |
|                            |    |                                            |   |                   |   |               |                                     |         |                          |
|                            |    |                                            |   |                   |   |               |                                     |         |                          |
|                            |    |                                            |   |                   |   |               |                                     |         |                          |
|                            |    |                                            |   |                   |   |               |                                     |         |                          |

FAMILY NAME: WATSON

GIVEN NAME: KATE

INTERMENT NUMBER: 00480

|                            |  |                                                                                                                     |  |                   |  |               |  |               |  |                |  |         |  |                          |  |        |  |        |  |                          |  |
|----------------------------|--|---------------------------------------------------------------------------------------------------------------------|--|-------------------|--|---------------|--|---------------|--|----------------|--|---------|--|--------------------------|--|--------|--|--------|--|--------------------------|--|
| NAME                       |  | WATSON, Kate                                                                                                        |  | (Infant)          |  | INTERMENT No. |  | 480           |  |                |  |         |  |                          |  |        |  |        |  |                          |  |
| ADDRESS                    |  | Mingo Junction, Ohio                                                                                                |  |                   |  |               |  |               |  |                |  |         |  |                          |  |        |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                                                                                                                     |  |                   |  |               |  |               |  |                |  |         |  |                          |  |        |  |        |  |                          |  |
| AGE                        |  | 3 yr 7 mo                                                                                                           |  | RACE              |  | W             |  | SEX           |  | F              |  | MARRIED |  | <input type="checkbox"/> |  | infant |  | SINGLE |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  |                                                                                                                     |  | CAUSE OF DEATH    |  | Measles       |  | July 23, 1891 |  | DATE OF BURIAL |  |         |  |                          |  |        |  |        |  |                          |  |
| SECTION                    |  | All Saints                                                                                                          |  | ROW               |  |               |  | LOT           |  | 97             |  | GRAVE   |  | 6                        |  |        |  |        |  |                          |  |
| CHURCH                     |  | St. Agnes, Mingo                                                                                                    |  | FUNERAL DIRECTOR  |  | A. M. Leyden  |  | TYPE VAULT    |  |                |  |         |  |                          |  |        |  |        |  |                          |  |
| CHURCH PERMIT No.          |  |                                                                                                                     |  | HEALTH PERMIT No. |  |               |  |               |  |                |  |         |  |                          |  |        |  |        |  |                          |  |
| REMARKS:                   |  | Daughter of David Watson, Lot owner, Mingo. Originally buried in Holy Innocents Section. Later removed to this lot. |  |                   |  |               |  |               |  |                |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                                                                                                                     |  |                   |  |               |  |               |  |                |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                                                                                                                     |  |                   |  |               |  |               |  |                |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                                                                                                                     |  |                   |  |               |  |               |  |                |  |         |  |                          |  |        |  |        |  |                          |  |

FAMILY NAME: WATSON

GIVEN NAME: MARY

INTERMENT NUMBER: 00474

|                            |  |                                                                                                                            |  |                   |  |               |  |                |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
|----------------------------|--|----------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|---------------|--|----------------|--|---------------|--|---------|--|--------------------------|--|--------|--|--------|--|--------------------------|--|
| NAME                       |  | WATSON, Mary                                                                                                               |  | (Infant)          |  | INTERMENT No. |  | 474            |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
| ADDRESS                    |  | Mingo Junction, Ohio                                                                                                       |  |                   |  |               |  |                |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                                                                                                                            |  |                   |  |               |  |                |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
| AGE                        |  | 1 yr                                                                                                                       |  | RACE              |  | W             |  | SEX            |  | F             |  | MARRIED |  | <input type="checkbox"/> |  | infant |  | SINGLE |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  |                                                                                                                            |  | CAUSE OF DEATH    |  | measles       |  | DATE OF BURIAL |  | June 25, 1891 |  |         |  |                          |  |        |  |        |  |                          |  |
| SECTION                    |  | All Saints                                                                                                                 |  | ROW               |  |               |  | LOT            |  | 97            |  | GRAVE   |  | 5                        |  |        |  |        |  |                          |  |
| CHURCH                     |  | St. Agnes, Mingo                                                                                                           |  | FUNERAL DIRECTOR  |  |               |  | TYPE VAULT     |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
| CHURCH PERMIT No.          |  | A.M. Leyden                                                                                                                |  | HEALTH PERMIT No. |  |               |  |                |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
| REMARKS:                   |  | Daughter of David Watson, Mingo. Originally buried in Holy Innocents Section. Removal when lot was purchased July 21, 1891 |  |                   |  |               |  |                |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                                                                                                                            |  |                   |  |               |  |                |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                                                                                                                            |  |                   |  |               |  |                |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                                                                                                                            |  |                   |  |               |  |                |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                                                                                                                            |  |                   |  |               |  |                |  |               |  |         |  |                          |  |        |  |        |  |                          |  |

FAMILY NAME: WATT  
GIVEN NAME: AGNES HAGERTY MRS.  
INTERMENT NUMBER: 12793

|                                                                                                                                                                                                                                                            |  |                                                   |  |                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|---------------------------------|--|
| (Sub-Standard Rate)                                                                                                                                                                                                                                        |  |                                                   |  |                                 |  |
| NAME                                                                                                                                                                                                                                                       |  | WATT, Mrs. Agnes Hagerty                          |  | INTERMENT No. 12793             |  |
| (Forester Rest Home, Wintersville, Ohio)                                                                                                                                                                                                                   |  |                                                   |  |                                 |  |
| ADDRESS                                                                                                                                                                                                                                                    |  | 628 Market Street, Steubenville, Ohio             |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                 |  | Hoff Funeral Home for Interment services          |  |                                 |  |
| Feb. 7, 1894                                                                                                                                                                                                                                               |  | AGE 64-10-15da                                    |  | RACE W                          |  |
| SEX F                                                                                                                                                                                                                                                      |  | MARRIED <input checked="" type="checkbox"/> widow |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH Dec. 24, 1958                                                                                                                                                                                                                                |  | CAUSE OF DEATH Carcinomatosis- C.A. of breast     |  | DATE OF BURIAL Dec. 27, 1958    |  |
| SECTION All Souls                                                                                                                                                                                                                                          |  | ROW                                               |  | LOT 26 GRAVE 12-A               |  |
| CHURCH Holy Name Cathedral                                                                                                                                                                                                                                 |  | FUNERAL DIRECTOR Hoff- Mingo                      |  | Guardian # 9                    |  |
| CHURCH PERMIT No. Msgr. Regis Urig.                                                                                                                                                                                                                        |  | HEALTH PERMIT No. Dist. 41000 - 166               |  | TYPE VAULT conc.                |  |
| REMARKS: Born in Mingo Junction, of Peter and Katherine Kuryan Hagerty. Survived by one sister, Mrs. Irene Grief (Pgh.Pa.) Husband, Fred Watt proceeded her in death(Interred at Ft. Steuben Burial Est.) Died at Forester Rest, Home, Wintersville, Ohio. |  |                                                   |  |                                 |  |



FAMILY NAME: WATT  
GIVEN NAME: ANNA KAKASCIK MRS.  
INTERMENT NUMBER: 15261

|                                                                                                                                                                                                                                                                                                                                                 |  |                                             |  |                                      |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--|--------------------------------------|--------|
| NAME                                                                                                                                                                                                                                                                                                                                            |  | WATT, Mrs. Anna Kakascik                    |  | INTERMENT No. 15261                  |        |
| ADDRESS                                                                                                                                                                                                                                                                                                                                         |  | 1210 Charles St., Wellsburg, W. Va.,        |  |                                      |        |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                                                                                      |  | Carte Funeral Home,                         |  |                                      |        |
| Sept. 23, 1910                                                                                                                                                                                                                                                                                                                                  |  | AGE 60-11-23 d                              |  | RACE W                               | SEX F  |
|                                                                                                                                                                                                                                                                                                                                                 |  | MARRIED <input checked="" type="checkbox"/> |  | SINGLE <input type="checkbox"/>      |        |
| DATE OF DEATH                                                                                                                                                                                                                                                                                                                                   |  | Sept. 15, 1971                              |  | Not stated on W. Va., burial permit. |        |
|                                                                                                                                                                                                                                                                                                                                                 |  | CAUSE OF DEATH                              |  | DATE OF BURIAL                       |        |
| SECTION                                                                                                                                                                                                                                                                                                                                         |  | All Souls                                   |  | ROW                                  | LOT 65 |
|                                                                                                                                                                                                                                                                                                                                                 |  |                                             |  | GRAVE 6                              |        |
| CHURCH                                                                                                                                                                                                                                                                                                                                          |  | St. John                                    |  | FUNERAL DIRECTOR Carte               |        |
| CHURCH PERMIT                                                                                                                                                                                                                                                                                                                                   |  | Msg. Doniel Kirwin.                         |  | Brooke County, W. Va.                |        |
|                                                                                                                                                                                                                                                                                                                                                 |  | HEALTH PERMIT No. 821                       |  | falcon topseal conc.                 |        |
| REMARKS: Born in Mingo Junction Ohio of John Jos. and Theresa Kakascik. Survived by husband Jasper Watt; 2 brothers, John and Louis 3 sisters, Mrs. Hoseph Swab, Mrs. Theresa O'Malley and Mrs. Joseph Redway; 2 daughters, Mrs. Delores Pierce and Mrs. Anna Mae Folio; 2 sons, Jasper Jr, and Warren Watt; also 9 grandchildren. Died at Ohio |  |                                             |  |                                      |        |

Valley General Hospital, Wheeling, W. Va., (Gold Star Mother)

FAMILY NAME: WATT  
GIVEN NAME: EMMA MRS.  
INTERMENT NUMBER: 06534

|                            |      |                    |     |                   |         |                          |        |
|----------------------------|------|--------------------|-----|-------------------|---------|--------------------------|--------|
| NAME                       |      | WATT, Mrs. Emma    |     | INTERMENT NO.     |         | 6534                     |        |
| ADDRESS                    |      | Steubenville, Ohio |     |                   |         |                          |        |
| PERSON RESPONSIBLE ADDRESS |      |                    |     |                   |         |                          |        |
| AGE                        | RACE | W                  | SEX | F                 | MARRIED | <input type="checkbox"/> | SINGLE |
| DATE OF DEATH              |      | Nov. 13, 1918      |     | CAUSE OF DEATH    |         | DATE OF BURIAL           |        |
| SECTION                    |      | St. Stanislaus     |     | ROW               | LOT     | 93                       | GRAVE  |
| CHURCH                     |      | St. Peters         |     | FUNERAL DIRECTOR  |         | TYPE VAULT               |        |
| CHURCH PERMIT No.          |      | T.A.Powers         |     | HEALTH PERMIT No. |         |                          |        |
| REMARKS:                   |      |                    |     |                   |         |                          |        |
|                            |      |                    |     |                   |         |                          |        |
|                            |      |                    |     |                   |         |                          |        |
|                            |      |                    |     |                   |         |                          |        |
|                            |      |                    |     |                   |         |                          |        |

FAMILY NAME: WATT  
GIVEN NAME: JASPER A.  
INTERMENT NUMBER: 15735

|                                                                                                                                                                                                                                           |  |                  |  |                                    |  |                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|--|------------------------------------|--|-----------------------------------------------------|--|
| NAME                                                                                                                                                                                                                                      |  | WATT, Jasper A.  |  | INTERMENT No.                      |  | 15735                                               |  |
| ADDRESS 2221 Charles Street, Wellsburg, W. Va.                                                                                                                                                                                            |  |                  |  |                                    |  |                                                     |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                |  |                  |  |                                    |  |                                                     |  |
| Oct. 11, 1901                                                                                                                                                                                                                             |  | RACE W           |  | SEX M                              |  | MARRIED <input checked="" type="checkbox"/> widower |  |
| AGE 72-5-9                                                                                                                                                                                                                                |  |                  |  |                                    |  | SINGLE <input type="checkbox"/>                     |  |
| Apr. 20, 1974                                                                                                                                                                                                                             |  | DATE OF DEATH    |  | Not stated on W. Va. burial permit |  | Apr. 23, 1974                                       |  |
|                                                                                                                                                                                                                                           |  | CAUSE OF DEATH   |  | DATE OF BURIAL                     |  |                                                     |  |
| SECTION                                                                                                                                                                                                                                   |  | All Souls        |  | ROW                                |  | LOT 65 GRAVE 5                                      |  |
| CHURCH                                                                                                                                                                                                                                    |  | St. John's       |  | Carte - Wellsburg, W. Va.          |  | Eagle triplex                                       |  |
|                                                                                                                                                                                                                                           |  |                  |  | FUNERAL DIRECTOR                   |  | TYPE VAULT conc.                                    |  |
| CHURCH PERMIT                                                                                                                                                                                                                             |  | Wheeling, W. Va. |  | HEALTH PERMIT No.                  |  | 321                                                 |  |
| REMARKS: Survivors include two sons, Jasper Watt Jr of Van Muys Calif. and Warren Watt of Follansbee. Two daughters Mrs. Delores Pierce and Mrs. Anna Folio Both of Wellsburg Three sisters Mrs. Bertha Noble of Steubenville , Mrs. Vir- |  |                  |  |                                    |  |                                                     |  |

ginia of Leyria, Ohio, and Mrs. Wilma Stewart of Follansbee and eight grandchildren. He was born in Ohio a son of the late Lawrence and Gertrude Adams Watt. He died at the Ohio Valley Hospital Wheeling, W. Va.

FAMILY NAME: WATT  
GIVEN NAME: PATRICIA LOUISE  
INTERMENT NUMBER: 17302

|                                                                                                                                                                                                                                             |                                    |                                                                              |                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| NAME WATT, Patricia Louise                                                                                                                                                                                                                  |                                    | INTERMENT No. 17302                                                          |                                                                             |
| ADDRESS 131 Vireo Drive Wintersville, Ohio 43952                                                                                                                                                                                            |                                    |                                                                              |                                                                             |
| PERSON RESPONSIBLE ADDRESS Mosti Funeral Home                                                                                                                                                                                               |                                    |                                                                              |                                                                             |
| 1-19-1927                                                                                                                                                                                                                                   |                                    |                                                                              |                                                                             |
| AGE 56                                                                                                                                                                                                                                      | RACE W                             | SEX F                                                                        | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH 1-19-1983                                                                                                                                                                                                                     | CAUSE OF DEATH Cerebral hemorrhage |                                                                              | DATE OF BURIAL 1-22-1983                                                    |
| SECTION Queen of Heaven                                                                                                                                                                                                                     |                                    | ROW                                                                          | LOT 151 GRAVE 2                                                             |
| CHURCH Our Lady of Lourdes                                                                                                                                                                                                                  |                                    | FUNERAL DIRECTOR Mosti                                                       | Eagle TYPE VAULT Triplex                                                    |
| CHURCH PERMIT Fr. Gerald Calovini                                                                                                                                                                                                           |                                    | Allegheny County- 3-8x1-4x2-2 Kurtz HEALTH PERMIT No. none dbl mem 2-19-1983 |                                                                             |
| REMARKS: Wife of Wilmer C. Watt, died at 2:27 p.m. in Allegheny Gernerall Hospital in Pittsburgh shortly after being admitted. She was a member of Our Lady of Lourdes Catholic Church and the Catholic Woman's Club. Surviving in addition |                                    |                                                                              |                                                                             |

to her husband, are a son, Charles J. of Akron; two daughters, Nancy Watt of Santa Monica, CA, and Mrs. Michael (Michele) Berarducci of Wintersville; two brothers, John "Jack" Suchoski and Joseph "Buzzy" Suchoski, both of Steubenville; and four grandchildren. She was born January 19, 1927 in Steubenville, a daughter of the late Joseph and Bertha Nevlis Suchoski.



FAMILY NAME: WATT  
GIVEN NAME: RICHARD A.  
INTERMENT NUMBER: 10373

|                            |       |                                                                    |   |                               |   |                     |                          |                    |                                     |
|----------------------------|-------|--------------------------------------------------------------------|---|-------------------------------|---|---------------------|--------------------------|--------------------|-------------------------------------|
| NAME                       |       | WATT, Richard A.                                                   |   | INTERMENT No.                 |   | 10373               |                          |                    |                                     |
| ADDRESS                    |       | Steubenville, Ohio                                                 |   |                               |   |                     |                          |                    |                                     |
| PERSON RESPONSIBLE ADDRESS |       |                                                                    |   |                               |   |                     |                          |                    |                                     |
| AGE                        | 6 yrs | RACE                                                               | W | SEX                           | M | MARRIED             | <input type="checkbox"/> | SINGLE             | <input checked="" type="checkbox"/> |
| DATE OF DEATH              |       | CAUSE OF DEATH                                                     |   | (accident)<br>Fractured skull |   | Jan. 18, 1944       |                          |                    | DATE OF BURIAL                      |
| SECTION                    |       | All Souls                                                          |   | ROW                           |   | LOT                 | 27                       | GRAVE              | 7                                   |
| CHURCH                     |       | Holy Name                                                          |   | FUNERAL DIRECTOR              |   | Burford.            |                          | sectional          |                                     |
| CHURCH PERMIT No.          |       | Fr. Maloney                                                        |   | Dist. 654-                    |   | 1-8" X 0-10" marker |                          | Memorial Art. 1954 |                                     |
| REMARKS:                   |       | Survived by Jasper A. Watt and Anna R. Kakascik Watt.              |   |                               |   |                     |                          |                    |                                     |
|                            |       | Brother, Warren Watt, Jasper Jr., and Anna Mae Watt, Delores Watt. |   |                               |   |                     |                          |                    |                                     |
|                            |       |                                                                    |   |                               |   |                     |                          |                    |                                     |
|                            |       |                                                                    |   |                               |   |                     |                          |                    |                                     |
|                            |       |                                                                    |   |                               |   |                     |                          |                    |                                     |



FAMILY NAME: WATT  
GIVEN NAME: WILMER C.  
INTERMENT NUMBER: 20399

|                                                                                                                                                                                  |  |                                                      |  |                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|
| NAME                                                                                                                                                                             |  | Watt, Wilmer C.                                      |  | INTERMENT No. 20399                                                                   |  |
| ADDRESS 131 Vireo Dr., Wintersville, Ohio                                                                                                                                        |  |                                                      |  |                                                                                       |  |
| PERSON RESPONSIBLE daughter -Michele Berarduci                                                                                                                                   |  |                                                      |  |                                                                                       |  |
| ADDRESS                                                                                                                                                                          |  |                                                      |  |                                                                                       |  |
| 1-13-1924                                                                                                                                                                        |  | AGE 74                                               |  | RACE W SEX M MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> widower |  |
| DATE OF DEATH 2-3-1999                                                                                                                                                           |  | CAUSE OF DEATH Not stated on provisional certificate |  | DATE OF BURIAL 2-6-1999                                                               |  |
| SECTION Queen of Heaven                                                                                                                                                          |  | ROW                                                  |  | LOT 151 GRAVE 1                                                                       |  |
| Our Lady of Lourdes CHURCH                                                                                                                                                       |  | FUNERAL DIRECTOR Mosti                               |  | TYPE VAULT delphi                                                                     |  |
| CHURCH PERMIT Msgr. Gerald Calovini                                                                                                                                              |  | HEALTH PERMIT No. 4101-none                          |  | 3-8x4-2 Kurtz Db1.mem. 2/19/1983                                                      |  |
| REMARKS: Surviving are a son, Charles of Akron; two daughters Nancy of Santa Barbara, Calif. and Mrs. Michael Berarducci of Steuebnnville; a brother, Chuck of Steubenville, two |  |                                                      |  |                                                                                       |  |
|                                                                                                                                                                                  |  |                                                      |  |                                                                                       |  |
|                                                                                                                                                                                  |  |                                                      |  |                                                                                       |  |

sisters, Martha Cusick of Steuebnnville and Jeanne Wenner of Carrolllton; seven grandchildren and two great grand children and companion Norma Burns of Steuebnnville. He was born in Steubenville, a son of the late Harley and Winifred Myers Watt. He was also preceded in death by his wife, Patricia Suchoski Watt in 1983 and two brothers Harley and Robert. He was retired from Weirton Steel Corp He was a member of Our Lady of lourdes Catholic Church, 25 Year Club of Weirton Steel and the American Legion Post 33. He was an Army Air Force veteran of W.W.II

Sept. 14, 1999 Flat bronze veteran marker ordered.  
Nov. 23, 1999 Flat bronze veteran marker received.

FAMILY NAME: WATTS

GIVEN NAME: ELLA

INTERMENT NUMBER: 09645

|                            |  |                    |  |                   |  |                          |  |                          |  |
|----------------------------|--|--------------------|--|-------------------|--|--------------------------|--|--------------------------|--|
| NAME                       |  | WATTS, Ella        |  | INTERMENT No.     |  | 9645                     |  |                          |  |
| ADDRESS                    |  | Steubenville, Ohio |  |                   |  |                          |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                    |  |                   |  |                          |  |                          |  |
| AGE                        |  | RACE               |  | SEX               |  | MARRIED                  |  | SINGLE                   |  |
| 66                         |  | W                  |  | F                 |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  | CAUSE OF DEATH     |  |                   |  | DATE OF BURIAL           |  |                          |  |
|                            |  |                    |  |                   |  | Sept. 20, '38            |  |                          |  |
| SECTION                    |  | St. Joseph         |  | ROW               |  | LOT                      |  | GRAVE                    |  |
|                            |  |                    |  |                   |  | 23                       |  | 5                        |  |
| CHURCH                     |  | Holy Name          |  | FUNERAL DIRECTOR  |  | Pittsbrugh               |  | TYPE VAULT               |  |
|                            |  |                    |  |                   |  |                          |  |                          |  |
| CHURCH PERMIT No.          |  | E.A. Gilbert       |  | HEALTH PERMIT No. |  |                          |  |                          |  |
|                            |  |                    |  |                   |  |                          |  |                          |  |
| REMARKS:                   |  |                    |  |                   |  |                          |  |                          |  |
|                            |  |                    |  |                   |  |                          |  |                          |  |
|                            |  |                    |  |                   |  |                          |  |                          |  |
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|                            |  |                    |  |                   |  |                          |  |                          |  |

FAMILY NAME: WATTS  
GIVEN NAME: ISABELLA  
INTERMENT NUMBER: R237

|                                     |  |                                        |  |                                 |  |
|-------------------------------------|--|----------------------------------------|--|---------------------------------|--|
| NAME                                |  | WATTS, Isabelle                        |  | INTERMENT No. R-237             |  |
| ADDRESS                             |  |                                        |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS          |  |                                        |  |                                 |  |
| AGE 7                               |  | 1872                                   |  | RACE W                          |  |
| SEX F                               |  | MARRIED <input type="checkbox"/> child |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                       |  | 1879                                   |  | CAUSE OF DEATH                  |  |
| DATE OF BURIAL                      |  |                                        |  |                                 |  |
| SECTION                             |  | St. Joseph                             |  | ROW                             |  |
| LOT 23                              |  | GRAVE 8                                |  |                                 |  |
| CHURCH                              |  | St. Peters                             |  | FUNERAL DIRECTOR                |  |
| TYPE VAULT                          |  |                                        |  |                                 |  |
| CHURCH PERMIT No.                   |  | HEALTH PERMIT No.                      |  |                                 |  |
| REMARKS: Removed from old cemetery. |  |                                        |  |                                 |  |
|                                     |  |                                        |  |                                 |  |
|                                     |  |                                        |  |                                 |  |
|                                     |  |                                        |  |                                 |  |
|                                     |  |                                        |  |                                 |  |

FAMILY NAME: WATTS

GIVEN NAME: MARY

INTERMENT NUMBER: 00564

|                            |  |                                 |  |                  |  |                                            |  |
|----------------------------|--|---------------------------------|--|------------------|--|--------------------------------------------|--|
| NAME                       |  | WATTS, Mary                     |  | INTERMENT No.    |  | 564                                        |  |
| ADDRESS                    |  | 3rd St., Steubenville, Ohio     |  |                  |  |                                            |  |
| PERSON RESPONSIBLE ADDRESS |  |                                 |  |                  |  |                                            |  |
| AGE 32                     |  | RACE W                          |  | SEX F            |  | MARRIED <input type="checkbox"/>           |  |
|                            |  |                                 |  |                  |  | SINGLE <input checked="" type="checkbox"/> |  |
| DATE OF DEATH              |  | CAUSE OF DEATH                  |  | Brain fever      |  | May 25, 1892                               |  |
|                            |  |                                 |  | DATE OF BURIAL   |  |                                            |  |
| SECTION                    |  | St. Joseph                      |  | ROW              |  | LOT 23 GRAVE 7                             |  |
| CHURCH                     |  | St. Peters                      |  | FUNERAL DIRECTOR |  | TYPE VAULT                                 |  |
| M.M.A.Hartnedy             |  |                                 |  |                  |  |                                            |  |
| CHURCH PERMIT No.          |  | HEALTH PERMIT No.               |  |                  |  |                                            |  |
| REMARKS:                   |  | Survived by mother, Mrs. Watts. |  |                  |  |                                            |  |
|                            |  |                                 |  |                  |  |                                            |  |
|                            |  |                                 |  |                  |  |                                            |  |
|                            |  |                                 |  |                  |  |                                            |  |
|                            |  |                                 |  |                  |  |                                            |  |

FAMILY NAME: WATTS  
GIVEN NAME: TERESA MRS.  
INTERMENT NUMBER: 01334

|                                                                 |  |                    |  |                   |  |                                  |  |                                 |  |
|-----------------------------------------------------------------|--|--------------------|--|-------------------|--|----------------------------------|--|---------------------------------|--|
| NAME                                                            |  | WATTS, Mrs. Teresa |  | INTERMENT No.     |  | 1334                             |  |                                 |  |
| ADDRESS                                                         |  | Steubenville, Ohio |  |                   |  |                                  |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                      |  |                    |  |                   |  |                                  |  |                                 |  |
| AGE 69                                                          |  | RACE W             |  | SEX F             |  | MARRIED <input type="checkbox"/> |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                                                   |  | July 24, 1902      |  | CAUSE OF DEATH    |  | Paralysis                        |  | DATE OF BURIAL                  |  |
| SECTION                                                         |  | St. Joseph         |  | ROW               |  | LOT 23                           |  | GRAVE 6                         |  |
| CHURCH                                                          |  | St. Peters         |  | FUNERAL DIRECTOR  |  | TYPE VAULT                       |  |                                 |  |
| CHURCH PERMIT No.                                               |  | John J. Dacey      |  | HEALTH PERMIT No. |  |                                  |  |                                 |  |
| REMARKS: Survived by daughter, Mrs. Blackburn, Dillonvale, Ohio |  |                    |  |                   |  |                                  |  |                                 |  |
|                                                                 |  |                    |  |                   |  |                                  |  |                                 |  |
|                                                                 |  |                    |  |                   |  |                                  |  |                                 |  |
|                                                                 |  |                    |  |                   |  |                                  |  |                                 |  |
|                                                                 |  |                    |  |                   |  |                                  |  |                                 |  |



FAMILY NAME: WAUGH

GIVEN NAME: KEVIN CHRISTOPHER

INTERMENT NUMBER: 19089

|                            |  |                                                                                                                                                                                                                             |  |                                       |  |                                                     |  |
|----------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|-----------------------------------------------------|--|
| NAME                       |  | Waugh, Kevin Christopher                                                                                                                                                                                                    |  | INTERMENT No.                         |  | 19089                                               |  |
| ADDRESS                    |  | 1899 Muskegon Dr. Cincinnati, Ohio                                                                                                                                                                                          |  |                                       |  |                                                     |  |
| PERSON RESPONSIBLE ADDRESS |  | Mosti Funeral Home                                                                                                                                                                                                          |  |                                       |  |                                                     |  |
| 1-5-1970                   |  | RACE                                                                                                                                                                                                                        |  | SEX                                   |  | MARRIED                                             |  |
| AGE 22                     |  | W                                                                                                                                                                                                                           |  | M                                     |  | <input type="checkbox"/>                            |  |
| DATE 4-13-1992             |  | CAUSE OF DEATH                                                                                                                                                                                                              |  | Not stated on provisional certificate |  | SINGLE <input checked="" type="checkbox"/>          |  |
| OF DEATH                   |  | 4-17-1992                                                                                                                                                                                                                   |  | DATE OF BURIAL                        |  |                                                     |  |
| SECTION                    |  | St. Anthony                                                                                                                                                                                                                 |  | ROW                                   |  | LOT 14 GRAVE 2                                      |  |
| CHURCH                     |  | St. Anthony                                                                                                                                                                                                                 |  | FUNERAL DIRECTOR                      |  | Mosti Clark #7                                      |  |
| CHURCH PERMIT              |  | Msgr. Gene Mullett                                                                                                                                                                                                          |  | HEALTH PERMIT No.                     |  | Harris County. TX. 2-2x1-0 sing.mem Kurtz 4/20/1992 |  |
| REMARKS:                   |  | Surviving are his parents, Dr. Neil M. and Georgia DeButch Waugh, a brother, Jacob M. and his maternal grandmother, Stella Mininni Firman of Daytona Beach, Fla. He was a senior history major at Wooster College, Wooster; |  |                                       |  |                                                     |  |

a staff writer for the Collee's newspaper, The Voice, and a member of Guardian Angels Catholic Church, Cincinnati. He was also active in campus politics. He died in M.D. Anderson Cancer Center at the University of Texas, Houston, after an extended illness.

FAMILY NAME: WEATHERHEAD

GIVEN NAME: DANIEL D.

INTERMENT NUMBER: 20798

|                                                                                                                                                                                                                                       |                            |                     |                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------|-----------------------------------------------------------------------------|
| NAME Weatherhead, Daniel D.                                                                                                                                                                                                           |                            | INTERMENT No. 20798 |                                                                             |
| ADDRESS 221 Olive Dr., Wintersville, Ohio                                                                                                                                                                                             |                            |                     |                                                                             |
| PERSON RESPONSIBLE ADDRESS Shorac Funeral Home                                                                                                                                                                                        |                            |                     |                                                                             |
| 5-30-1927                                                                                                                                                                                                                             | RACE W                     | SEX M               | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| AGE 73                                                                                                                                                                                                                                | CAUSE OF DEATH Lung cancer |                     | DATE OF BURIAL 1-19-2001                                                    |
| DATE OF DEATH 1-16-2001                                                                                                                                                                                                               |                            |                     |                                                                             |
| SECTION Queen of Heaven                                                                                                                                                                                                               | ROW                        | LOT 39              | GRAVE 3                                                                     |
| Our Lady of Lourdes CHURCH                                                                                                                                                                                                            | FUNERAL DIRECTOR Shorac    | TYPE VAULT doric    |                                                                             |
| CHURCH PERMIT Msgr. Gerald Calovini                                                                                                                                                                                                   | HEALTH PERMIT No. Pa.      | Alleg. Co.          |                                                                             |
| REMARKS: Surviving are his wife, Rita McMenamin Weatherhead, one daughter, Lisa Weatherhead at home, two sisters, Thyra McCullough of Follansbee W.Va. and Mrs. Rob (Alma "Dolly") Robinson of Enon, Ohio several nieces and nephews. |                            |                     |                                                                             |

Jan. 19, 2001 Flat bronze veteran marker ordered.  
March 12, 2001 Flat bronze veteran marker received.

### Daniel D. Weatherhead

WINTERSVILLE — Daniel D. Weatherhead, 73, of Wintersville died Tuesday, Jan. 16, 2001, at Montefiore Hospital, Pittsburgh.

He was born in Follansbee, W.Va., on May 30, 1927, a son of the late Thomas and Margaret Harvey Weatherhead.

He was a member of Our Lady of Lourdes Catholic Church, Wintersville, Ohio.

He retired as a Steubenville city bus driver and also retired from Weirton Steel Corp. Strip Steel Department. He was a Navy veteran of WWII.

Preceded in death by one son David Weatherhead; three brothers. John, Thomas and George Weatherhead; three sisters, Lorraine Schubienski, Emma Jean Hauck and Mary Sue Bucy.

He is survived by his wife, Rita McMenamin Weatherhead; one daughter, Lisa Weatherhead, at home; two sisters, Thyra McCullough of Follansbee, W.Va., Mrs. Rob (Alma "Dolly") Robinson of Enon, Ohio; several nephews and nieces.

Friends may call at Dunlope-Shorac Funeral Home, 215 Fernwood Road, Wintersville, on Thursday 2-4 and 7-9 p.m. Funeral Mass Friday 9:30 a.m. at Our Lady of Lourdes with Monsignor Gerald E. Calovini officiating. Burial at Mount Calvary Cemetery, Steubenville. Vigil service at 3:45 p.m. Thursday.

FAMILY NAME: WEATHERHEAD

GIVEN NAME: DAVID FRANCIS

INTERMENT NUMBER: 14423

|                                                                         |  |                                  |  |                                       |  |
|-------------------------------------------------------------------------|--|----------------------------------|--|---------------------------------------|--|
| NAME                                                                    |  | WEATHERHEAD, David Francis       |  | INTERMENT No. 14423                   |  |
| ADDRESS 221 Olive Street, Wintersville, Ohio                            |  |                                  |  |                                       |  |
| PERSON RESPONSIBLE ADDRESS Father: Daniel Weatherhead, same address.    |  |                                  |  |                                       |  |
| Apr. 2, 1960                                                            |  | RACE W                           |  | SEX M                                 |  |
| AGE 6-11-2da                                                            |  | MARRIED <input type="checkbox"/> |  | child SINGLE <input type="checkbox"/> |  |
| Mar. 3, 1967                                                            |  | CAUSE OF DEATH Cardiac arrest.   |  | Mar. 6, 1967                          |  |
| DATE OF DEATH                                                           |  |                                  |  | DATE OF BURIAL                        |  |
| SECTION Queen of Heaven                                                 |  | ROW                              |  | LOT 39 GRAVE 1                        |  |
| Our Lady of Lourdes,                                                    |  | FUNERAL DIRECTOR McGill          |  | falcon topseal                        |  |
| CHURCH Mass at Holy Family                                              |  |                                  |  | TYPE VAULT # 6, conc.                 |  |
| Fr. Frederick Pasquinelli                                               |  | Dist. Pgh. Pa.,                  |  | 2-0" X 1-0" X 1-6" mkr                |  |
| CHURCH PERMIT                                                           |  | HEALTH PERMIT No. 1095           |  | Archer 3/37/67                        |  |
| REMARKS: Born in Steubenville of Daniel D. & Rita McMenamin Weatherhead |  |                                  |  |                                       |  |
| Survived by parents, Maternal Grandparents, Mr. & Mrs. Edmund Mc-       |  |                                  |  |                                       |  |
| Menamin; paternal Grandfather, Thos. S. Weatherhead. Died at Children   |  |                                  |  |                                       |  |
| Hospital, Pittsburgh, Pa.,                                              |  |                                  |  |                                       |  |



FAMILY NAME: WEAVER

GIVEN NAME: DOROTHY L. "DOT"

INTERMENT NUMBER: 19931

|                                                                                                                                                                                                                                                                     |  |                                    |  |                   |  |                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|--|-------------------|--|---------------------------------------------|--|
| NAME                                                                                                                                                                                                                                                                |  | Weaver, Dorothy L. "Dot"           |  | INTERMENT No.     |  | 19931                                       |  |
| ADDRESS                                                                                                                                                                                                                                                             |  | 146 Garden Dr., Wintersville, Ohio |  |                   |  |                                             |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                          |  | husband-John Weaver                |  |                   |  |                                             |  |
| 2-14-1931                                                                                                                                                                                                                                                           |  | RACE W                             |  | SEX F             |  | MARRIED <input checked="" type="checkbox"/> |  |
| AGE 65                                                                                                                                                                                                                                                              |  |                                    |  |                   |  | SINGLE <input type="checkbox"/>             |  |
| DATE OF DEATH                                                                                                                                                                                                                                                       |  | 9-15-1996                          |  | CAUSE OF DEATH    |  | Not stated on provisional certificate       |  |
|                                                                                                                                                                                                                                                                     |  |                                    |  |                   |  | 9-18-1996                                   |  |
| SECTION                                                                                                                                                                                                                                                             |  | Assumption                         |  | ROW               |  | LOT 455 GRAVE 5                             |  |
| CHURCH                                                                                                                                                                                                                                                              |  | Blessed Sacrament                  |  | FUNERAL DIRECTOR  |  | Shorac                                      |  |
|                                                                                                                                                                                                                                                                     |  |                                    |  | TYPE VAULT        |  | #9                                          |  |
| CHURCH PERMIT                                                                                                                                                                                                                                                       |  | Msgr. Gerald Calovini              |  | HEALTH PERMIT No. |  | 4100-127                                    |  |
|                                                                                                                                                                                                                                                                     |  |                                    |  |                   |  | 4-0x1-0 dbl.mem. Valley 1/17/1997           |  |
| REMARKS: Surviving are her husband, John Weaver, three sons, Thomas of Saline, Mich., John of Toronto, and Timothy of Charleston, two daughters, Mrs. Tony (Colleen) Morelli of Indianapolis, Ind. and Mrs. Shawn (Tammy) Renfro of Salem; and seven grandchildren. |  |                                    |  |                   |  |                                             |  |
|                                                                                                                                                                                                                                                                     |  |                                    |  |                   |  |                                             |  |
|                                                                                                                                                                                                                                                                     |  |                                    |  |                   |  |                                             |  |

She was a member of Blessed Sacrament Catholic Church and its RCIA Team, the Eight Bells Card Club and the AARP Card Club. She was a 1955 graduate of the College of Steubenville. She was born in Youngstown, a daughter of the late Lyle and Agnes O'Hara Henry. She died at home of natural causes.

FAMILY NAME: WEAVER

GIVEN NAME: JOHN B.

INTERMENT NUMBER: 16516

|                                                                                                                                                                                                                                       |    |                                             |   |                   |     |                |                          |                                   |                          |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------|---|-------------------|-----|----------------|--------------------------|-----------------------------------|--------------------------|----|
| NAME                                                                                                                                                                                                                                  |    | WEAVER, John B.                             |   | INTERMENT No.     |     | 16516          |                          |                                   |                          |    |
| ADDRESS                                                                                                                                                                                                                               |    | 4409 Country Club Drive, Steubenville, Ohio |   |                   |     |                |                          |                                   |                          |    |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                            |    | McClave Chandler Mills Funeral Home         |   |                   |     |                |                          |                                   |                          |    |
| 7-23-1910                                                                                                                                                                                                                             |    |                                             |   |                   |     |                |                          |                                   |                          |    |
| AGE                                                                                                                                                                                                                                   | 68 | RACE                                        | W | SEX               | M   | MARRIED        | <input type="checkbox"/> | SINGLE                            | <input type="checkbox"/> |    |
| August 6, 1978                                                                                                                                                                                                                        |    | not stated on provisional certificate       |   |                   |     | Aug. 9, 1978   |                          |                                   |                          |    |
| DATE OF DEATH                                                                                                                                                                                                                         |    | CAUSE OF DEATH                              |   |                   |     | DATE OF BURIAL |                          |                                   |                          |    |
| SECTION                                                                                                                                                                                                                               |    | Holy Name                                   |   | ROW               | LOT |                | 47                       |                                   | GRAVE                    | 12 |
| CHURCH                                                                                                                                                                                                                                |    | from funeral home                           |   | FUNERAL DIRECTOR  |     | McClave        |                          | clarke                            |                          |    |
| CHURCH PERMIT                                                                                                                                                                                                                         |    | Msgr. J.P. Malara                           |   | HEALTH PERMIT No. |     | 4101-0524      |                          | 4-6 x 1-2 Whites dble. 10/18/1978 |                          |    |
| REMARKS: A well known and long-time Steubenville realtor, John B. (Bucky) Weaver of Country Club, was found dead in his car Sunday after he apparently took his own life with carbon monoxide gas. Police said Weaver was found lying |    |                                             |   |                   |     |                |                          |                                   |                          |    |

on the seat of his car in the garage of his real estate office at 2521 Sunset Blvd. The body was discovered at 5:31 p.m. Jefferson County Coroner Dr. Geary M. Eicher Jr. Was called to the scene to examine the body. Eicher said Weaver died of carbon monoxide poisoning. The coroner said this morning he will rule the death a suicide when he makes his official report. Weaver was a lieutenant colonel in U.S. Army during World War II and the Korean Conflict. He was a member of the Marion, Ohio, Lodge 653 F & AM, Scottish Rite Valley of Columbus, 32nd Degree, Aladdin Shrine of Columbus and the Jefferson County Technical Board, real estate department. Surviving are his wife, Mrs. Wilma Caniff Weaver; and two sisters, Mrs. Mary Lavene Dumbaugh of Weirton, and Mrs. Gwen Day of San Francisco. He was born July 23, 1910 in Clarksburg, W. Va., a son of the late John B. and Emma Hughes Weaver.



FAMILY NAME: WEAVER

GIVEN NAME: WILMA

INTERMENT NUMBER: 17734

|                                                                                                                                                                                                                           |                                                      |                          |                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------|
| NAME Weaver, Wilma                                                                                                                                                                                                        |                                                      | INTERMENT No. 17734      |                                                                                   |
| ADDRESS 4409 Country Club Dr. Steubenville, Ohio                                                                                                                                                                          |                                                      |                          |                                                                                   |
| PERSON RESPONSIBLE ADDRESS Mrs. William Sawon                                                                                                                                                                             |                                                      |                          |                                                                                   |
| 2-19-1908                                                                                                                                                                                                                 | RACE W                                               | SEX F                    | MARRIED <input checked="" type="checkbox"/> widow SINGLE <input type="checkbox"/> |
| AGE 78                                                                                                                                                                                                                    |                                                      |                          |                                                                                   |
| DATE OF DEATH 3-8-1985                                                                                                                                                                                                    | CAUSE OF DEATH not stated on provisional certificate | DATE OF BURIAL 3-11-1985 |                                                                                   |
| SECTION Holy Name                                                                                                                                                                                                         | ROW                                                  | LOT 47                   | GRAVE 13                                                                          |
| CHURCH Holy Family                                                                                                                                                                                                        |                                                      | McClave-Chandler         |                                                                                   |
| FUNERAL DIRECTOR Mills                                                                                                                                                                                                    |                                                      | TYPE VAULT eagle         |                                                                                   |
| CHURCH PERMIT Fr. Richard Maciejewski                                                                                                                                                                                     | HEALTH PERMIT No. 4101-0159                          |                          | 4-6x1-2 dble. Whites 10/18/1978                                                   |
| REMARKS: She was a member of Holy Family Church and a member of the Catholic Woman's Club of that parish. She was born in Steubenville, a daughter of the late William J. and Ann Rigby Caniff. Surviving are two sisters |                                                      |                          |                                                                                   |

Dorothy Branagan and Elizabeth Caniff, both of Steubenville

FAMILY NAME: WEBB  
GIVEN NAME: ANNA MRS.  
INTERMENT NUMBER: 08201

|                            |    |                    |   |                   |   |                |                          |                |                          |
|----------------------------|----|--------------------|---|-------------------|---|----------------|--------------------------|----------------|--------------------------|
| NAME                       |    | WEBB, Mrs. Anna    |   | INTERMENT No.     |   | 8201           |                          |                |                          |
| ADDRESS                    |    | Steubenville, Ohio |   |                   |   |                |                          |                |                          |
| PERSON RESPONSIBLE ADDRESS |    |                    |   |                   |   |                |                          |                |                          |
| AGE                        | 71 | RACE               | W | SEX               | F | MARRIED        | <input type="checkbox"/> | SINGLE         | <input type="checkbox"/> |
| DATE OF DEATH              |    | July 9, 1928       |   |                   |   | CAUSE OF DEATH |                          | DATE OF BURIAL |                          |
| SECTION                    |    | St. Patrick        |   | ROW               |   | LOT            |                          | 53 GRAVE 9     |                          |
| CHURCH                     |    | Holy Name          |   | FUNERAL DIRECTOR  |   | TYPE VAULT     |                          |                |                          |
| CHURCH PERMIT No.          |    | E.A. Gilbert       |   | HEALTH PERMIT No. |   |                |                          |                |                          |
| REMARKS:                   |    |                    |   |                   |   |                |                          |                |                          |
|                            |    |                    |   |                   |   |                |                          |                |                          |
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FAMILY NAME: WEBB  
GIVEN NAME: BID MRS.  
INTERMENT NUMBER: 06803

|                            |    |                    |   |                   |   |           |                          |                |                          |       |  |   |  |
|----------------------------|----|--------------------|---|-------------------|---|-----------|--------------------------|----------------|--------------------------|-------|--|---|--|
| NAME                       |    | WEBB, Mrs. Bid     |   | INTERMENT No.     |   | 6803      |                          |                |                          |       |  |   |  |
| ADDRESS                    |    | Steubenville, Ohio |   |                   |   |           |                          |                |                          |       |  |   |  |
| PERSON RESPONSIBLE ADDRESS |    |                    |   |                   |   |           |                          |                |                          |       |  |   |  |
| AGE                        | 62 | RACE               | W | SEX               | F | MARRIED   | <input type="checkbox"/> | SINGLE         | <input type="checkbox"/> |       |  |   |  |
| DATE OF DEATH              |    | Jan. 3, 1920       |   | CAUSE OF DEATH    |   | Pneumonia |                          | DATE OF BURIAL |                          |       |  |   |  |
| SECTION                    |    | St. Patrick        |   | ROW               |   | LOT       |                          | 53             |                          | GRAVE |  | 8 |  |
| CHURCH                     |    | Holy Name          |   | FUNERAL DIRECTOR  |   |           |                          | TYPE VAULT     |                          |       |  |   |  |
| CHURCH PERMIT No.          |    | J.A. Weigand       |   | HEALTH PERMIT No. |   |           |                          |                |                          |       |  |   |  |
| REMARKS:                   |    |                    |   |                   |   |           |                          |                |                          |       |  |   |  |
|                            |    |                    |   |                   |   |           |                          |                |                          |       |  |   |  |
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FAMILY NAME: WEBER

GIVEN NAME: INFANT

INTERMENT NUMBER: 01409

|                            |                    |                                 |                  |                   |                |         |                                 |
|----------------------------|--------------------|---------------------------------|------------------|-------------------|----------------|---------|---------------------------------|
| NAME                       |                    | WEBER, Infant                   |                  | INTERMENT No.     |                | 1409    |                                 |
| ADDRESS                    |                    | Mingo Junction, Ohio            |                  |                   |                |         |                                 |
| PERSON RESPONSIBLE ADDRESS |                    |                                 |                  |                   |                |         |                                 |
| AGE                        | 3 wks              | RACE                            | W                | SEX               |                | MARRIED | <input type="checkbox"/> Infant |
|                            |                    |                                 |                  |                   |                | SINGLE  | <input type="checkbox"/>        |
| DATE OF DEATH              | Jan. 23, 1903      |                                 | CAUSE OF DEATH   |                   | DATE OF BURIAL |         |                                 |
| SECTION                    | Holy Innocents "A" |                                 | ROW              | LOT               |                | GRAVE   |                                 |
| CHURCH                     | St. Agnes, Mingo   |                                 | FUNERAL DIRECTOR |                   | TYPE VAULT     |         |                                 |
| CHURCH PERMIT No.          |                    | John Meade                      |                  | HEALTH PERMIT No. |                |         |                                 |
| REMARKS:                   |                    | Survived by father, John Weber. |                  |                   |                |         |                                 |
|                            |                    |                                 |                  |                   |                |         |                                 |
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FAMILY NAME: WEBNER  
GIVEN NAME: MARGARET  
INTERMENT NUMBER: 03954

|                            |  |                              |  |                   |  |                                  |  |                |  |                                 |  |
|----------------------------|--|------------------------------|--|-------------------|--|----------------------------------|--|----------------|--|---------------------------------|--|
| NAME                       |  | WEBNER, Margaret             |  | (Infant)          |  | INTERMENT No.                    |  | 3954           |  |                                 |  |
| ADDRESS                    |  | Weirton, W. Va.,             |  |                   |  |                                  |  |                |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS |  |                              |  |                   |  |                                  |  |                |  |                                 |  |
| AGE                        |  | RACE W                       |  | SEX F             |  | MARRIED <input type="checkbox"/> |  | infant         |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH              |  | Aug. 19, 1915                |  | CAUSE OF DEATH    |  | Entero-colitis                   |  | DATE OF BURIAL |  |                                 |  |
| SECTION                    |  | Holy Innocents, Div.         |  | ROW               |  | LOT                              |  | GRAVE          |  |                                 |  |
| CHURCH                     |  | Sacred Heart of Mary Weirton |  | FUNERAL DIRECTOR  |  | TYPE VAULT                       |  |                |  |                                 |  |
| CHURCH PERMIT No.          |  | Leo L. Manacolo              |  | HEALTH PERMIT No. |  |                                  |  |                |  |                                 |  |
| REMARKS:                   |  |                              |  |                   |  |                                  |  |                |  |                                 |  |
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FAMILY NAME: WEBNER  
GIVEN NAME: MARGARET  
INTERMENT NUMBER: 06338A

|                            |  |                  |  |                   |  |               |  |                |  |     |  |         |  |                          |  |                |  |        |  |                          |  |
|----------------------------|--|------------------|--|-------------------|--|---------------|--|----------------|--|-----|--|---------|--|--------------------------|--|----------------|--|--------|--|--------------------------|--|
| NAME                       |  | WEBNER, Margaret |  | (Infant)          |  | INTERMENT No. |  | 6338-A         |  |     |  |         |  |                          |  |                |  |        |  |                          |  |
| ADDRESS                    |  |                  |  |                   |  |               |  |                |  |     |  |         |  |                          |  |                |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                  |  |                   |  |               |  |                |  |     |  |         |  |                          |  |                |  |        |  |                          |  |
| AGE                        |  | 1 mo             |  | RACE              |  | W             |  | SEX            |  | F   |  | MARRIED |  | <input type="checkbox"/> |  | infant         |  | SINGLE |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  |                  |  | Mar. 27, 1918     |  |               |  | CAUSE OF DEATH |  |     |  | Fever   |  |                          |  | DATE OF BURIAL |  |        |  |                          |  |
| SECTION                    |  |                  |  | Holy Innocents    |  |               |  | ROW            |  | LOT |  | GRAVE   |  |                          |  |                |  |        |  |                          |  |
| CHURCH                     |  |                  |  | FUNERAL DIRECTOR  |  |               |  | TYPE VAULT     |  |     |  |         |  |                          |  |                |  |        |  |                          |  |
| CHURCH PERMIT No.          |  |                  |  | HEALTH PERMIT No. |  |               |  |                |  |     |  |         |  |                          |  |                |  |        |  |                          |  |
| REMARKS:                   |  |                  |  |                   |  |               |  |                |  |     |  |         |  |                          |  |                |  |        |  |                          |  |
|                            |  |                  |  |                   |  |               |  |                |  |     |  |         |  |                          |  |                |  |        |  |                          |  |
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|                            |  |                  |  |                   |  |               |  |                |  |     |  |         |  |                          |  |                |  |        |  |                          |  |
|                            |  |                  |  |                   |  |               |  |                |  |     |  |         |  |                          |  |                |  |        |  |                          |  |

FAMILY NAME: WEEDA  
GIVEN NAME: PHILLIP P.  
INTERMENT NUMBER: 17557

|                                                                                                                                                                                                                                            |               |                                       |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------|-----------|
| NAME WEEDA, Phillip P.                                                                                                                                                                                                                     |               | INTERMENT No. 17557                   |           |
| ADDRESS 108 Edwards Ave. Mingo Junction, Ohio 43938                                                                                                                                                                                        |               |                                       |           |
| PERSON RESPONSIBLE ADDRESS (Son) Vito Weeda 5 Ivanhoe Ave. Dayton, Oh.                                                                                                                                                                     |               | 45419                                 |           |
| May 30, 1914                                                                                                                                                                                                                               | AGE 69        | RACE W                                | SEX M     |
| MARRIED <input checked="" type="checkbox"/>                                                                                                                                                                                                |               | SINGLE <input type="checkbox"/>       |           |
| Mar. 29, 1984                                                                                                                                                                                                                              | DATE OF DEATH | Not stated on provisional certificate |           |
| CAUSE OF DEATH                                                                                                                                                                                                                             |               | April 2, 1984                         |           |
| DATE OF BURIAL                                                                                                                                                                                                                             |               |                                       |           |
| Holy Spirit Mausoleum                                                                                                                                                                                                                      |               | Crypt 220-C                           |           |
| SECTION                                                                                                                                                                                                                                    |               | ROW                                   | LOT GRAVE |
| CHURCH St. Agnes - Mingo                                                                                                                                                                                                                   |               | FUNERAL DIRECTOR Hoff                 |           |
| Monsignor Edward                                                                                                                                                                                                                           |               | not required                          |           |
| CHURCH PERMIT Kakascik                                                                                                                                                                                                                     |               | TYPE VAULT                            |           |
| HEALTH PERMIT No. 0185-4101                                                                                                                                                                                                                |               |                                       |           |
| REMARKS: Mr. Weeda was building and zoning inspector for Mingo, he was a member of the board of public affairs. Died at Ohio Valley Hospital. He retired from Weirton Steel Co. He was an member of Beta chapter of Theta Chi Alpha, Kof C |               |                                       |           |

and Weirton Steel 25 year club. Surviving are his wife, Margaret C. Good Weeda, four sons; Vito of Dayton, John of Oakhurst, Ca., Thomas of Wintersville, and Robert of Follansbee, W. Va. three sisters; Irene and Rose Weeda and Floyd (Lucille) Gelini all of Weirton. and 12 grandchildren. He was born May 30, 1914 in Wellsburg, a son of the late Vito and Angela Giannone Weeda.

FAMILY NAME: WEHR  
GIVEN NAME: CATHERINE MRS.  
INTERMENT NUMBER: 08318

|                            |  |                      |   |                   |   |                                           |                                     |                |                          |
|----------------------------|--|----------------------|---|-------------------|---|-------------------------------------------|-------------------------------------|----------------|--------------------------|
| NAME                       |  | WEHR, Mrs. Catherine |   | INTERMENT No.     |   | 8318                                      |                                     |                |                          |
| ADDRESS                    |  | Steubenville, Ohio   |   |                   |   |                                           |                                     |                |                          |
| PERSON RESPONSIBLE ADDRESS |  |                      |   |                   |   |                                           |                                     |                |                          |
| AGE                        |  | RACE                 | W | SEX               | F | MARRIED                                   | <input checked="" type="checkbox"/> | SINGLE         | <input type="checkbox"/> |
| DATE OF DEATH              |  | Feb. 23, 1929        |   |                   |   | CAUSE OF DEATH                            |                                     | DATE OF BURIAL |                          |
| SECTION                    |  | St. Stanislaus       |   | ROW               |   | LOT                                       | 52                                  | GRAVE          | 8                        |
| CHURCH                     |  | Holy Name            |   | FUNERAL DIRECTOR  |   | TYPE VAULT                                |                                     |                |                          |
| CHURCH PERMIT No.          |  | E.A.Gilbert          |   | HEALTH PERMIT No. |   | 1-8" X 4-10" X 1-0" memorial. Archer 2/68 |                                     |                |                          |
| REMARKS:                   |  |                      |   |                   |   |                                           |                                     |                |                          |
|                            |  |                      |   |                   |   |                                           |                                     |                |                          |
|                            |  |                      |   |                   |   |                                           |                                     |                |                          |
|                            |  |                      |   |                   |   |                                           |                                     |                |                          |
|                            |  |                      |   |                   |   |                                           |                                     |                |                          |

FAMILY NAME: WEINMAN

GIVEN NAME: JOHN M.

INTERMENT NUMBER: 11571

|                                                             |  |                                    |  |                    |                        |                                             |                                 |
|-------------------------------------------------------------|--|------------------------------------|--|--------------------|------------------------|---------------------------------------------|---------------------------------|
| NAME                                                        |  | WEINMAN, John M.                   |  | INTERMENT No.      |                        | 11571                                       |                                 |
| ADDRESS                                                     |  | 330 Union Ave., Steubenville, Ohio |  |                    |                        |                                             |                                 |
| PERSON RESPONSIBLE ADDRESS                                  |  |                                    |  |                    |                        |                                             |                                 |
| June 3, 1890                                                |  | AGE 61-4-1 da                      |  | RACE W             | SEX M                  | MARRIED <input checked="" type="checkbox"/> | SINGLE <input type="checkbox"/> |
| DATE OF DEATH 10/4/51                                       |  | CAUSE OF DEATH broncho-carcinoma   |  |                    | DATE OF BURIAL 10/8/51 |                                             |                                 |
| SECTION All Souls,                                          |  | ROW                                |  | LOT 1              |                        | GRAVE 10                                    |                                 |
| Luthern                                                     |  | FUNERAL DIRECTOR Shannon           |  | TYPE VAULT         |                        |                                             |                                 |
| Non-Cath                                                    |  | Dist. 4101-                        |  | 2-0" X 1-0" Marker |                        |                                             |                                 |
| CHURCH PERMIT No.                                           |  | HEALTH PERMIT No. 499              |  | Hayslip - 1952     |                        |                                             |                                 |
| REMARKS Born, Steubenville, Ohio of Jacob & Barbara Weinman |  |                                    |  |                    |                        |                                             |                                 |
| Occupation: Owner, Union Dairy Co.,                         |  |                                    |  |                    |                        |                                             |                                 |
|                                                             |  |                                    |  |                    |                        |                                             |                                 |
|                                                             |  |                                    |  |                    |                        |                                             |                                 |
|                                                             |  |                                    |  |                    |                        |                                             |                                 |
|                                                             |  |                                    |  |                    |                        |                                             |                                 |

FAMILY NAME: WEINMAN

GIVEN NAME: RUTH

INTERMENT NUMBER: 08144

|                            |       |                                      |   |                   |   |                                  |                                |
|----------------------------|-------|--------------------------------------|---|-------------------|---|----------------------------------|--------------------------------|
| NAME                       |       | WEINMAN, Ruth (child)                |   | INTERMENT No.     |   | 8144                             |                                |
| ADDRESS                    |       | Steubenville, Ohio                   |   |                   |   |                                  |                                |
| PERSON RESPONSIBLE ADDRESS |       |                                      |   |                   |   |                                  |                                |
| AGE                        | 6 yrs | RACE                                 | W | SEX               | F | MARRIED <input type="checkbox"/> | child <input type="checkbox"/> |
| DATE OF DEATH              |       | Feb. 1928                            |   | CAUSE OF DEATH    |   | Accident                         |                                |
| SECTION                    |       | All Souls                            |   | ROW               |   | LOT                              | 1                              |
|                            |       |                                      |   |                   |   | GRAVE                            | 12                             |
| CHURCH                     |       | Holy Name                            |   | FUNERAL DIRECTOR  |   | TYPE VAULT                       |                                |
| CHURCH PERMIT No.          |       | E.A.Gilbert                          |   | HEALTH PERMIT No. |   |                                  |                                |
| REMARKS:                   |       | Daughter of Lot owner, John Weinman. |   |                   |   |                                  |                                |
|                            |       |                                      |   |                   |   |                                  |                                |
|                            |       |                                      |   |                   |   |                                  |                                |
|                            |       |                                      |   |                   |   |                                  |                                |
|                            |       |                                      |   |                   |   |                                  |                                |



FAMILY NAME: WEINMAN

GIVEN NAME: SARAH B.

INTERMENT NUMBER: 17340

|                                                                                                                                                                                                                                           |                                                       |                                               |                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------|
| NAME WEINMAN, Sarah B.                                                                                                                                                                                                                    |                                                       | INTERMENT No. 17340                           |                                                                                   |
| 322 South Bend Blvd. Steubenville, Ohio 43952                                                                                                                                                                                             |                                                       |                                               |                                                                                   |
| ADDRESS Royal Pavillion Extended Care Facility -- CITY                                                                                                                                                                                    |                                                       |                                               |                                                                                   |
| PERSON RESPONSIBLE Mrs. Robert Dyson                                                                                                                                                                                                      |                                                       | ADDRESS 322 South Bend Blvd. Steubenville, OH |                                                                                   |
| 7-10-1893                                                                                                                                                                                                                                 |                                                       |                                               |                                                                                   |
| AGE 89                                                                                                                                                                                                                                    | RACE W                                                | SEX F                                         | MARRIED <input checked="" type="checkbox"/> Widow SINGLE <input type="checkbox"/> |
| DATE OF DEATH 3-28-1983                                                                                                                                                                                                                   | CAUSE OF DEATH Not stated on provisional certificate. |                                               | DATE OF BURIAL 3-30-1983                                                          |
| SECTION All Souls                                                                                                                                                                                                                         |                                                       | ROW                                           | LOT 1 GRAVE 11                                                                    |
| CHURCH Holy Name                                                                                                                                                                                                                          |                                                       | McClave-Chandler-FUNERAL DIRECTOR Mills       | #9 Falcon TYPE VAULT Topseal                                                      |
| CHURCH PERMIT Fr. Kenneth J. Uram                                                                                                                                                                                                         | HEALTH PERMIT No. 4101-0190                           | 5-9-1983 Hayslip 2-0x0-10                     |                                                                                   |
| REMARKS: Died at 4:20 a.m. in the Royal Pavillion Extended Care Center. She was a member of Holy Name Cathedral. Surviving are three daughters, Mrs. Robert (Helen) Dyson of Steubenville, Mrs. Ted (Marjorie) Held of Columbus, and Mrs. |                                                       |                                               |                                                                                   |

James (Barbara) McCune of Weirton; 14 grandchildren; and 10 great-grandchildren. She was born July 10, 1893 in Steubenville, a daughter of the late Thomas and Anna Dwyer Doyle. She was also preceded in death by her husband, John M. Weinman; a daughter, Ruth, and two sisters, Mayme Carroll and Margaret Bletch.

FAMILY NAME: WEIR

GIVEN NAME: JOHN G.

INTERMENT NUMBER: 13015

|                            |  |                                                                                                                                                                                                                                                                                                                                           |                                     |                     |                                     |
|----------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------|-------------------------------------|
| NAME                       |  | WEIR, John G.                                                                                                                                                                                                                                                                                                                             |                                     | INTERMENT No. 13015 |                                     |
| ADDRESS                    |  | 363 Summit Ave., Steubenville, Ohio.                                                                                                                                                                                                                                                                                                      |                                     |                     |                                     |
| PERSON RESPONSIBLE ADDRESS |  | McClave for Opening & Closing.<br>Mrs. Weir for lot                                                                                                                                                                                                                                                                                       |                                     |                     |                                     |
| June 21, 1903              |  | RACE                                                                                                                                                                                                                                                                                                                                      | W                                   | SEX                 | M                                   |
| AGE 56-7-7 da              |  | MARRIED                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> |                     |                                     |
| Jan. 27, 1960              |  | DATE OF DEATH                                                                                                                                                                                                                                                                                                                             | CAUSE OF DEATH                      |                     | coronary thrombosis                 |
| Jan. 31, 1960              |  | DATE OF BURIAL                                                                                                                                                                                                                                                                                                                            |                                     |                     |                                     |
| SECTION                    |  | Poor Souls                                                                                                                                                                                                                                                                                                                                |                                     | ROW                 |                                     |
| LOT                        |  | 142                                                                                                                                                                                                                                                                                                                                       |                                     | GRAVE               | 1                                   |
| CHURCH                     |  | Holy Name                                                                                                                                                                                                                                                                                                                                 |                                     | FUNERAL DIRECTOR    | McClave                             |
| CHURCH PERMIT No.          |  | Mgr. Regis Urig.                                                                                                                                                                                                                                                                                                                          |                                     | Dist. 4101 - 49     | 2-0" X 1-0" X 1-6" marker. MAS 4/62 |
| REMARKS:                   |  | Born in Blantyre, Lanarkshire, Scotland of James and Mary Gilson Weir. W.W.I veteran of British Army. To U.S. in 1929. Employed at Wheeling Steel Corp., Survived by widow, Mary Duffy Weir; 2 daughters, Mrs. Helen Loveless and Miss May Weir; 2 brothers, James and Samuel Weir; 1 sister, Mrs. Eliz. McKendricks. Died at Ohio Valley |                                     |                     |                                     |

Hospital. Steubenville, Ohio.

FAMILY NAME: WEIR  
GIVEN NAME: MARY DUFFY  
INTERMENT NUMBER: 16959

|                                                                                                                                                                                                                                          |                                                       |                                         |                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------|
| NAME WEIR, Mary Duffy                                                                                                                                                                                                                    |                                                       | INTERMENT No. 16959                     |                                                                             |
| ADDRESS 815 North Sixth Street Steubenville, Ohio 43952                                                                                                                                                                                  |                                                       |                                         |                                                                             |
| PERSON RESPONSIBLE ADDRESS McClave-Chandler-Mills Funeral Home                                                                                                                                                                           |                                                       |                                         |                                                                             |
| 1-29-1896                                                                                                                                                                                                                                |                                                       |                                         |                                                                             |
| AGE 85                                                                                                                                                                                                                                   | RACE W                                                | SEX F                                   | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH 2-22-1981                                                                                                                                                                                                                  | CAUSE OF DEATH Not stated on provisional certificate. |                                         | DATE OF BURIAL 2-25-1981                                                    |
| SECTION Poor Souls                                                                                                                                                                                                                       |                                                       | ROW                                     | LOT 142 GRAVE 2                                                             |
| CHURCH Holy Name Cathedral                                                                                                                                                                                                               |                                                       | McClave-Chandler-FUNERAL DIRECTOR Mills | #9 Falcon TYPE VAULT Topseal                                                |
| CHURCH PERMIT Msgr. James Nugent                                                                                                                                                                                                         | HEALTH PERMIT No. 4101-0125                           |                                         |                                                                             |
| REMARKS: Died at 11:24 p.m. in Ohio Valley Hospital. She was a member of Holy Name Church and the Sunset Club. Surviving are several nieces and nephews among whom is John Duffy of Steubenville. She was born January 29, 1896 in Ruth- |                                                       |                                         |                                                                             |

erglen, Scotland, a daughter of the late John and Mary Murray Duffy. She was also preceded in death by her husband, John G. Weir in Jan., 1960 and two brothers and three sisters.

FAMILY NAME: WEISHAUR

GIVEN NAME: CHARLOTTA MRS.

INTERMENT NUMBER: 01659

|                                                     |  |                                |  |                   |  |                                |  |
|-----------------------------------------------------|--|--------------------------------|--|-------------------|--|--------------------------------|--|
| NAME                                                |  | WEISHAUR, Mrs. Charlotta       |  | INTERMENT No.     |  | 1659                           |  |
| ADDRESS                                             |  | N. 6th St., Steubenville, Ohio |  |                   |  |                                |  |
| PERSON RESPONSIBLE ADDRESS                          |  |                                |  |                   |  |                                |  |
| AGE                                                 |  | 76                             |  | RACE              |  | W                              |  |
| SEX                                                 |  | F                              |  | MARRIED           |  | <input type="checkbox"/> widow |  |
| SINGLE                                              |  | <input type="checkbox"/>       |  |                   |  |                                |  |
| DATE OF DEATH                                       |  | Aug. 10, 1904                  |  | CAUSE OF DEATH    |  | Pneumonia                      |  |
| DATE OF BURIAL                                      |  |                                |  |                   |  |                                |  |
| SECTION                                             |  | St. Joseph                     |  | ROW               |  | LOT 26                         |  |
| GRAVE                                               |  | 7                              |  |                   |  |                                |  |
| CHURCH                                              |  | St. Peters                     |  | FUNERAL DIRECTOR  |  | TYPE VAULT                     |  |
| CHURCH PERMIT No.                                   |  | M.M.A.Hartnedy                 |  | HEALTH PERMIT No. |  |                                |  |
| REMARKS: Survived by daughter, Mrs. Adaline Foster. |  |                                |  |                   |  |                                |  |
|                                                     |  |                                |  |                   |  |                                |  |
|                                                     |  |                                |  |                   |  |                                |  |
|                                                     |  |                                |  |                   |  |                                |  |
|                                                     |  |                                |  |                   |  |                                |  |



FAMILY NAME: WEISHAUR

GIVEN NAME: LINA

INTERMENT NUMBER: R219

|                                     |  |                |                   |               |     |                                            |       |  |
|-------------------------------------|--|----------------|-------------------|---------------|-----|--------------------------------------------|-------|--|
| NAME                                |  | WEISHAUR, Lina |                   | INTERMENT No. |     | R-219                                      |       |  |
| ADDRESS                             |  |                |                   |               |     |                                            |       |  |
| PERSON RESPONSIBLE ADDRESS          |  |                |                   |               |     |                                            |       |  |
| AGE                                 |  | RACE           |                   | SEX           |     | MARRIED                                    |       |  |
| 19                                  |  | W              |                   | F             |     | <input type="checkbox"/>                   |       |  |
|                                     |  |                |                   |               |     | SINGLE <input checked="" type="checkbox"/> |       |  |
| DATE OF DEATH                       |  | CAUSE OF DEATH |                   |               |     | DATE OF BURIAL                             |       |  |
| Aug. 18, 1876                       |  |                |                   |               |     |                                            |       |  |
| SECTION                             |  |                | ROW               |               | LOT |                                            | GRAVE |  |
| St. Joseph                          |  |                |                   |               | 26  |                                            | 8     |  |
| CHURCH                              |  |                | FUNERAL DIRECTOR  |               |     | TYPE VAULT                                 |       |  |
| St. Peters                          |  |                |                   |               |     |                                            |       |  |
| CHURCH PERMIT No.                   |  |                | HEALTH PERMIT No. |               |     |                                            |       |  |
|                                     |  |                |                   |               |     |                                            |       |  |
| REMARKS: Removed from old cemetery. |  |                |                   |               |     |                                            |       |  |
|                                     |  |                |                   |               |     |                                            |       |  |
|                                     |  |                |                   |               |     |                                            |       |  |
|                                     |  |                |                   |               |     |                                            |       |  |
|                                     |  |                |                   |               |     |                                            |       |  |



FAMILY NAME: WEISHAUR

GIVEN NAME: MICHAEL

INTERMENT NUMBER: 01657

|                            |                              |                                |                   |               |            |         |                                        |
|----------------------------|------------------------------|--------------------------------|-------------------|---------------|------------|---------|----------------------------------------|
| NAME                       |                              | WEISHAUR, Michael              |                   | INTERMENT No. |            | 1657    |                                        |
| ADDRESS                    |                              | N. 6th St., Steubenville, Ohio |                   |               |            |         |                                        |
| PERSON RESPONSIBLE ADDRESS |                              |                                |                   |               |            |         |                                        |
| AGE                        | 87                           | RACE                           | W                 | SEX           | M          | MARRIED | <input checked="" type="checkbox"/> KX |
|                            |                              |                                |                   |               |            | SINGLE  | <input type="checkbox"/>               |
| DATE OF DEATH              | July 30, 1904                |                                | CAUSE OF DEATH    |               | Old age    |         | DATE OF BURIAL                         |
| SECTION                    | St. Joseph                   |                                | ROW               | 26            |            | LOT     | GRAVE 6                                |
| CHURCH                     | St. Peters                   |                                | FUNERAL DIRECTOR  |               | TYPE VAULT |         |                                        |
| CHURCH PERMIT No.          | J.J.Slattery                 |                                | HEALTH PERMIT No. |               |            |         |                                        |
| REMARKS:                   | Survived vy wife, Charlotta. |                                |                   |               |            |         |                                        |
|                            |                              |                                |                   |               |            |         |                                        |
|                            |                              |                                |                   |               |            |         |                                        |
|                            |                              |                                |                   |               |            |         |                                        |
|                            |                              |                                |                   |               |            |         |                                        |

FAMILY NAME: WEISHAUR  
GIVEN NAME: MICHAEL JR.  
INTERMENT NUMBER: R125

|                                     |  |                       |   |                  |   |                |                          |
|-------------------------------------|--|-----------------------|---|------------------|---|----------------|--------------------------|
| NAME                                |  | WEISHAUR, Michael Jr. |   | INTERMENT No.    |   | R-125          |                          |
| ADDRESS                             |  |                       |   |                  |   |                |                          |
| PERSON RESPONSIBLE ADDRESS          |  |                       |   |                  |   |                |                          |
| AGE                                 |  | RACE                  | W | SEX              | M | MARRIED        | <input type="checkbox"/> |
|                                     |  |                       |   |                  |   | SINGLE         | <input type="checkbox"/> |
| DATE OF DEATH                       |  | CAUSE OF DEATH        |   |                  |   | DATE OF BURIAL |                          |
| Sept 4, 1861                        |  |                       |   |                  |   |                |                          |
| SECTION                             |  | St. Joseph            |   | ROW              |   | LOT            | 26                       |
|                                     |  |                       |   |                  |   | GRAVE          | 5                        |
| CHURCH                              |  | St. Peters            |   | FUNERAL DIRECTOR |   | TYPE VAULT     |                          |
| CHURCH PERMIT No.                   |  | HEALTH PERMIT No.     |   |                  |   |                |                          |
| REMARKS: Removed from old cemetery. |  |                       |   |                  |   |                |                          |
|                                     |  |                       |   |                  |   |                |                          |
|                                     |  |                       |   |                  |   |                |                          |
|                                     |  |                       |   |                  |   |                |                          |
|                                     |  |                       |   |                  |   |                |                          |

FAMILY NAME: WEISS  
GIVEN NAME: INFANT  
INTERMENT NUMBER: 06218

|                            |  |                   |  |               |  |                                 |  |
|----------------------------|--|-------------------|--|---------------|--|---------------------------------|--|
| NAME                       |  | WEISS, Infant     |  | INTERMENT No. |  | 6218                            |  |
| ADDRESS                    |  |                   |  |               |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS |  |                   |  |               |  |                                 |  |
| AGE                        |  | RACE              |  | SEX           |  | MARRIED                         |  |
| —                          |  | W <sup>M</sup>    |  |               |  | <input type="checkbox"/> infant |  |
| DATE OF DEATH              |  | CAUSE OF DEATH    |  |               |  | DATE OF BURIAL                  |  |
| Aug. 20, 1917              |  | Stillborn         |  |               |  |                                 |  |
| SECTION                    |  | Unbaptized        |  | #*            |  | ROW                             |  |
|                            |  |                   |  |               |  | LOT                             |  |
|                            |  |                   |  |               |  | GRAVE                           |  |
| CHURCH                     |  | FUNERAL DIRECTOR  |  |               |  | TYPE VAULT                      |  |
|                            |  |                   |  |               |  |                                 |  |
| CHURCH PERMIT No.          |  | HEALTH PERMIT No. |  |               |  |                                 |  |
| REMARKS:                   |  |                   |  |               |  |                                 |  |
|                            |  |                   |  |               |  |                                 |  |
|                            |  |                   |  |               |  |                                 |  |
|                            |  |                   |  |               |  |                                 |  |
|                            |  |                   |  |               |  |                                 |  |

FAMILY NAME: WEJS  
GIVEN NAME: ALEXANDER  
INTERMENT NUMBER: 06708

|                            |                        |                    |                |                   |                             |            |                          |        |                          |
|----------------------------|------------------------|--------------------|----------------|-------------------|-----------------------------|------------|--------------------------|--------|--------------------------|
| NAME                       |                        | WEJS, Alexander    |                | INTERMENT No.     |                             | 6708       |                          |        |                          |
| ADDRESS                    |                        | Steubenville, Ohio |                |                   |                             |            |                          |        |                          |
| PERSON RESPONSIBLE ADDRESS |                        |                    |                |                   |                             |            |                          |        |                          |
| AGE                        | 32                     | RACE               | W              | SEX               | M                           | MARRIED    | <input type="checkbox"/> | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH              | May 18, 1919           |                    | CAUSE OF DEATH |                   | Strangulation by belt strap |            | DATE OF BURIAL           |        |                          |
| SECTION                    | Sacred Heart, Div. III |                    |                | ROW               | 4                           | LOT        |                          | GRAVE  | 6                        |
| CHURCH                     | St. Stanislaus         |                    |                | FUNERAL DIRECTOR  |                             | TYPE VAULT |                          |        |                          |
| CHURCH PERMIT No.          | Casmir Smogor          |                    |                | HEALTH PERMIT No. |                             |            |                          |        |                          |
| REMARKS:                   |                        |                    |                |                   |                             |            |                          |        |                          |
|                            |                        |                    |                |                   |                             |            |                          |        |                          |
|                            |                        |                    |                |                   |                             |            |                          |        |                          |
|                            |                        |                    |                |                   |                             |            |                          |        |                          |
|                            |                        |                    |                |                   |                             |            |                          |        |                          |

FAMILY NAME: WEJS  
GIVEN NAME: BORES LAUS  
INTERMENT NUMBER: 06469

|                            |    |                        |   |                   |   |                |                          |                |                          |       |  |   |  |
|----------------------------|----|------------------------|---|-------------------|---|----------------|--------------------------|----------------|--------------------------|-------|--|---|--|
| NAME                       |    | WEJS, Boreslaus        |   | INTERMENT No.     |   | 6469           |                          |                |                          |       |  |   |  |
| ADDRESS                    |    | Steubenville, Ohio     |   |                   |   |                |                          |                |                          |       |  |   |  |
| PERSON RESPONSIBLE ADDRESS |    |                        |   |                   |   |                |                          |                |                          |       |  |   |  |
| AGE                        | 30 | RACE                   | W | SEX               | M | MARRIED        | <input type="checkbox"/> | SINGLE         | <input type="checkbox"/> |       |  |   |  |
| DATE OF DEATH              |    | Oct. 23, 1918          |   |                   |   | CAUSE OF DEATH |                          | DATE OF BURIAL |                          |       |  |   |  |
| SECTION                    |    | Sacred Heart, Div. III |   | ROW               |   | 1              |                          | LOT            |                          | GRAVE |  | 8 |  |
| CHURCH                     |    | St. Stanislaus         |   | FUNERAL DIRECTOR  |   |                |                          | TYPE VAULT     |                          |       |  |   |  |
| CHURCH PERMIT No.          |    | Casmir Smoger          |   | HEALTH PERMIT No. |   |                |                          |                |                          |       |  |   |  |
| REMARKS:                   |    |                        |   |                   |   |                |                          |                |                          |       |  |   |  |
|                            |    |                        |   |                   |   |                |                          |                |                          |       |  |   |  |
|                            |    |                        |   |                   |   |                |                          |                |                          |       |  |   |  |
|                            |    |                        |   |                   |   |                |                          |                |                          |       |  |   |  |
|                            |    |                        |   |                   |   |                |                          |                |                          |       |  |   |  |
|                            |    |                        |   |                   |   |                |                          |                |                          |       |  |   |  |



FAMILY NAME: WELCH

GIVEN NAME: ANNA

INTERMENT NUMBER: RX072

|                                     |  |                |                   |               |                  |                |                          |        |                          |
|-------------------------------------|--|----------------|-------------------|---------------|------------------|----------------|--------------------------|--------|--------------------------|
| NAME                                |  | WELCH, Anna    |                   | INTERMENT No. |                  | RX-72          |                          |        |                          |
| ADDRESS                             |  |                |                   |               |                  |                |                          |        |                          |
| PERSON RESPONSIBLE ADDRESS          |  |                |                   |               |                  |                |                          |        |                          |
| AGE                                 |  | RACE           | W                 | SEX           | F                | MARRIED        | <input type="checkbox"/> | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH                       |  | CAUSE OF DEATH |                   |               |                  | DATE OF BURIAL |                          |        |                          |
| SECTION                             |  |                | St. Patrick       |               | ROW              | LOT            | 25                       | GRAVE  | 8                        |
| CHURCH                              |  |                | St. Peters        |               | FUNERAL DIRECTOR |                | TYPE VAULT               |        |                          |
| CHURCH PERMIT No.                   |  |                | HEALTH PERMIT No. |               |                  |                |                          |        |                          |
| REMARKS: Removed from old cemetery. |  |                |                   |               |                  |                |                          |        |                          |
|                                     |  |                |                   |               |                  |                |                          |        |                          |
|                                     |  |                |                   |               |                  |                |                          |        |                          |
|                                     |  |                |                   |               |                  |                |                          |        |                          |
|                                     |  |                |                   |               |                  |                |                          |        |                          |

FAMILY NAME: WELCH  
GIVEN NAME: ANNA MRS.  
INTERMENT NUMBER: 08752

|                            |  |                    |  |                   |  |                                 |  |
|----------------------------|--|--------------------|--|-------------------|--|---------------------------------|--|
| NAME                       |  | WELCH, Mrs . Anna  |  | INTERMENT No.     |  | 8752                            |  |
| ADDRESS                    |  | Steubenville, Ohio |  |                   |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS |  |                    |  |                   |  |                                 |  |
| AGE                        |  | RACE               |  | SEX               |  | MARRIED                         |  |
| 84-                        |  | W                  |  | F                 |  | <input type="checkbox"/>        |  |
|                            |  |                    |  |                   |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH              |  | CAUSE OF DEATH     |  |                   |  | DATE OF BURIAL                  |  |
| Mar. 25, 1932              |  |                    |  |                   |  | Mar. 29, 1932                   |  |
| SECTION                    |  | St. Joseph         |  | ROW               |  | LOT                             |  |
|                            |  |                    |  |                   |  | 61                              |  |
| CHURCH                     |  | St. Peters         |  | FUNERAL DIRECTOR  |  | TYPE VAULT                      |  |
|                            |  |                    |  |                   |  |                                 |  |
| CHURCH PERMIT No.          |  | T.A.Powers         |  | HEALTH PERMIT No. |  |                                 |  |
|                            |  |                    |  |                   |  |                                 |  |
| REMARKS:                   |  | Wife of John Welch |  |                   |  |                                 |  |
|                            |  |                    |  |                   |  |                                 |  |
|                            |  |                    |  |                   |  |                                 |  |
|                            |  |                    |  |                   |  |                                 |  |
|                            |  |                    |  |                   |  |                                 |  |

FAMILY NAME: WELCH

GIVEN NAME: CLIFFORD J.

INTERMENT NUMBER: 17985

|                                                                                                                                                                                                                                       |                             |                              |                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|-----------------------------------------------------------------------------|
| NAME Welch, Clifford J.                                                                                                                                                                                                               |                             | INTERMENT No. 17985          |                                                                             |
| ADDRESS 819 McLister Ave. Mingo Junction, Ohio                                                                                                                                                                                        |                             |                              |                                                                             |
| PERSON RESPONSIBLE ADDRESS Blaschalk -O/C grave, Mrs. Welch-graves                                                                                                                                                                    |                             |                              |                                                                             |
| 11-30-1911                                                                                                                                                                                                                            | RACE W                      | SEX M                        | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| AGE 74                                                                                                                                                                                                                                | DATE OF DEATH 9-3-1986      |                              | CAUSE OF DEATH Not stated on provisional certificate                        |
| SECTION Assumption                                                                                                                                                                                                                    |                             | ROW                          | LOT 157 GRAVE 2                                                             |
| CHURCH Annunciation                                                                                                                                                                                                                   | FUNERAL DIRECTOR Blaschalk  | TYPE VAULT #9                |                                                                             |
| CHURCH PERMIT Fr. John Galea                                                                                                                                                                                                          | HEALTH PERMIT No. 4101-0557 | 3-10x1-2x0-8 Kurtz 3/18/1987 |                                                                             |
| REMARKS: Surviving are his wife, Josephine Petrick Welch; two sons, Edward and Robert, both of Mingo; two daughters Mrs. Jack (Carol) Howard of Mingo and Rita Welch at home; a sister, Marjorie Schopp of Columbus; and seven grand- |                             |                              |                                                                             |

children. He was born in Cold Spring, N.Y. a son of the late Thomas and Orpha Schuman Welch. He was also preceded in death by three brothers. He was a member of Annunciation Catholic Church and the Shangu Senior Citizens Club.

FAMILY NAME: WELCH

GIVEN NAME: GARY R.

INTERMENT NUMBER: 16105

|                                                                                                                                                                                                                           |                                       |                                                 |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------|---------|
| NAME Welch, Gary R.                                                                                                                                                                                                       |                                       | INTERMENT No. 16105                             |         |
| ADDRESS 1622 State Street Steubenville, Ohio                                                                                                                                                                              |                                       |                                                 |         |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                |                                       | Mosti for o/c # 1 grave Zane Welch for 2 graves |         |
| June 17, 1959                                                                                                                                                                                                             | AGE 16                                | RACE W                                          | SEX M   |
| MARRIED <input type="checkbox"/>                                                                                                                                                                                          |                                       | SINGLE <input checked="" type="checkbox"/>      |         |
| May 14, 1976                                                                                                                                                                                                              | not stated on Provisional Certificate | May 18, 1976                                    |         |
| DATE OF DEATH                                                                                                                                                                                                             | CAUSE OF DEATH                        | DATE OF BURIAL                                  |         |
| SECTION Assumption                                                                                                                                                                                                        | ROW                                   | LOT 34                                          | GRAVE 1 |
| CHURCH Holy Name                                                                                                                                                                                                          | FUNERAL DIRECTOR Mosti                | falcon topsea                                   |         |
| CHURCH PERMIT J. Nugent                                                                                                                                                                                                   | HEALTH PERMIT No. 4101-No#            | TYPE VAULT                                      |         |
| REMARKS: Gary Welch was a sophomore at Catholic Central High School. He was a member of the sophmore football team, and a member of Holy Name Cathedral where he was an altar boy. Surviving are his parents, Zane S. and |                                       |                                                 |         |

Theresa Parks Welch of Steubenville; maternal grand-~~moth~~ mother, paternal grandparents, Mr. and Mrs. Clarence C. Welch of Steubenville; two brothers, Gregory and David A. Welch, both of Steubenville; three sisters Bonita of Mass. and Cathleen and Susan Welch both at home. He was born June 17, 1959 in Steubenville. His maternal grandfather, John R. Parks, preceded him in death.

FAMILY NAME: WELCH

GIVEN NAME: JAMES

INTERMENT NUMBER: 01087

|                                              |  |                            |       |                                             |                                 |            |  |
|----------------------------------------------|--|----------------------------|-------|---------------------------------------------|---------------------------------|------------|--|
| NAME                                         |  | WELCH, James               |       | INTERMENT No.                               |                                 | 1087       |  |
| ADDRESS<br>Colliers, W. Va.,                 |  |                            |       |                                             |                                 |            |  |
| PERSON RESPONSIBLE ADDRESS                   |  |                            |       |                                             |                                 |            |  |
| AGE 52                                       |  | RACE W                     | SEX M | MARRIED <input checked="" type="checkbox"/> | SINGLE <input type="checkbox"/> |            |  |
| DATE OF DEATH                                |  | CAUSE OF DEATH pneumonia   |       |                                             | Dec. 29, 1899<br>DATE OF BURIAL |            |  |
| SECTION St. Joseph                           |  |                            |       | ROW                                         | LOT 86                          | GRAVE 1    |  |
| CHURCH                                       |  | St. Johns Wellsgurg, W. Va |       | FUNERAL DIRECTOR                            |                                 | TYPE VAULT |  |
| CHURCH PERMIT No.                            |  | T. J. Duffy                |       | HEALTH PERMIT No.                           |                                 |            |  |
| REMARKS: Survived by wife. Colliers, W. Va., |  |                            |       |                                             |                                 |            |  |
|                                              |  |                            |       |                                             |                                 |            |  |
|                                              |  |                            |       |                                             |                                 |            |  |
|                                              |  |                            |       |                                             |                                 |            |  |
|                                              |  |                            |       |                                             |                                 |            |  |



FAMILY NAME: WELCH  
GIVEN NAME: JAMES L.  
INTERMENT NUMBER: 10583

|                                                                                 |  |                                   |  |                   |  |                          |  |
|---------------------------------------------------------------------------------|--|-----------------------------------|--|-------------------|--|--------------------------|--|
| NAME                                                                            |  | WELCH, James L.                   |  | INTERMENT No.     |  | 10583                    |  |
| ADDRESS                                                                         |  | 415 Logan St., Steubenville, Ohio |  |                   |  |                          |  |
| PERSON RESPONSIBLE ADDRESS                                                      |  |                                   |  |                   |  |                          |  |
| Apr. 25, 1865                                                                   |  | RACE                              |  | SEX               |  | MARRIED                  |  |
| AGE 80-0-7 da                                                                   |  | W                                 |  | M                 |  | <input type="checkbox"/> |  |
| DATE OF DEATH                                                                   |  | May 2, 1945                       |  | CAUSE OF DEATH    |  | arteriosclerosis         |  |
| May 5, 1945                                                                     |  |                                   |  | DATE OF BURIAL    |  |                          |  |
| SECTION                                                                         |  | St. Patrick's                     |  | ROW               |  | LOT 25 GRAVE 1           |  |
| CHURCH                                                                          |  | St. Peter's                       |  | FUNERAL DIRECTOR  |  | Shannon                  |  |
| CHURCH PERMIT No.                                                               |  | Dist. 654-                        |  | HEALTH PERMIT No. |  | 199                      |  |
| REMARKS: Born, Steubenville of John and Mary Welch. Occupation, retired potter. |  |                                   |  |                   |  |                          |  |

FAMILY NAME: WELCH

GIVEN NAME: JAMES P.

INTERMENT NUMBER: 10493

|                            |    |                                                                                                                                                     |   |                   |   |                             |                                     |                |                          |
|----------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------|---|-----------------------------|-------------------------------------|----------------|--------------------------|
| NAME                       |    | WELCH, James P                                                                                                                                      |   | INTERMENT No.     |   | 10493                       |                                     |                |                          |
| ADDRESS                    |    | Dennison, Ohio                                                                                                                                      |   |                   |   |                             |                                     |                |                          |
| PERSON RESPONSIBLE ADDRESS |    |                                                                                                                                                     |   |                   |   |                             |                                     |                |                          |
| AGE                        | 67 | RACE                                                                                                                                                | W | SEX               | M | MARRIED                     | <input checked="" type="checkbox"/> | SINGLE         | <input type="checkbox"/> |
| DATE OF DEATH              |    | Feb. 12, 1940                                                                                                                                       |   | CAUSE OF DEATH    |   | bronchio-pneumonia          |                                     | DATE OF BURIAL |                          |
|                            |    |                                                                                                                                                     |   |                   |   |                             |                                     |                |                          |
| SECTION                    |    | St. Patrick's                                                                                                                                       |   | ROW               |   | LOT                         |                                     | GRAVE          |                          |
|                            |    |                                                                                                                                                     |   |                   |   |                             |                                     |                |                          |
| CHURCH                     |    | Immaculate conception                                                                                                                               |   | FUNERAL DIRECTOR  |   | Dennison, Ohio<br>Lindsey   |                                     | TYPE VAULT     |                          |
|                            |    |                                                                                                                                                     |   |                   |   |                             |                                     |                |                          |
| CHURCH PERMIT No.          |    | Paul J. Branian                                                                                                                                     |   | HEALTH PERMIT No. |   | 1-8" X 0-10" X 0-6" marker. |                                     |                |                          |
|                            |    |                                                                                                                                                     |   |                   |   |                             |                                     |                |                          |
| REMARKS:                   |    | Removed from St. Mary's Cemetery, Dennison, Ohio and brought here this date. Application for same being made by Mrs. Mayme Welch, widow of James P. |   |                   |   |                             |                                     |                |                          |
|                            |    |                                                                                                                                                     |   |                   |   |                             |                                     |                |                          |
|                            |    |                                                                                                                                                     |   |                   |   |                             |                                     |                |                          |
|                            |    |                                                                                                                                                     |   |                   |   |                             |                                     |                |                          |

FAMILY NAME: WELCH

GIVEN NAME: JAMES V.

INTERMENT NUMBER: 03786

|                            |                                      |                         |     |                   |         |                          |        |
|----------------------------|--------------------------------------|-------------------------|-----|-------------------|---------|--------------------------|--------|
| NAME                       |                                      | WELCH, James V (Infant) |     | INTERMENT NO.     |         | 3786                     |        |
| ADDRESS                    |                                      | Mingo Junction, Ohio    |     |                   |         |                          |        |
| PERSON RESPONSIBLE ADDRESS |                                      |                         |     |                   |         |                          |        |
| AGE                        | RACE                                 | W                       | SEX | M                 | MARRIED | <input type="checkbox"/> | SINGLE |
| DATE OF DEATH              |                                      | April 16, 1915          |     | CAUSE OF DEATH    |         | Indigestion              |        |
| DATE OF BURIAL             |                                      |                         |     | DATE OF BURIAL    |         |                          |        |
| SECTION                    | St. Atanislus                        |                         |     | ROW               | LOT     | 42                       | GRAVE  |
| CHURCH                     | St. Agnes, Mingo                     |                         |     | FUNERAL DIRECTOR  |         | TYPE VAULT               |        |
| CHURCH PERMIT NO.          | D.A.Coffey                           |                         |     | HEALTH PERMIT NO. |         |                          |        |
| REMARKS:                   | Child of Michael and Catherine Welch |                         |     |                   |         |                          |        |
|                            |                                      |                         |     |                   |         |                          |        |
|                            |                                      |                         |     |                   |         |                          |        |
|                            |                                      |                         |     |                   |         |                          |        |
|                            |                                      |                         |     |                   |         |                          |        |

FAMILY NAME: WELCH

GIVEN NAME: JOHN

INTERMENT NUMBER: 00027

|                                                       |  |                              |                   |                                  |                               |                                 |  |
|-------------------------------------------------------|--|------------------------------|-------------------|----------------------------------|-------------------------------|---------------------------------|--|
| NAME                                                  |  | WELCH, John                  |                   | INTERMENT No.                    |                               | 27                              |  |
| ADDRESS 7th St., Steubenville, Ohio                   |  |                              |                   |                                  |                               |                                 |  |
| PERSON RESPONSIBLE ADDRESS                            |  |                              |                   |                                  |                               |                                 |  |
| AGE 55                                                |  | RACE W                       | SEX M             | MARRIED <input type="checkbox"/> | widower                       | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                                         |  | CAUSE OF DEATH heart disease |                   |                                  | May 7, 1884<br>DATE OF BURIAL |                                 |  |
| SECTION St. Patrick's                                 |  |                              |                   | ROW                              | LOT 25                        | GRAVE 9                         |  |
| CHURCH St. Peter's                                    |  |                              | FUNERAL DIRECTOR  |                                  | TYPE VAULT                    |                                 |  |
| CHURCH PERMIT No.                                     |  |                              | HEALTH PERMIT No. |                                  |                               |                                 |  |
| REMARKS: Nearest surviving relative, son, John Welch. |  |                              |                   |                                  |                               |                                 |  |
|                                                       |  |                              |                   |                                  |                               |                                 |  |
|                                                       |  |                              |                   |                                  |                               |                                 |  |
|                                                       |  |                              |                   |                                  |                               |                                 |  |
|                                                       |  |                              |                   |                                  |                               |                                 |  |

FAMILY NAME: WELCH

GIVEN NAME: JOHN

INTERMENT NUMBER: 08408

|                              |                         |             |                                  |                                 |  |
|------------------------------|-------------------------|-------------|----------------------------------|---------------------------------|--|
| NAME                         |                         | WELCH, John |                                  | INTERMENT No. 8408              |  |
| ADDRESS Steubenville, Ohio   |                         |             |                                  |                                 |  |
| PERSON RESPONSIBLE ADDRESS   |                         |             |                                  |                                 |  |
| AGE 78                       | RACE W                  | SEX M       | MARRIED <input type="checkbox"/> | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH Aug. 22, 1929  | CAUSE OF DEATH Gangrene |             |                                  | DATE OF BURIAL                  |  |
| SECTION St. Joseph           | ROW                     | LOT 61      | GRAVE 5                          |                                 |  |
| CHURCH St. Peters            | FUNERAL DIRECTOR        |             | TYPE VAULT                       |                                 |  |
| CHURCH PERMIT No. T.A.Powers | HEALTH PERMIT No.       |             |                                  |                                 |  |
| REMARKS: Lot owner.          |                         |             |                                  |                                 |  |
|                              |                         |             |                                  |                                 |  |
|                              |                         |             |                                  |                                 |  |
|                              |                         |             |                                  |                                 |  |
|                              |                         |             |                                  |                                 |  |



FAMILY NAME: WELCH

GIVEN NAME: JOHN A. (SAMPSON)

INTERMENT NUMBER: 07155

|                            |  |                                  |  |                   |  |                                 |  |
|----------------------------|--|----------------------------------|--|-------------------|--|---------------------------------|--|
| NAME                       |  | WELCH, John A. (Sampson)         |  | INTERMENT No.     |  | 7155                            |  |
| ADDRESS                    |  | 312 Ross St., Steubenville, Ohio |  |                   |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS |  |                                  |  |                   |  |                                 |  |
| AGE                        |  | RACE                             |  | SEX               |  | MARRIED                         |  |
| 52                         |  | W                                |  | M                 |  | <input type="checkbox"/>        |  |
|                            |  |                                  |  |                   |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH              |  | CAUSE OF DEATH                   |  |                   |  | DATE OF BURIAL                  |  |
| Feb. 7, 1922               |  | Myocarditis                      |  |                   |  |                                 |  |
| SECTION                    |  | St. Patrick                      |  | ROW               |  | LOT                             |  |
|                            |  |                                  |  |                   |  | 25                              |  |
| CHURCH                     |  | St. Peters                       |  | FUNERAL DIRECTOR  |  | TYPE VAULT                      |  |
|                            |  |                                  |  |                   |  |                                 |  |
| CHURCH PERMIT No.          |  | T.A.Powers                       |  | HEALTH PERMIT No. |  |                                 |  |
|                            |  |                                  |  |                   |  |                                 |  |
| REMARKS:                   |  | Son of lot owner, John Welch.    |  |                   |  |                                 |  |
|                            |  |                                  |  |                   |  |                                 |  |
|                            |  |                                  |  |                   |  |                                 |  |
|                            |  |                                  |  |                   |  |                                 |  |
|                            |  |                                  |  |                   |  |                                 |  |

FAMILY NAME: WELCH

GIVEN NAME: JOHN RAYMOND

INTERMENT NUMBER: 12281

|                                  |  |                                                                                                                                                          |  |                              |       |                                  |                                        |
|----------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|-------|----------------------------------|----------------------------------------|
| NAME                             |  | WELCH, John Raymond (Infant)                                                                                                                             |  | INTERMENT No.                |       | 12281                            |                                        |
| ADDRESS                          |  | 802 Lincoln Ave., Steubenville, Ohio                                                                                                                     |  |                              |       |                                  |                                        |
| PERSON RESPONSIBLE ADDRESS       |  | McGill - Nolan Funeral Home                                                                                                                              |  |                              |       |                                  |                                        |
| Jan. 26, 1956                    |  | AGE 1 min                                                                                                                                                |  | RACE W                       | SEX M | MARRIED <input type="checkbox"/> | infant SINGLE <input type="checkbox"/> |
| Jan. 26, 1956                    |  | DATE OF DEATH                                                                                                                                            |  | CAUSE OF DEATH Hydrocephalic |       | Jan. 27, 1956                    |                                        |
| DATE OF DEATH                    |  | CAUSE OF DEATH                                                                                                                                           |  | DATE OF BURIAL               |       |                                  |                                        |
| SECTION Holy Innocents, Original |  | ROW 8                                                                                                                                                    |  | LOT                          |       | GRAVE 21                         |                                        |
| CHURCH Holy Name                 |  | McGill - Nolan                                                                                                                                           |  | FUNERAL DIRECTOR             |       | none                             |                                        |
| CHURCH PERMIT No.                |  | Msgr. Regis Orig.                                                                                                                                        |  | Dist. 4101 -                 |       | HEALTH PERMIT No. 4              |                                        |
| REMARKS:                         |  | Born at Gill Memorial Hospital, Steubenville, Ohio of Zane and Theresa Parks Welch. Survived by parents, 1 sister, Bonny, 2 brothers, Gregory and David. |  |                              |       |                                  |                                        |

FAMILY NAME: WELCH

GIVEN NAME: JOSEPH

INTERMENT NUMBER: 08125

|                            |  |                    |   |                   |   |                |                          |
|----------------------------|--|--------------------|---|-------------------|---|----------------|--------------------------|
| NAME                       |  | WELCH, Joseph      |   | INTERMENT No.     |   | 8125           |                          |
| ADDRESS                    |  | Steubenville, Ohio |   |                   |   |                |                          |
| PERSON RESPONSIBLE ADDRESS |  |                    |   |                   |   |                |                          |
| AGE                        |  | RACE               | W | SEX               | M | MARRIED        | <input type="checkbox"/> |
|                            |  |                    |   |                   |   | SINGLE         | <input type="checkbox"/> |
| DATE OF DEATH              |  | Jan. 4, 1928       |   |                   |   | CAUSE OF DEATH |                          |
|                            |  |                    |   |                   |   | DATE OF BURIAL |                          |
| SECTION                    |  | St. Patrick        |   | ROW               |   | LOT            | 25                       |
|                            |  |                    |   |                   |   | GRAVE          | 3                        |
| CHURCH                     |  | St. Peters         |   | FUNERAL DIRECTOR  |   | TYPE VAULT     |                          |
| CHURCH PERMIT No.          |  | T.A.Powers         |   | HEALTH PERMIT No. |   |                |                          |
| REMARKS:                   |  |                    |   |                   |   |                |                          |
|                            |  |                    |   |                   |   |                |                          |
|                            |  |                    |   |                   |   |                |                          |
|                            |  |                    |   |                   |   |                |                          |
|                            |  |                    |   |                   |   |                |                          |

FAMILY NAME: WELCH  
GIVEN NAME: MARGARET  
INTERMENT NUMBER: 09377

|                            |    |                    |   |                   |   |                |                          |            |                          |   |
|----------------------------|----|--------------------|---|-------------------|---|----------------|--------------------------|------------|--------------------------|---|
| NAME                       |    | WELCH, Margaret    |   | INTERMENT NO.     |   | 9377           |                          |            |                          |   |
| ADDRESS                    |    | Steubenville, Ohio |   |                   |   |                |                          |            |                          |   |
| PERSON RESPONSIBLE ADDRESS |    |                    |   |                   |   |                |                          |            |                          |   |
| AGE                        | 64 | RACE               | W | SEX               | F | MARRIED        | <input type="checkbox"/> | SINGLE     | <input type="checkbox"/> |   |
| DATE OF DEATH              |    | CAUSE OF DEATH     |   |                   |   | DATE OF BURIAL |                          |            | Nov. 6, '36              |   |
| SECTION                    |    | St. Patrick's      |   | ROW               |   | LOT            |                          | 25         | GRAVE                    | 2 |
| CHURCH                     |    | St. Peters         |   | FUNERAL DIRECTOR  |   | Shannon        |                          | TYPE VAULT |                          |   |
| CHURCH PERMIT NO.          |    | T.A. Powers        |   | HEALTH PERMIT NO. |   |                |                          |            |                          |   |
| REMARKS:                   |    |                    |   |                   |   |                |                          |            |                          |   |
|                            |    |                    |   |                   |   |                |                          |            |                          |   |
|                            |    |                    |   |                   |   |                |                          |            |                          |   |
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|                            |    |                    |   |                   |   |                |                          |            |                          |   |

FAMILY NAME: WELCH

GIVEN NAME: MARTIN

INTERMENT NUMBER: 07470

|                            |  |                    |  |                   |  |                          |  |                          |  |
|----------------------------|--|--------------------|--|-------------------|--|--------------------------|--|--------------------------|--|
| NAME                       |  | WELCH, Martin      |  | INTERMENT No.     |  | 7470                     |  |                          |  |
| ADDRESS                    |  | Steubenville, Ohio |  |                   |  |                          |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                    |  |                   |  |                          |  |                          |  |
| AGE                        |  | RACE               |  | SEX               |  | MARRIED                  |  | SINGLE                   |  |
| 53                         |  | W                  |  | M                 |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  | CAUSE OF DEATH     |  |                   |  | DATE OF BURIAL           |  |                          |  |
| Nov. 27, 1923              |  |                    |  |                   |  |                          |  |                          |  |
| SECTION                    |  | Holy Name          |  | ROW               |  | LOT                      |  | GRAVE                    |  |
|                            |  |                    |  |                   |  | 43                       |  | 18                       |  |
| CHURCH                     |  | St. Peters         |  | FUNERAL DIRECTOR  |  | TYPE VAULT               |  |                          |  |
|                            |  |                    |  |                   |  |                          |  |                          |  |
| CHURCH PERMIT No.          |  | F.B.Touey          |  | HEALTH PERMIT No. |  |                          |  |                          |  |
|                            |  |                    |  |                   |  |                          |  |                          |  |
| REMARKS:                   |  |                    |  |                   |  |                          |  |                          |  |
|                            |  |                    |  |                   |  |                          |  |                          |  |
|                            |  |                    |  |                   |  |                          |  |                          |  |
|                            |  |                    |  |                   |  |                          |  |                          |  |
|                            |  |                    |  |                   |  |                          |  |                          |  |



FAMILY NAME: WELCH

GIVEN NAME: MARY

INTERMENT NUMBER: 01407

|                            |  |                                                                                  |  |                   |  |                |  |                |  |    |  |         |  |                          |  |        |  |        |  |                          |  |
|----------------------------|--|----------------------------------------------------------------------------------|--|-------------------|--|----------------|--|----------------|--|----|--|---------|--|--------------------------|--|--------|--|--------|--|--------------------------|--|
| NAME                       |  | WELCH, Mary                                                                      |  | (Infant)          |  | INTERMENT No.  |  | 1407           |  |    |  |         |  |                          |  |        |  |        |  |                          |  |
| ADDRESS                    |  | Logan St., Steubenville, Ohio                                                    |  |                   |  |                |  |                |  |    |  |         |  |                          |  |        |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                                                                                  |  |                   |  |                |  |                |  |    |  |         |  |                          |  |        |  |        |  |                          |  |
| AGE                        |  | 4-10 mo                                                                          |  | RACE              |  | W              |  | SEX            |  | F  |  | MARRIED |  | <input type="checkbox"/> |  | infant |  | SINGLE |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  | Jan. 21, 1903                                                                    |  | CAUSE OF DEATH    |  | Spinel trouble |  | DATE OF BURIAL |  |    |  |         |  |                          |  |        |  |        |  |                          |  |
| SECTION                    |  | St. Patrick                                                                      |  | ROW               |  |                |  | LOT            |  | 25 |  | GRAVE   |  | 6                        |  |        |  |        |  |                          |  |
| CHURCH                     |  | St. Peters                                                                       |  | FUNERAL DIRECTOR  |  |                |  | TYPE VAULT     |  |    |  |         |  |                          |  |        |  |        |  |                          |  |
| CHURCH PERMIT No.          |  | John J. Dacey                                                                    |  | HEALTH PERMIT No. |  |                |  |                |  |    |  |         |  |                          |  |        |  |        |  |                          |  |
| REMARKS:                   |  | Grandchild of lot owner, John Welch and daughter of John Welch Jr, who survives. |  |                   |  |                |  |                |  |    |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                                                                                  |  |                   |  |                |  |                |  |    |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                                                                                  |  |                   |  |                |  |                |  |    |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                                                                                  |  |                   |  |                |  |                |  |    |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                                                                                  |  |                   |  |                |  |                |  |    |  |         |  |                          |  |        |  |        |  |                          |  |

FAMILY NAME: WELCH  
GIVEN NAME: MARY MRS.  
INTERMENT NUMBER: 03299

|                            |                                                       |                    |                   |               |   |            |                                |                |                          |
|----------------------------|-------------------------------------------------------|--------------------|-------------------|---------------|---|------------|--------------------------------|----------------|--------------------------|
| NAME                       |                                                       | WELCH, Mary Mrs.   |                   | INTERMENT No. |   | 3299       |                                |                |                          |
| ADDRESS                    |                                                       | Steubenville, Ohio |                   |               |   |            |                                |                |                          |
| PERSON RESPONSIBLE ADDRESS |                                                       |                    |                   |               |   |            |                                |                |                          |
| AGE                        | 77                                                    | RACE               | W                 | SEX           | F | MARRIED    | <input type="checkbox"/> widow | SINGLE         | <input type="checkbox"/> |
| DATE OF DEATH              | Jan. 9, 1913                                          |                    | CAUSE OF DEATH    |               |   | Fall       |                                | DATE OF BURIAL |                          |
| SECTION                    | St. Patrick                                           |                    |                   | ROW           |   | LOT        | 25                             | GRAVE          | 11                       |
| CHURCH                     | St. Peters                                            |                    | FUNERAL DIRECTOR  |               |   | TYPE VAULT |                                |                |                          |
| CHURCH PERMIT No.          | F.W.Glockner                                          |                    | HEALTH PERMIT No. |               |   |            |                                |                |                          |
| REMARKS:                   | Widow of lot owner, John Welch, Survived by son James |                    |                   |               |   |            |                                |                |                          |
|                            |                                                       |                    |                   |               |   |            |                                |                |                          |
|                            |                                                       |                    |                   |               |   |            |                                |                |                          |
|                            |                                                       |                    |                   |               |   |            |                                |                |                          |
|                            |                                                       |                    |                   |               |   |            |                                |                |                          |

FAMILY NAME: WELCH  
GIVEN NAME: MICHAEL  
INTERMENT NUMBER: 03034

|                                                                  |  |                    |  |                   |  |                                  |  |
|------------------------------------------------------------------|--|--------------------|--|-------------------|--|----------------------------------|--|
| NAME                                                             |  | WELCH, Michael     |  | INTERMENT NO.     |  | 3034                             |  |
| ADDRESS                                                          |  | Steubenville, Ohio |  |                   |  |                                  |  |
| PERSON RESPONSIBLE ADDRESS                                       |  |                    |  |                   |  |                                  |  |
| AGE 37                                                           |  | RACE W             |  | SEX M             |  | MARRIED <input type="checkbox"/> |  |
|                                                                  |  |                    |  |                   |  | SINGLE <input type="checkbox"/>  |  |
| DATE OF DEATH                                                    |  | CAUSE OF DEATH     |  |                   |  | DATE OF BURIAL                   |  |
| Oct. 3, 1911                                                     |  | Heart failure      |  |                   |  |                                  |  |
| SECTION                                                          |  | St. Patrick        |  | ROW               |  | LOT 25 GRAVE 11                  |  |
| CHURCH                                                           |  | St. Peters         |  | FUNERAL DIRECTOR  |  | TYPE VAULT                       |  |
| CHURCH PERMIT NO.                                                |  | T.A.Powers         |  | HEALTH PERMIT NO. |  |                                  |  |
| REMARKS: Son of lot owner, John Welch. Survived by mother, Mary. |  |                    |  |                   |  |                                  |  |
|                                                                  |  |                    |  |                   |  |                                  |  |
|                                                                  |  |                    |  |                   |  |                                  |  |
|                                                                  |  |                    |  |                   |  |                                  |  |
|                                                                  |  |                    |  |                   |  |                                  |  |

FAMILY NAME: WELCH  
GIVEN NAME: THOMAS  
INTERMENT NUMBER: 08118

|                            |  |                      |  |                   |  |                                  |  |                                        |  |
|----------------------------|--|----------------------|--|-------------------|--|----------------------------------|--|----------------------------------------|--|
| NAME                       |  | WELCH, Thomas        |  | (Infant)          |  | INTERMENT NO.                    |  | 8118                                   |  |
| ADDRESS                    |  | Mingo Junction, Ohio |  |                   |  |                                  |  |                                        |  |
| PERSON RESPONSIBLE ADDRESS |  |                      |  |                   |  |                                  |  |                                        |  |
| AGE                        |  | RACE W               |  | SEX M             |  | MARRIED <input type="checkbox"/> |  | infant SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH              |  | Dec. 16, 1927        |  | CAUSE OF DEATH    |  | DATE OF BURIAL                   |  |                                        |  |
| SECTION                    |  | St. Stanislaus       |  | ROW               |  | LOT 42                           |  | between 5 GRAVE & 11                   |  |
| CHURCH                     |  | St. Agnes, Mingo     |  | FUNERAL DIRECTOR  |  | TYPE VAULT                       |  |                                        |  |
| CHURCH PERMIT NO.          |  | Jos. F. Dooley       |  | HEALTH PERMIT NO. |  |                                  |  |                                        |  |
| REMARKS:                   |  |                      |  |                   |  |                                  |  |                                        |  |
|                            |  |                      |  |                   |  |                                  |  |                                        |  |
|                            |  |                      |  |                   |  |                                  |  |                                        |  |
|                            |  |                      |  |                   |  |                                  |  |                                        |  |
|                            |  |                      |  |                   |  |                                  |  |                                        |  |

FAMILY NAME: WELCH

GIVEN NAME: WILLIAM

INTERMENT NUMBER: RX073

|                                                                                                                  |  |                   |   |                  |   |                |                          |
|------------------------------------------------------------------------------------------------------------------|--|-------------------|---|------------------|---|----------------|--------------------------|
| NAME                                                                                                             |  | WELCH, William    |   | INTERMENT No.    |   | RX-73          |                          |
| ADDRESS                                                                                                          |  |                   |   |                  |   |                |                          |
| PERSON RESPONSIBLE ADDRESS                                                                                       |  |                   |   |                  |   |                |                          |
| AGE                                                                                                              |  | RACE              | W | SEX              | M | MARRIED        | <input type="checkbox"/> |
|                                                                                                                  |  |                   |   |                  |   | SINGLE         | <input type="checkbox"/> |
| DATE OF DEATH                                                                                                    |  | CAUSE OF DEATH    |   |                  |   | DATE OF BURIAL |                          |
| SECTION                                                                                                          |  | St. Patrick       |   | ROW              |   | LOT            | 25                       |
|                                                                                                                  |  |                   |   |                  |   | part of GRAVE  | 7                        |
| CHURCH                                                                                                           |  | St. Peters        |   | FUNERAL DIRECTOR |   | TYPE VAULT     |                          |
| CHURCH PERMIT No.                                                                                                |  | HEALTH PERMIT No. |   |                  |   |                |                          |
| REMARKS: Removed from old cemetery, probably at same tim as John Greehy, as they were re-interred in same grave. |  |                   |   |                  |   |                |                          |
|                                                                                                                  |  |                   |   |                  |   |                |                          |
|                                                                                                                  |  |                   |   |                  |   |                |                          |
|                                                                                                                  |  |                   |   |                  |   |                |                          |



FAMILY NAME: WELD  
GIVEN NAME: ARTHUR  
INTERMENT NUMBER: 18271

|                            |  |                                                                                                                          |  |                      |  |                                       |  |
|----------------------------|--|--------------------------------------------------------------------------------------------------------------------------|--|----------------------|--|---------------------------------------|--|
| NAME                       |  | Weld. Arthur                                                                                                             |  | INTERMENT No.        |  | 18271                                 |  |
| ADDRESS                    |  | 104 Orchard                                                                                                              |  | Mingo Junction, Ohio |  |                                       |  |
| PERSON RESPONSIBLE ADDRESS |  | Blaschalk Funeral Home                                                                                                   |  |                      |  |                                       |  |
| 8-24-1896                  |  | RACE                                                                                                                     |  | SEX                  |  | MARRIED                               |  |
| AGE 91                     |  | W                                                                                                                        |  | M                    |  | <input checked="" type="checkbox"/>   |  |
|                            |  |                                                                                                                          |  |                      |  | SINGLE <input type="checkbox"/>       |  |
| DATE OF DEATH              |  | 2-19-1988                                                                                                                |  | CAUSE OF DEATH       |  | Not stated on provisional certificate |  |
|                            |  |                                                                                                                          |  |                      |  | DATE OF BURIAL                        |  |
|                            |  |                                                                                                                          |  |                      |  | 2-22-1988                             |  |
| SECTION                    |  | Assumption                                                                                                               |  | ROW                  |  | LOT 173 GRAVE 1                       |  |
| CHURCH                     |  | St.Agnes                                                                                                                 |  | FUNERAL DIRECTOR     |  | Blaschalk                             |  |
|                            |  | Fr. Lewis                                                                                                                |  |                      |  | TYPE VAULT #9                         |  |
| CHURCH PERMIT              |  | Gaetano                                                                                                                  |  | HEALTH PERMIT No.    |  | 4100-9                                |  |
| REMARKS:                   |  | Survivors include his wife, Sally Bizich Weld; a son, Bill Weld of Modesto, Calif.; a daughter, Mae Hatok of Depew, N.Y. |  |                      |  |                                       |  |
|                            |  | a sister, ALta Martens of Tacoma, Wash.; and nine grandchildren.                                                         |  |                      |  |                                       |  |
|                            |  | He was a retired employee of Wheeling-Pittsburgh Steel Corp. and                                                         |  |                      |  |                                       |  |

a member of St. Agnes Catholic Church and Steubenville Eagles Aerie.

FAMILY NAME: WELD  
GIVEN NAME: MARTHA ELLEN MRS.  
INTERMENT NUMBER: 14842

|                                                                                                                                                                                                                                                                                                                                                                |  |                           |  |                                 |  |                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|--|---------------------------------|--|---------------------------------------------|--|
| NAME                                                                                                                                                                                                                                                                                                                                                           |  | WEID, Mrs. Martha Ellen   |  | INTERMENT No.                   |  | 14842                                       |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                        |  | 254 North Sixth St.,      |  | Steubenville, Ohio              |  |                                             |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                                                                                                     |  | McClave Funeral Home      |  |                                 |  |                                             |  |
| Oct. 25, 1894                                                                                                                                                                                                                                                                                                                                                  |  | RACE W                    |  | SEX F                           |  | MARRIED <input checked="" type="checkbox"/> |  |
| AGE 74-5-22d                                                                                                                                                                                                                                                                                                                                                   |  |                           |  | SINGLE <input type="checkbox"/> |  |                                             |  |
| April 15, 1969                                                                                                                                                                                                                                                                                                                                                 |  | Not stated on provisional |  | April 18, 1969                  |  |                                             |  |
| DATE OF DEATH                                                                                                                                                                                                                                                                                                                                                  |  | CAUSE OF DEATH            |  | DATE OF BURIAL                  |  |                                             |  |
| Assumption                                                                                                                                                                                                                                                                                                                                                     |  | ROW                       |  | LOT 173                         |  | GRAVE 2                                     |  |
| CHURCH St. Peters                                                                                                                                                                                                                                                                                                                                              |  | FUNERAL DIRECTOR McClave  |  | falcon topseal                  |  | TYPE VAULT conc.                            |  |
| Msgr. Cronin T. Malloy.                                                                                                                                                                                                                                                                                                                                        |  | Dist 15011 -              |  | 4-0" X 1-0" X 1-6"trip          |  |                                             |  |
| CHURCH PERMIT                                                                                                                                                                                                                                                                                                                                                  |  | HEALTH PERMIT No.         |  | 173                             |  | 1e memorial. MAS 3/72                       |  |
| REMARKS: Born in Bellwood, Pa., of Wm. H. & Marg't Ann Yingling Powers. Survived by husband, Arthur Weld, a daughter, Mrs. William (Venetta) Hatok; 2 sons, Robert Q. and William R. Weld; 2 sisters, Mrs. Mary Moore and Mrs. Paul McDermott; 2 brothers, William and Lawrence Powers and 8 grandchildren. Died at East Liverpool, Ohio Extended Care Center. |  |                           |  |                                 |  |                                             |  |

FAMILY NAME: WELD  
GIVEN NAME: ROBERT Q.  
INTERMENT NUMBER: 18089

|                                                                                                                                                                                                                                    |                                       |                                         |                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------|
| NAME Weld, Robert Q.                                                                                                                                                                                                               |                                       | INTERMENT No. 18089                     |                                                                             |
| ADDRESS 841 Jeanette Ave. Steubenville, Ohio                                                                                                                                                                                       |                                       |                                         |                                                                             |
| PERSON RESPONSIBLE ADDRESS McClave-Chandler-Mills Funeral Home                                                                                                                                                                     |                                       |                                         |                                                                             |
| 12-2-1920                                                                                                                                                                                                                          |                                       |                                         |                                                                             |
| AGE 66                                                                                                                                                                                                                             | RACE W                                | SEX M                                   | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| 3-21-1987                                                                                                                                                                                                                          | Not stated on provisional certificate |                                         | 3-23-1987                                                                   |
| DATE OF DEATH                                                                                                                                                                                                                      | CAUSE OF DEATH                        | DATE OF BURIAL                          |                                                                             |
| SECTION Resurrection Mausoleum                                                                                                                                                                                                     |                                       | ROW                                     | CRYPT 518-A                                                                 |
| from funeral home                                                                                                                                                                                                                  |                                       | LOT                                     | GRAVE                                                                       |
| CHURCH                                                                                                                                                                                                                             |                                       | FUNERAL DIRECTOR McClave-Chandler Mills | TYPE not required                                                           |
| Msgr. Lawrence                                                                                                                                                                                                                     |                                       |                                         |                                                                             |
| CHURCH PERMIT Luciana                                                                                                                                                                                                              | HEALTH PERMIT No. 4101-171            |                                         |                                                                             |
| REMARKS: Surviving are his wife, Dorothy Garrison Weld, his father, Arthur Weld of Mingo Jct.; two sons, Robert of Chicago and Jeffrey of Millville, N.J.; a daughter, Mrs. James (Brenda) Dooley of Millville; a brother, William |                                       |                                         |                                                                             |

of Modesto, Calif.; and a sister, Mrs. William (Mae) Hatok of Clarence, N.Y. He was born in Bellwood, Pa. He was preceded in death by his mother, Martha Ellen Powers Weld. He was an Army veteran of W.W.II and a member of St.Peter's Catholic Church, Dip and Dive Square Dance Club Valley Round Dance Club and Labelle View Golf Club. He was postmaster of the Toronto Post Office until his retirement.

FAMILY NAME: WELD  
GIVEN NAME: SALLY  
INTERMENT NUMBER: 18646

|                                                                                                                                                                                                                                     |        |                            |                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------|-----------------------------------------------------------------------------------|
| NAME Weld, Sally                                                                                                                                                                                                                    |        | INTERMENT No. 18646        |                                                                                   |
| ADDRESS Box 361, Slickville, Pa. (formerly of Steubenville)                                                                                                                                                                         |        |                            |                                                                                   |
| PERSON RESPONSIBLE ADDRESS Bash Funeral Home                                                                                                                                                                                        |        |                            |                                                                                   |
| 3-3-1909                                                                                                                                                                                                                            |        |                            |                                                                                   |
| AGE 80                                                                                                                                                                                                                              | RACE W | SEX F                      | MARRIED <input checked="" type="checkbox"/> widow SINGLE <input type="checkbox"/> |
| 2-7-1990                                                                                                                                                                                                                            |        | 2-9-1990                   |                                                                                   |
| DATE OF DEATH                                                                                                                                                                                                                       |        | CAUSE OF DEATH Lung cancer |                                                                                   |
| DATE OF BURIAL                                                                                                                                                                                                                      |        |                            |                                                                                   |
| SECTION Assumption                                                                                                                                                                                                                  |        | ROW                        | LOT 173 GRAVE 3                                                                   |
| St. Sylvester                                                                                                                                                                                                                       |        | Bash Funeral               |                                                                                   |
| CHURCH Slickville, Pa.                                                                                                                                                                                                              |        | FUNERAL DIRECTOR Home      | TYPE eagle                                                                        |
| CHURCH PERMIT Fr. Rodger A. Statnick                                                                                                                                                                                                |        | Westmoreland Co. Pa.       |                                                                                   |
| REMARKS: She is survived by two brothers, Mike and George Bisich, both of Aliquippa, Pa. three sisters, Mrs. Mildred Grgich of Grgich of Slickville, and Mrs. Ann Arbutina and Mrs. Kay Zarembo, both of Aliquippa; and a number of |        |                            |                                                                                   |

nieces and nephews. She was born in Penn Township, Pa. a daughter of the late Mike and Katherine Gorchuck Bisich. She was also preceded in death by her husband, Arthur Weld in 1988.



FAMILY NAME: WELDAY

GIVEN NAME: HELEN M. MRS.

INTERMENT NUMBER: 15445

|                                                                        |  |                                        |  |                                                                                          |  |
|------------------------------------------------------------------------|--|----------------------------------------|--|------------------------------------------------------------------------------------------|--|
| NAME                                                                   |  | WELDAY, Mrs. Helen M.                  |  | INTERMENT No. 15445                                                                      |  |
| ADDRESS 1302 Orchard Street, Steubenville, Ohio                        |  |                                        |  |                                                                                          |  |
| PERSON RESPONSIBLE ADDRESS Mosti Funeral Home                          |  |                                        |  |                                                                                          |  |
| March 24, 1905                                                         |  | AGE 67-5-12da                          |  | RACE W SEX F MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |  |
| Sept. 5, 1972                                                          |  | Not stated on provisional certificate. |  | Sept. 8, 1972                                                                            |  |
| DATE OF DEATH                                                          |  | CAUSE OF DEATH                         |  | DATE OF BURIAL                                                                           |  |
| SECTION Poor Souls                                                     |  | ROW                                    |  | LOT 334 GRAVE 3                                                                          |  |
| CHURCH St. Stanislaus                                                  |  | FUNERAL DIRECTOR Mosti                 |  | falcon topseal TYPE VAULT conc.                                                          |  |
| Fr. C. L. Szymanski.                                                   |  | Dist. 4101-608                         |  | 1-4" X 0-8" X 1-4" marker. Archer 9/14/72                                                |  |
| CHURCH PERMIT                                                          |  | HEALTH PERMIT No.                      |  |                                                                                          |  |
| REMARKS: Born in Warsaw, Poland of John & Mary Sienkiewicz Majewski.   |  |                                        |  |                                                                                          |  |
| Retired employee of the Chicago Wallpaper & Mfg. Co., of Steubenville, |  |                                        |  |                                                                                          |  |
| Survived by a daughter Mrs. Kathy Houghton with whom she resided, and  |  |                                        |  |                                                                                          |  |
| a granddaughter, Helen Houghton. Stricken at home and D.O.A. at Ohio   |  |                                        |  |                                                                                          |  |
| Valley Hospital, Steubenville, Ohio.                                   |  |                                        |  |                                                                                          |  |



FAMILY NAME: WELDAY  
GIVEN NAME: INFANT BOY  
INTERMENT NUMBER: 13023

|                                  |  |                                                    |  |                                          |  |                                 |  |
|----------------------------------|--|----------------------------------------------------|--|------------------------------------------|--|---------------------------------|--|
| NAME                             |  | WELDAY, Infant Boy                                 |  | INTERMENT No.                            |  | 13023                           |  |
| ADDRESS                          |  | Steubenville, Ohio.                                |  |                                          |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS       |  | Gill Memorial Hospital                             |  |                                          |  |                                 |  |
| Feb. 16, 1960                    |  | AGE                                                |  | RACE W                                   |  | SEX M                           |  |
|                                  |  | MARRIED <input type="checkbox"/>                   |  | feetus                                   |  | SINGLE <input type="checkbox"/> |  |
| Feb. 18, 1960                    |  | DATE OF DEATH                                      |  | cardio- respiratory failure prematurity. |  | Feb. 18, 1960                   |  |
|                                  |  | CAUSE OF DEATH                                     |  | DATE OF BURIAL                           |  |                                 |  |
| SECTION                          |  | Poor Souls                                         |  | ROW                                      |  | LOT 141                         |  |
|                                  |  |                                                    |  |                                          |  | foot of GRAVE 5                 |  |
| CHURCH                           |  | St. Peters (?)                                     |  | FUNERAL DIRECTOR                         |  | McGill                          |  |
|                                  |  |                                                    |  |                                          |  | None                            |  |
| Private baptism at Gill          |  | Dist. 4101 -                                       |  |                                          |  |                                 |  |
| CHURCH PERMIT No. Memorial Hosp. |  | HEALTH PERMIT No. 94                               |  |                                          |  |                                 |  |
| REMARKS:                         |  | Born in Steubenville at Gill Memorial Hospital, of |  |                                          |  |                                 |  |
|                                  |  |                                                    |  |                                          |  |                                 |  |
|                                  |  |                                                    |  |                                          |  |                                 |  |
|                                  |  |                                                    |  |                                          |  |                                 |  |
|                                  |  |                                                    |  |                                          |  |                                 |  |
|                                  |  |                                                    |  |                                          |  |                                 |  |

FAMILY NAME: WELDAY

GIVEN NAME: JOHN D.

INTERMENT NUMBER: 15046

|                                                                        |  |                                                                 |  |                         |  |                                                                                     |  |
|------------------------------------------------------------------------|--|-----------------------------------------------------------------|--|-------------------------|--|-------------------------------------------------------------------------------------|--|
| NAME                                                                   |  | WELDAY, John D.                                                 |  | INTERMENT No.           |  | 15046                                                                               |  |
| ADDRESS                                                                |  | Pottery Addition,<br>100 North Barbara Ave., Steubenville, Ohio |  |                         |  |                                                                                     |  |
| PERSON RESPONSIBLE ADDRESS                                             |  | Clarke Funeral Home                                             |  |                         |  |                                                                                     |  |
| Feb. 1, 1899                                                           |  | RACE W                                                          |  | SEX M                   |  | MARRIED <input checked="" type="checkbox"/> widower SINGLE <input type="checkbox"/> |  |
| AGE 71-5-8da                                                           |  |                                                                 |  |                         |  |                                                                                     |  |
| July 7, 1970                                                           |  | Not stated on prov. certificate.                                |  |                         |  | July 10, 1970                                                                       |  |
| DATE OF DEATH                                                          |  | CAUSE OF DEATH                                                  |  |                         |  | DATE OF BURIAL                                                                      |  |
| SECTION                                                                |  | St. Stanislaus                                                  |  | ROW                     |  | LOT 5 GRAVE 7                                                                       |  |
| St. Paul Mission                                                       |  | CHURCH St. Peters, Steub.                                       |  | FUNERAL DIRECTOR Clarke |  | Eagle Triplex TYPE VAULT conc.                                                      |  |
| Fr. Robert Kawa                                                        |  | Dist. 4102 -                                                    |  | 4-0" X 1-0" X 1-6" dble |  |                                                                                     |  |
| CHURCH PERMIT                                                          |  | HEALTH PERMIT No. 29 4                                          |  | memorial. Hayslip '68.  |  |                                                                                     |  |
| REMARKS: Born in Mingo Junction of Harry & Adeline Welday.             |  |                                                                 |  |                         |  |                                                                                     |  |
| Retired employee of Weirton Steel Div. Nat'l Steel Corp., Survived by  |  |                                                                 |  |                         |  |                                                                                     |  |
| 2 sons, John F. and Richard Welday; a brother, Howard Welday; a sister |  |                                                                 |  |                         |  |                                                                                     |  |
| Mrs. Murray (Edna) Shillings, and 3 grandchildren. Died at the Ohio    |  |                                                                 |  |                         |  |                                                                                     |  |
| Valley Hospital, Steubenville, O.                                      |  |                                                                 |  |                         |  |                                                                                     |  |

FAMILY NAME: WELDAY  
GIVEN NAME: JOHN FORREST  
INTERMENT NUMBER: 19161

|                                                                                                                                      |                                       |                     |                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------|-----------------------------------------------------------------------------|
| NAME WELDAY, JOHN Forrest                                                                                                            |                                       | INTERMENT No. 19161 |                                                                             |
| ADDRESS Fort Steuben Hotel- North Fourth ST. Steubenville, Ohio                                                                      |                                       |                     |                                                                             |
| PERSON RESPONSIBLE ADDRESS J. E. Foster Funeral Home                                                                                 |                                       |                     |                                                                             |
| 9-2-1926                                                                                                                             |                                       |                     |                                                                             |
| AGE 66                                                                                                                               | RACE W                                | SEX M               | MARRIED <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> |
| 9-17-1992                                                                                                                            | Not stated on provisional certificate |                     | 9-19-1992                                                                   |
| DATE OF DEATH                                                                                                                        | CAUSE OF DEATH                        | DATE OF BURIAL      |                                                                             |
| SECTION St. Stanislaus                                                                                                               | ROW                                   | LOT 5               | GRAVE 12                                                                    |
| CHURCH St. Peters.                                                                                                                   | FUNERAL DIRECTOR Foster               | Delphi-topseal      |                                                                             |
| CHURCH PERMIT Msgr. Lawrence Luciana                                                                                                 | HEALTH PERMIT No. 4101-448            | TYPE VAULT          |                                                                             |
| REMARKS: Surviving are a brother "Dick" of Toronto. He was born in Steubenville, a son of the late John and Loretta Hamilton Welday. |                                       |                     |                                                                             |
| He was a member of St. Peters Catholic Church and a NAVY veteran.                                                                    |                                       |                     |                                                                             |
|                                                                                                                                      |                                       |                     |                                                                             |
|                                                                                                                                      |                                       |                     |                                                                             |

Sept. 28, 1992 Flat bronze veteran marker ordered.  
Nov. 19, 1992 Flat bronze veteran marker received  
(Jeff Foster dropped off at office)

FAMILY NAME: WELDAY  
GIVEN NAME: LORETTA R. MRS.  
INTERMENT NUMBER: 14399

|                                                                      |     |                                                         |      |                       |     |                       |         |                                     |        |                          |   |  |
|----------------------------------------------------------------------|-----|---------------------------------------------------------|------|-----------------------|-----|-----------------------|---------|-------------------------------------|--------|--------------------------|---|--|
| NAME                                                                 |     | WELDAY, Mrs. Loretta R.                                 |      | INTERMENT No. 14399   |     |                       |         |                                     |        |                          |   |  |
| ADDRESS                                                              |     | 100 North Barbara Ave., Pottery Add. Steubenville, Ohio |      |                       |     |                       |         |                                     |        |                          |   |  |
| PERSON RESPONSIBLE ADDRESS                                           |     | Clarke Funeral Home, Toronto, Ohio                      |      |                       |     |                       |         |                                     |        |                          |   |  |
| May 9, 1901                                                          | AGE | 65-8-24ds                                               | RACE | W                     | SEX | F                     | MARRIED | <input checked="" type="checkbox"/> | SINGLE | <input type="checkbox"/> |   |  |
| Feb. 3, 1967                                                         |     | Not stated on provisional certificate.                  |      | Feb. 6, 1967          |     |                       |         |                                     |        |                          |   |  |
| DATE OF DEATH                                                        |     | CAUSE OF DEATH                                          |      | DATE OF BURIAL        |     |                       |         |                                     |        |                          |   |  |
| SECTION                                                              |     | St. Stanislaus                                          |      | ROW                   | LOT |                       | 5       |                                     | GRAVE  |                          | 8 |  |
| St. Paul's Mission                                                   |     | FUNERAL DIRECTOR                                        |      | Clarke                |     | Monarch topseal       |         |                                     |        |                          |   |  |
| CHURCH                                                               |     | St. Peters Church                                       |      | TYPE                  |     | VAULT                 |         | conc.                               |        |                          |   |  |
| Fr. Donald R. Nuss.                                                  |     | Dist. 4102                                              |      | 4-0" X 1-0" X 1-6"dbl |     | memorial. Hayslip '68 |         |                                     |        |                          |   |  |
| CHURCH PERMIT                                                        |     | HEALTH PERMIT No.                                       |      | 7                     |     |                       |         |                                     |        |                          |   |  |
| REMARKS: Born in Martins Ferry, Ohio of James & Helen Rowan Hamilton |     |                                                         |      |                       |     |                       |         |                                     |        |                          |   |  |
| Widow of Jo hn Welday who survives with 2 sons, John F. and Richard  |     |                                                         |      |                       |     |                       |         |                                     |        |                          |   |  |
| T. Welday; a brother James Hamilton; and 3 grandchildren. Died at    |     |                                                         |      |                       |     |                       |         |                                     |        |                          |   |  |
| home.                                                                |     |                                                         |      |                       |     |                       |         |                                     |        |                          |   |  |

FAMILY NAME: WELKIN

GIVEN NAME: JOHN

INTERMENT NUMBER: 05101

|                            |  |                          |  |                   |  |               |  |      |  |   |  |         |  |                          |  |        |  |        |  |                          |  |
|----------------------------|--|--------------------------|--|-------------------|--|---------------|--|------|--|---|--|---------|--|--------------------------|--|--------|--|--------|--|--------------------------|--|
| NAME                       |  | WELKIN, John             |  | (Infant)          |  | INTERMENT No. |  | 5101 |  |   |  |         |  |                          |  |        |  |        |  |                          |  |
| ADDRESS                    |  | Steubenville, Ohio       |  |                   |  |               |  |      |  |   |  |         |  |                          |  |        |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                          |  |                   |  |               |  |      |  |   |  |         |  |                          |  |        |  |        |  |                          |  |
| AGE                        |  | 1-4 mo                   |  | RACE              |  | W             |  | SEX  |  | M |  | MARRIED |  | <input type="checkbox"/> |  | infant |  | SINGLE |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  | Aug. 14, 1916            |  | CAUSE OF DEATH    |  |               |  |      |  |   |  |         |  | DATE OF BURIAL           |  |        |  |        |  |                          |  |
| SECTION                    |  | Holy Innocents, Div. III |  | ROW               |  | 4             |  | LOT  |  |   |  |         |  | GRAVE                    |  | 26     |  |        |  |                          |  |
| CHURCH                     |  | Holy Name                |  | FUNERAL DIRECTOR  |  |               |  |      |  |   |  |         |  | TYPE VAULT               |  |        |  |        |  |                          |  |
| CHURCH PERMIT No.          |  | J.A.Weigand              |  | HEALTH PERMIT No. |  |               |  |      |  |   |  |         |  |                          |  |        |  |        |  |                          |  |
| REMARKS:                   |  |                          |  |                   |  |               |  |      |  |   |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                          |  |                   |  |               |  |      |  |   |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                          |  |                   |  |               |  |      |  |   |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                          |  |                   |  |               |  |      |  |   |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                          |  |                   |  |               |  |      |  |   |  |         |  |                          |  |        |  |        |  |                          |  |



FAMILY NAME: WELLING  
GIVEN NAME: LAWRENCE W.  
INTERMENT NUMBER: 15439

|                                                                                                                                                                                                                                                                                  |  |                                                                   |  |                     |  |                                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|--|---------------------|--|-------------------------------------|--|
| NAME                                                                                                                                                                                                                                                                             |  | WELLING, Lawrence W.                                              |  | INTERMENT No.       |  | 15439                               |  |
| ADDRESS                                                                                                                                                                                                                                                                          |  | 8111 Quenton St., New Carrollton, Maryland                        |  |                     |  |                                     |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                       |  | Mrs. Joann Welling for lot.<br>McClace-Chandler-Mills for opening |  |                     |  |                                     |  |
| June 11, 1935                                                                                                                                                                                                                                                                    |  | RACE                                                              |  | SEX                 |  | MARRIED                             |  |
| AGE 37-2-11                                                                                                                                                                                                                                                                      |  | W                                                                 |  | M                   |  | <input checked="" type="checkbox"/> |  |
| Aug. 21, 1972                                                                                                                                                                                                                                                                    |  | (CA of throat)                                                    |  | Not stated on       |  | Aug. 25, 1972                       |  |
| DATE OF DEATH                                                                                                                                                                                                                                                                    |  | CAUSE OF DEATH                                                    |  | Maryland permit.    |  | DATE OF BURIAL                      |  |
| SECTION                                                                                                                                                                                                                                                                          |  | All Souls                                                         |  | ROW                 |  | LOT 95                              |  |
| GRAVE                                                                                                                                                                                                                                                                            |  | 9                                                                 |  | F.Gasch-Hyattsville |  | falcon topseal                      |  |
| CHURCH                                                                                                                                                                                                                                                                           |  | Holy Name's - here                                                |  | FUNERAL DIRECTOR    |  | McClave-C-M-here                    |  |
| Msg. Cronin Malloy.                                                                                                                                                                                                                                                              |  | Takoma Park, Md.                                                  |  | 2-2" X 1-2" X 2-2"  |  | TYPE VAULT conc.                    |  |
| CHURCH PERMIT                                                                                                                                                                                                                                                                    |  | HEALTH PERMIT No.                                                 |  | nonumber            |  | memorial.Hayship-8/26/72            |  |
| REMARKS: Born in Steubenville of Wylae W. and Mary Connley Welling.                                                                                                                                                                                                              |  |                                                                   |  |                     |  |                                     |  |
| Employed as Vice-President of Executive Systems, Inc., (Computer Analyst). Survived by his parents, his wife, Mrs. Joann Clark Welling, and 4 children; Lawrence J., Kleran P., Shawn M., and Stacy A. Welling a brother Gary M. Weling and a sister, Mrs. Mary Ann Hanlon. Also |  |                                                                   |  |                     |  |                                     |  |

one grandson. Died at the Washington Sanitorium and Hsopital, og New Carrollton, Maryland.

FAMILY NAME: WELLING

GIVEN NAME: WYLIE W.

INTERMENT NUMBER: 15701

|                                                                                                                                                                                                                               |                                         |                                       |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|--------------|
| NAME WELLING Wylie W.                                                                                                                                                                                                         |                                         | INTERMENT No. 15701                   |              |
| ADDRESS 1230 Oakgrove Ave. Steubenville, Ohio                                                                                                                                                                                 |                                         |                                       |              |
| PERSON RESPONSIBLE ADDRESS McClave-Chandler-Mills Funeral Home                                                                                                                                                                |                                         |                                       |              |
| Mar. 31, 1910                                                                                                                                                                                                                 | AGE 63-10-0                             | RACE W                                | SEX M        |
| MARRIED <input checked="" type="checkbox"/>                                                                                                                                                                                   |                                         | SINGLE <input type="checkbox"/>       |              |
| Jan. 31, 1974                                                                                                                                                                                                                 | DATE OF DEATH                           | not stated on provisional certificate | Feb. 4, 1974 |
| CAUSE OF DEATH                                                                                                                                                                                                                |                                         | DATE OF BURIAL                        |              |
| SECTION All Souls                                                                                                                                                                                                             | ROW                                     | LOT 95                                | GRAVE 7      |
| CHURCH St. Peters                                                                                                                                                                                                             | McClave-Chandler-FUNERAL DIRECTOR Mills | falcon topseal conc.                  |              |
| CHURCH PERMIT C.T. Molloy                                                                                                                                                                                                     | 4101 - 92                               | 2-2x1-2x2-6 mem.                      |              |
| HEALTH PERMIT No.                                                                                                                                                                                                             |                                         | 4/74 Hayslip                          |              |
| REMARKS: Died at Ohio Valley Hospital. Employed at the Federal paperboard co. Survived by widow, Mary Conley Welling, a daughter Mrs. Mary Hanlon of Follansbee, W. Va. A son Gary Welling of Auburn Hts. Michigan. A brother |                                         |                                       |              |

Raymond of Hopedale, Ohio.

FAMILY NAME: WELLINGTON

GIVEN NAME: JAMES F.

INTERMENT NUMBER: 19291

|                                                        |    |                               |   |                    |   |                                  |                                     |
|--------------------------------------------------------|----|-------------------------------|---|--------------------|---|----------------------------------|-------------------------------------|
| NAME                                                   |    | Wellington, James F.          |   | INTERMENT No.      |   | 19291                            |                                     |
| ADDRESS                                                |    | 76 S. Byron Dr.               |   | Wintersville, Ohio |   |                                  |                                     |
| PERSON RESPONSIBLE ADDRESS                             |    | Mrs. Patricia Wellington-wife |   |                    |   |                                  |                                     |
| 3-26-1925                                              |    |                               |   |                    |   |                                  |                                     |
| AGE                                                    | 68 | RACE                          | W | SEX                | M | MARRIED                          | <input checked="" type="checkbox"/> |
| 5-20-1993                                              |    | Not stated on provi-          |   | 5-24-1993          |   | SINGLE <input type="checkbox"/>  |                                     |
| DATE OF DEATH                                          |    | CAUSE OF DEATH                |   | sional certificate |   | DATE OF BURIAL                   |                                     |
| SECTION                                                |    | St. Mary Magdalene            |   | ROW                |   | LOT 326 GRAVE 1                  |                                     |
| Blessed Sacrament                                      |    | CHURCH                        |   | FUNERAL DIRECTOR   |   | TYPE VAULT                       |                                     |
| Msgr. Robert                                           |    | Kawa                          |   | Mosti              |   | #12 guage                        |                                     |
| CHURCH PERMIT                                          |    | HEALTH PERMIT No.             |   | 4100-058           |   | 3-10x1-2 dbl.mem. Kurtz 6/7/1993 |                                     |
| REMARKS: Surviving are his wife, Patricia Petrella     |    |                               |   |                    |   |                                  |                                     |
| Wellington; a son, James F. Jr. of Jacksonville, Fla.; |    |                               |   |                    |   |                                  |                                     |
| three daughters, Mrs. Ed (Debi) Everson of Barberton,  |    |                               |   |                    |   |                                  |                                     |
| Lori Wellington of the residence and Mrs. Dale (Jeana) |    |                               |   |                    |   |                                  |                                     |

Parr of Weirton; two brothers, Samuel of Nashville, Tenn. and John of Toronto; his step-mother, Alice Wellington of Toronto; two sisters, Mrs. Bruce (Becky) Clark of Brilliant and Mrs. Jerry (Mary Lou) Hawkins of Toronto and one grandchild. He was born in Knoxville, a son of the late Samuel and Margaret Armstrong Wellington. He was preceded in death by a sister, Jean Skeeles in 1991. He was a veteran of the Navy in W.W.II and Korea. He was retired from National Steel in 1979. He was also a former Jefferson County deputy sheriff and a juvenile officer and detective for the Wintersville Police Dept. He served as a trustee of the Harrison Hills Assoc., was an attendance officer for Indian Creek and was a member of the American Legion, Disabled American Veterans and Tri-State Law Enforcement.

May 29, 1993 Flat bronze veteran marker ordered.  
Aug. 4, 1993 Flat bronze veteran marker received.

FAMILY NAME: WELLS  
GIVEN NAME: DOROTHY MAE  
INTERMENT NUMBER: 09632

|                            |      |                             |     |                            |                                                                  |
|----------------------------|------|-----------------------------|-----|----------------------------|------------------------------------------------------------------|
| NAME                       |      | WELLS, Dorothy Mae (Infant) |     | INTERMENT No. 9632         |                                                                  |
| ADDRESS                    |      | Steubenville, Ohio          |     |                            |                                                                  |
| PERSON RESPONSIBLE ADDRESS |      |                             |     |                            |                                                                  |
| AGE                        | RACE | W                           | SEX | F                          | MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH              |      | CAUSE OF DEATH              |     | DATE OF BURIAL Aug. 26 '38 |                                                                  |
| SECTION                    |      | Holy Innocents VI           |     | ROW                        | 4 LOT GRAVE 26                                                   |
| CHURCH                     |      | St. Peters                  |     | FUNERAL DIRECTOR           | Mettenberger TYPE VAULT                                          |
| CHURCH PERMIT No.          |      | T.A.Powers                  |     | HEALTH PERMIT No.          |                                                                  |
| REMARKS:                   |      |                             |     |                            |                                                                  |
|                            |      |                             |     |                            |                                                                  |
|                            |      |                             |     |                            |                                                                  |
|                            |      |                             |     |                            |                                                                  |
|                            |      |                             |     |                            |                                                                  |



FAMILY NAME: WELLS  
GIVEN NAME: DOROTHY T.  
INTERMENT NUMBER: 20432

|                                                                                                                                                                                                                             |  |                    |  |                                       |  |                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|--|---------------------------------------|--|-----------------------------------------------------------------------------------|--|
| NAME                                                                                                                                                                                                                        |  | Wells, Dorothy T.  |  | INTERMENT No.                         |  | 20432                                                                             |  |
| ADDRESS 10152 115 Ave. Largo Fl.                                                                                                                                                                                            |  |                    |  |                                       |  |                                                                                   |  |
| PERSON RESPONSIBLE ADDRESS Carol Scarford                                                                                                                                                                                   |  |                    |  |                                       |  |                                                                                   |  |
| 9-1-1933                                                                                                                                                                                                                    |  |                    |  |                                       |  |                                                                                   |  |
| AGE 65                                                                                                                                                                                                                      |  | RACE W             |  | SEX F                                 |  | MARRIED <input checked="" type="checkbox"/> widow SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH 3-22-1999                                                                                                                                                                                                     |  | CAUSE OF DEATH     |  | Not stated on provisional certificate |  | DATE OF BURIAL 3-31-1999                                                          |  |
| SECTION Queen of Heaven                                                                                                                                                                                                     |  |                    |  | ROW                                   |  | LOT 42 GRAVE 4                                                                    |  |
| CHURCH St. Peters                                                                                                                                                                                                           |  |                    |  | FUNERAL DIRECTOR Mosti                |  | TYPE VAULT #9                                                                     |  |
| CHURCH PERMIT                                                                                                                                                                                                               |  | Msgr. George Yontz |  | HEALTH PERMIT No.                     |  | Pinellas 1-0x3-0 dbl. mem. Co. Fla. Kurtz 8/26/1998                               |  |
| REMARKS: Surviving are a son, Robert J. II of Largo; a daughter, Mrs. Fred (Michelle) Schumacher of Largo, a sister, Carol Scarford of South Pasadena, Fla. and two grandchildren. She was born in Steubenville, a daughter |  |                    |  |                                       |  |                                                                                   |  |

of the late Michael and Wanda Wanat Scaford. She was also preceded in death by her husband, Robert J. Wells I in 1984. She retired in 1997 from Quality Applian&ein Clearwater, Fla. She was a member of St. Justin Martyr Catholic Church in Seminole, Fla.



FAMILY NAME: WELLS  
GIVEN NAME: FRANK C. (FRANCIS)  
INTERMENT NUMBER: 11962

|                                                                                                                       |  |                                         |  |                                 |  |                          |  |
|-----------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|---------------------------------|--|--------------------------|--|
| NAME                                                                                                                  |  | WELLS, (Francis) Frank C.               |  | INTERMENT No.                   |  | 11962                    |  |
| ADDRESS                                                                                                               |  | 42 Academy Ave., Mt. Lebanon, Pgh. Pa., |  |                                 |  |                          |  |
| PERSON RESPONSIBLE ADDRESS                                                                                            |  | Shannon Funeral Home                    |  |                                 |  |                          |  |
| Apr. 30, 1894                                                                                                         |  | AGE                                     |  | 59-10-14                        |  | da                       |  |
| RACE                                                                                                                  |  | W                                       |  | SEX                             |  | M                        |  |
| MARRIED                                                                                                               |  | <input checked="" type="checkbox"/>     |  | SINGLE                          |  | <input type="checkbox"/> |  |
| Mar. 14, 1954                                                                                                         |  | DATE OF DEATH                           |  | Undetermined (Cancer)           |  | Mar. 17, 1954            |  |
| CAUSE OF DEATH                                                                                                        |  | DATE OF BURIAL                          |  |                                 |  |                          |  |
| SECTION                                                                                                               |  | Blessed Virgin                          |  | ROW                             |  | LOT 91                   |  |
| GRAVE                                                                                                                 |  | 11                                      |  | St. Bernard's, Mt. Lebanon, Pa. |  | Beinhauer & Son          |  |
| Mass. 3/16/54                                                                                                         |  | FUNERAL DIRECTOR                        |  | Shannon-Here                    |  | Wheatley # 9             |  |
| CHURCH                                                                                                                |  | Blessing Fm. St. Peters,                |  | Alleghany Co., 0201-37          |  | 20-" X 1-0"              |  |
| CHURCH PERMIT No.                                                                                                     |  | Msgr. Grigsby                           |  | HEALTH PERMIT No.               |  | 154                      |  |
| Vet. Marker - 1954                                                                                                    |  |                                         |  |                                 |  |                          |  |
| REMARKS: Veteran of W. W. I. Employed by Westinghouse Electric Co., Survived by wife, Theresa Bueche Wells, 1 sister, |  |                                         |  |                                 |  |                          |  |

FAMILY NAME: WELLS  
GIVEN NAME: JAMES EDWARD  
INTERMENT NUMBER: 12136

|                                                                       |  |                                                     |  |                           |       |                                   |                                            |
|-----------------------------------------------------------------------|--|-----------------------------------------------------|--|---------------------------|-------|-----------------------------------|--------------------------------------------|
| NAME                                                                  |  | WELLS, James Edward                                 |  | INTERMENT No.             |       | 12136                             |                                            |
| ADDRESS                                                               |  | P.O. Box 31, Kilgore, Ohio                          |  |                           |       |                                   |                                            |
| PERSON RESPONSIBLE ADDRESS                                            |  | Mrs. Helen Well, (Mother) P.O. Bx 21, Kilgore, Ohio |  |                           |       |                                   |                                            |
| Jan. 6, 1929                                                          |  | AGE 26-3-0 da                                       |  | RACE W                    | SEX M | MARRIED <input type="checkbox"/>  | SINGLE <input checked="" type="checkbox"/> |
| Apr. 5, 1955                                                          |  | DATE OF DEATH                                       |  | CAUSE OF DEATH            |       | Cor. pilmone--acute bronchechitis |                                            |
| Apr. 8, 1955                                                          |  | DATE OF BURIAL                                      |  |                           |       |                                   |                                            |
| SECTION                                                               |  | All Souls                                           |  | ROW                       | LOT   | GRAVE                             |                                            |
|                                                                       |  |                                                     |  |                           | 15    | 6                                 |                                            |
| St. Joseph-                                                           |  | CHURCH                                              |  | FUNERAL DIRECTOR          |       | Sectional                         |                                            |
| Amsterdam, Ohio                                                       |  |                                                     |  | Altman                    |       | TYPE VAULT                        |                                            |
| Fr. Jos. Johnson                                                      |  | CHURCH PERMIT No.                                   |  | Dist.1000 Caroliton, Ohio |       | 2-0" X 1-0" markr                 |                                            |
|                                                                       |  | HEALTH PERMIT No.                                   |  | 441                       |       | S. White's Sons 1955              |                                            |
| REMARKS: Born at Steubenville of Robert M. and Helen Vogt Wells.      |  |                                                     |  |                           |       |                                   |                                            |
| who survive with 5 brothers, Thomas, Elwood, Francis Ronald and Paul. |  |                                                     |  |                           |       |                                   |                                            |
| Died at home (of parents)                                             |  |                                                     |  |                           |       |                                   |                                            |

FAMILY NAME: WELLS  
GIVEN NAME: KATHRYN G.  
INTERMENT NUMBER: 20285

|                                                                                                                                                                                                                                     |  |                        |  |                    |  |           |  |                |  |                                       |  |                                     |  |           |  |                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|--|--------------------|--|-----------|--|----------------|--|---------------------------------------|--|-------------------------------------|--|-----------|--|--------------------------|--|
| NAME                                                                                                                                                                                                                                |  | Wells, Kathryn G.      |  | INTERMENT No.      |  | 20285     |  |                |  |                                       |  |                                     |  |           |  |                          |  |
| ADDRESS                                                                                                                                                                                                                             |  | 2119 Glenn             |  | Steubenville, Ohio |  |           |  |                |  |                                       |  |                                     |  |           |  |                          |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                          |  | Paul Wells-husband     |  |                    |  |           |  |                |  |                                       |  |                                     |  |           |  |                          |  |
| 7-4-1918                                                                                                                                                                                                                            |  | RACE                   |  | W                  |  | SEX       |  | F              |  | MARRIED                               |  | <input checked="" type="checkbox"/> |  | SINGLE    |  | <input type="checkbox"/> |  |
| AGE                                                                                                                                                                                                                                 |  | 79                     |  | DATE OF DEATH      |  | 6-21-1998 |  | CAUSE OF DEATH |  | Not stated on provisional certificate |  | DATE OF BURIAL                      |  | 6-24-1998 |  |                          |  |
| SECTION                                                                                                                                                                                                                             |  | Resurrection Mausoleum |  | ROW                |  |           |  | CRYPT          |  | 524-C                                 |  | GRAVE                               |  |           |  |                          |  |
| CHURCH                                                                                                                                                                                                                              |  | St. Peters             |  | FUNERAL DIRECTOR   |  | Mosti     |  | TYPE VAULT     |  | not required                          |  |                                     |  |           |  |                          |  |
| CHURCH PERMIT                                                                                                                                                                                                                       |  | Msgr. George Yontz     |  | HEALTH PERMIT No.  |  | 4101-325  |  |                |  |                                       |  |                                     |  |           |  |                          |  |
| REMARKS: Surviving are her second husband, Paul E. Wells, two daughters, Karen L. Lewis of White Mountain Lake, Ariz. and Mrs. Thomas (Lynne) Helinski of Wintersville; a step-son Paul t, Wells of Toronto, and two stepdaughters, |  |                        |  |                    |  |           |  |                |  |                                       |  |                                     |  |           |  |                          |  |

Mrs. Paul (Laurel) Dubeck of Zanesville and Mrs. John (Renee) Holland of LaPorte, texas; a sister, Mrs. Raymlond (Louise) Morane of Springdale, Pa. six grandchildren, five graet grandchildren and five step-grandchildren. She was born in Burton, W.Va. a daughter of the late William and Rachael Hart Yeater. She was also preceded in death by her first husband, Ewing L. Davis who died in 1965; a daughter, Nancy A. Mitchell; a brother, Leo Yeater and three sisters, Willa Yeater , Alma wilkins and Doris J. Otto. She was a former employee of Ohio Valley Hospital and Wheeling Pittsburgh Steel Corp as a nurse. She was a member of St. Peters Catholic Church.

FAMILY NAME: WELLS

GIVEN NAME: ROBERT SR.

INTERMENT NUMBER: 17542

|                                                                                                                                                                                                                                  |                                       |                     |                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------|-----------------------------------------------------------------------------|
| NAME Wells, Robert Sr.                                                                                                                                                                                                           |                                       | INTERMENT No. 17542 |                                                                             |
| ADDRESS 1202 Park Street, Steubenville, Ohio                                                                                                                                                                                     |                                       |                     |                                                                             |
| PERSON RESPONSIBLE ADDRESS Mosti Funeral Home                                                                                                                                                                                    |                                       |                     |                                                                             |
| Nov. 1, 1928                                                                                                                                                                                                                     | RACE W                                | SEX M               | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| AGE 55                                                                                                                                                                                                                           | Not stated on provisional certificate |                     | DATE OF BURIAL 3-2-1984                                                     |
| DATE OF DEATH 2-28-1984                                                                                                                                                                                                          | CAUSE OF DEATH                        |                     |                                                                             |
| SECTION Queen of Heaven                                                                                                                                                                                                          | ROW                                   | LOT 12              | GRAVE 3                                                                     |
| CHURCH St. Peter's                                                                                                                                                                                                               | FUNERAL DIRECTOR Mosti                | TYPE VAULT guardian |                                                                             |
| CHURCH PERMIT Luciana                                                                                                                                                                                                            | HEALTH PERMIT No. 4101-0129           | 1-0x3-0 dble        |                                                                             |
| REMARKS: Surviving are his wife, Dorothy Scarford Wells; a son, Robert II of Wellsville; a daughter Michelle Scharfenberg of Steubenville; six sisters, Mrs. John (Beulah) Kolozai of Steubenville, Mrs. George (Lula) Washel of |                                       |                     |                                                                             |

Wintersville, Mrs. Donald (Maxine) Brannon, Mrs. Roy (Margaret) Yost and Linda Wilson all of Toronto, and Mrs. Curt (Martina) Bennington of Bloomingdale; and two grandchildren. He was born in Georges Run, a son of the late Calvin and Hazel Dunlap Wells. He was also preceded in death by a brother, William and two sisters, Phyllis Totten and Erma Wade. He was a member of the Catholic Community Center, Holy Name Society, which he served as treasurer, and St. Peter's Catholic Church. He was active in scouting and was an Air Force veteran of W.W. II. He had been a bus driver and custodian for the Steubenville Board of Education before his retirement. He died in O.V.H. where he had been a patient for two days.

3-19-84 Flat Bronze marker ordered.

5-24-1984 Flat bronze marker received.



FAMILY NAME: WELLS  
GIVEN NAME: SUSAN MARIE  
INTERMENT NUMBER: 11552

|                                                                       |  |                                 |  |                |  |                                                                  |  |
|-----------------------------------------------------------------------|--|---------------------------------|--|----------------|--|------------------------------------------------------------------|--|
| NAME                                                                  |  | WELLS, Susan Marie (infant)     |  | INTERMENT No.  |  | 11552                                                            |  |
| ADDRESS                                                               |  | R. D. # 1, Mingo Junction, Ohio |  |                |  |                                                                  |  |
| PERSON RESPONSIBLE ADDRESS                                            |  |                                 |  |                |  |                                                                  |  |
| Nov. 3, 1949                                                          |  |                                 |  |                |  |                                                                  |  |
| AGE 1-8-27 da                                                         |  | RACE W                          |  | SEX F          |  | MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                                                         |  | Aug. 11, 1951                   |  | CAUSE OF DEATH |  | Bronchial pnunonia                                               |  |
|                                                                       |  |                                 |  | DATE OF BURIAL |  | Aug. 13, 1951                                                    |  |
| SECTION                                                               |  | Poor Souls II                   |  | ROW 2          |  | LOT GRAVE 24                                                     |  |
| Annunciation Parish buried fm                                         |  |                                 |  |                |  |                                                                  |  |
| CHURCH Holy Name                                                      |  | FUNERAL DIRECTOR Burford        |  | TYPE VAULT     |  |                                                                  |  |
| CHURCH Hohn Cymbor                                                    |  | Dist. 4101 -                    |  |                |  |                                                                  |  |
| PERMIT No.                                                            |  | HEALTH PERMIT No. 413           |  |                |  |                                                                  |  |
| REMARKS: Born, Steubenville of Paul Edward & Virginia Galabrese Wells |  |                                 |  |                |  |                                                                  |  |
| Died at Ohio Valley Hosp., Steubenville, O.                           |  |                                 |  |                |  |                                                                  |  |
|                                                                       |  |                                 |  |                |  |                                                                  |  |
|                                                                       |  |                                 |  |                |  |                                                                  |  |
|                                                                       |  |                                 |  |                |  |                                                                  |  |



FAMILY NAME: WELLS  
GIVEN NAME: THERESA B.  
INTERMENT NUMBER: 16439

|                            |  |                                                                                                                                                                                                                     |  |                                                    |  |                      |  |                 |  |                |  |            |  |         |  |                                           |  |        |  |                          |  |
|----------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|--|----------------------|--|-----------------|--|----------------|--|------------|--|---------|--|-------------------------------------------|--|--------|--|--------------------------|--|
| NAME                       |  | WELLS, Theresa B.                                                                                                                                                                                                   |  | INTERMENT No.                                      |  | 16439                |  |                 |  |                |  |            |  |         |  |                                           |  |        |  |                          |  |
| ADDRESS                    |  | John J. Kane Hospital                                                                                                                                                                                               |  |                                                    |  |                      |  |                 |  |                |  |            |  |         |  |                                           |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  | Ed Laughlin Funeral Home-Pittsburgh                                                                                                                                                                                 |  |                                                    |  |                      |  |                 |  |                |  |            |  |         |  |                                           |  |        |  |                          |  |
| 7-5-1897                   |  |                                                                                                                                                                                                                     |  |                                                    |  |                      |  |                 |  |                |  |            |  |         |  |                                           |  |        |  |                          |  |
| AGE                        |  | 80                                                                                                                                                                                                                  |  | =                                                  |  | RACE                 |  | W               |  | SEX            |  | F          |  | MARRIED |  | <input checked="" type="checkbox"/> widow |  | SINGLE |  | <input type="checkbox"/> |  |
| Feb. 12, 1978              |  | DATE OF DEATH                                                                                                                                                                                                       |  | Irreversible Gram, negative shock, cancer of colon |  | CAUSE OF DEATH       |  | Feb. 15, 1978   |  | DATE OF BURIAL |  |            |  |         |  |                                           |  |        |  |                          |  |
| SECTION                    |  | Blessed Virgin                                                                                                                                                                                                      |  | ROW                                                |  | LOT                  |  | 91              |  | GRAVE          |  | 11         |  |         |  |                                           |  |        |  |                          |  |
| CHURCH                     |  | St. Bernards                                                                                                                                                                                                        |  | FUNERAL DIRECTOR                                   |  | Ed Laughlin          |  | TYPE VAULT      |  | falcon         |  | topseal    |  |         |  |                                           |  |        |  |                          |  |
| CHURCH PERMIT              |  | Rev. Wilt                                                                                                                                                                                                           |  | HEALTH PERMIT No.                                  |  | 91-226 Pa. Rev. Wilt |  | 2-0 x 1-0x 0-10 |  | Rev. Wilt      |  | kurtz 4/78 |  |         |  |                                           |  |        |  |                          |  |
| REMARKS:                   |  | Formerly of Mt. Lebanon, beloved wife of the late Frank C. Wells., Theresa Bueche Wells died Sunday at Mercy Hospital in Pittsburgh where she had been resided for more than 30 years. She was born July 5, 1897 in |  |                                                    |  |                      |  |                 |  |                |  |            |  |         |  |                                           |  |        |  |                          |  |

Steubenville, a daughter of the late Joseph and Annie Toner Bueche. She was a member of St. Bernards Church in Mt. Lebanon. Mrs. Wells was preceded in death by her husband, Frank Wells, and by a brother John Bueche of Steubenville. Survivors include her sister-in-law, Mrs. John Bueche of Steubenville; a niece, Mrs. Clifford Davies of Weirton, and two cousins, James H. Brown of Steubenville and Mrs. Michael O'Toole, both of Steubenville.

FAMILY NAME: WELLS  
GIVEN NAME: VIRGINIA  
INTERMENT NUMBER: 15797

|                                                                                                                                                                                                                                 |    |                               |   |                           |   |                          |                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------|---|---------------------------|---|--------------------------|-------------------------------------|
| NAME                                                                                                                                                                                                                            |    | WELLS, VIRGINIA               |   | INTERMENT No.             |   | 15797                    |                                     |
| ADDRESS                                                                                                                                                                                                                         |    | 2119 Glenn Steubenville, Ohio |   | 43952                     |   |                          |                                     |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                      |    | Paul Wells (Husband)          |   |                           |   |                          |                                     |
| May 27, 1921                                                                                                                                                                                                                    |    |                               |   |                           |   |                          |                                     |
| AGE                                                                                                                                                                                                                             | 53 | RACE                          | W | SEX                       | F | MARRIED                  | <input checked="" type="checkbox"/> |
|                                                                                                                                                                                                                                 |    |                               |   | SINGLE                    |   | <input type="checkbox"/> |                                     |
| Sept. 13, 1974                                                                                                                                                                                                                  |    | DATE OF DEATH                 |   | Not stated on Provisional |   | 1974                     |                                     |
|                                                                                                                                                                                                                                 |    | CAUSE OF DEATH                |   | DATE OF BURIAL            |   | Sept. 16,                |                                     |
| SECTION                                                                                                                                                                                                                         |    | QUEEN OF HEAVEN               |   | ROW                       |   | LOT 399 GRAVE 2          |                                     |
| CHURCH                                                                                                                                                                                                                          |    | St. Peters                    |   | FUNERAL DIRECTOR          |   | Cole Funeral Falcon      |                                     |
| CHURCH PERMIT                                                                                                                                                                                                                   |    | C.T. Malloy                   |   | 4101 -                    |   | 1-8x0-10 single          |                                     |
|                                                                                                                                                                                                                                 |    | HEALTH PERMIT No.             |   | No. Number                |   | Whites 5-12-75           |                                     |
| REMARKS: Died at Ohio Valley Hospital. Survived by husband Paul Wells, parents Thomas and Mary Gallabrese, a son Patrick of Toronto, two daughters Mrs. Laurel DuBeck and Miss . Irene Wells. two sisters Mrs. Ed. Bertucci and |    |                               |   |                           |   |                          |                                     |

Mrs, Eliz. Aspenlicter, a brother Ross Gallabrese.  
She was born in Steubenville.

FAMILY NAME: WELSH  
GIVEN NAME: ADELAIDE (MARGARET)  
INTERMENT NUMBER: 17899

|                                                                                                                                                                                                                                 |                                                      |                                  |                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------|
| NAME Welsh, Adelaide (Margaret)                                                                                                                                                                                                 |                                                      | INTERMENT No. 17899              |                                                                                   |
| ADDRESS 2033 Eve Drive Steubenville, Ohio                                                                                                                                                                                       |                                                      |                                  |                                                                                   |
| PERSON RESPONSIBLE ADDRESS Mr. John Welsh (son-as above)                                                                                                                                                                        |                                                      |                                  |                                                                                   |
| 8-2-1898                                                                                                                                                                                                                        |                                                      |                                  |                                                                                   |
| AGE 87                                                                                                                                                                                                                          | RACE W                                               | SEX F                            | MARRIED <input checked="" type="checkbox"/> widow SINGLE <input type="checkbox"/> |
| DATE OF DEATH 2-22-1986                                                                                                                                                                                                         | CAUSE OF DEATH Not stated onprovi-sional certificate |                                  | DATE OF BURIAL 2-25-1986                                                          |
| SECTION Assumption                                                                                                                                                                                                              | ROW                                                  | LOT 395                          | GRAVE 5                                                                           |
| CHURCH St. Peter's                                                                                                                                                                                                              | McClave-Chandler # 9                                 |                                  |                                                                                   |
|                                                                                                                                                                                                                                 | FUNERAL DIRECTOR Mills                               | TYPE VAULT topseal               |                                                                                   |
| CHURCH PERMIT Msgr. Lawrence Luciana                                                                                                                                                                                            | HEALTH PERMIT No. 4101-0114                          | 5-0x1-2x3-0 trple Archer 10/1976 |                                                                                   |
| REMARKS: Surviving are a son, John of Steubenville, three grandchildren , and one great grandchild. She was pre-ceded in death by her husband, William Welsh in 1976 and a daughter, Margaret Miller in 1982, and three sisters |                                                      |                                  |                                                                                   |

and four brothers. She was born in Steubenville the daughter of the late William and Margaret Barron Lashley. She was a member of St. Peter's Catholic Church, Catholic Woman's Club, and the American Legion Auxillary.

FAMILY NAME: WELSH  
GIVEN NAME: DELIA MISS  
INTERMENT NUMBER: 10201

|                                                                                                                                                                   |     |                   |   |                               |   |                |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------|---|-------------------------------|---|----------------|-------------------------------------|
| NAME                                                                                                                                                              |     | WELSH, Delia Miss |   | INTERMENT No.                 |   | 10201          |                                     |
| ADDRESS                                                                                                                                                           |     | Pittsburgh, Pa.,  |   |                               |   |                |                                     |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                        |     |                   |   |                               |   |                |                                     |
| Feb. 29, 1863                                                                                                                                                     |     |                   |   |                               |   |                |                                     |
| AGE                                                                                                                                                               | 79- | RACE              | W | SEX                           | F | MARRIED        | <input type="checkbox"/>            |
|                                                                                                                                                                   |     |                   |   |                               |   | SINGLE         | <input checked="" type="checkbox"/> |
| Nov. 24, 1942                                                                                                                                                     |     | CAUSE OF DEATH    |   | Nov. 27, 1942                 |   | DATE OF BURIAL |                                     |
| DATE OF DEATH                                                                                                                                                     |     |                   |   |                               |   |                |                                     |
| SECTION                                                                                                                                                           |     | St. Patrick's     |   | ROW                           |   | LOT            | 17                                  |
|                                                                                                                                                                   |     |                   |   |                               |   | GRAVE          | 1                                   |
| CHURCH                                                                                                                                                            |     | St. Peter's       |   | Jerry T. O'Shea, Pgh. Shannon |   | sectional      |                                     |
|                                                                                                                                                                   |     |                   |   | FUNERAL DIRECTOR              |   | TYPE VAULT     |                                     |
| CHURCH PERMIT No.                                                                                                                                                 |     | H.J.Griggby       |   | Dist. 2                       |   |                |                                     |
|                                                                                                                                                                   |     |                   |   | HEALTH PERMIT No.             |   | 8140           |                                     |
| REMARKS: Born, Steubenville of Thomas and Mary Welsh. Resided in Pgh many years, died at St. Francis Hosp., Pgh. Pa., Survived by Mrs. Mary Welsh, sister-in-law. |     |                   |   |                               |   |                |                                     |
|                                                                                                                                                                   |     |                   |   |                               |   |                |                                     |
|                                                                                                                                                                   |     |                   |   |                               |   |                |                                     |
|                                                                                                                                                                   |     |                   |   |                               |   |                |                                     |



FAMILY NAME: WELSH  
GIVEN NAME: EDWARD M. CAPT. M. MARINE  
INTERMENT NUMBER: 12284

|                                                                                                                                                                                                 |  |                                                 |        |                                  |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--------|----------------------------------|-----------------------------------|
| NAME                                                                                                                                                                                            |  | WELSH, Edward M. (Captain, M Marine)            |        | INTERMENT No. 12284              |                                   |
| ADDRESS                                                                                                                                                                                         |  | (Mother) 311 Clipton Ave., Mingo Junction, Ohio |        |                                  |                                   |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                      |  | Hoff Funeral Home                               |        |                                  |                                   |
| Oct. 18, 1905                                                                                                                                                                                   |  | presumed: single                                |        |                                  |                                   |
| AGE 50-3-11 da                                                                                                                                                                                  |  | RACE W                                          | SEX M  | MARRIED <input type="checkbox"/> | ? SINGLE <input type="checkbox"/> |
| Jan. 30, 1956                                                                                                                                                                                   |  | (not stated on permit)                          |        | Feb. 6, 1956                     |                                   |
| DATE OF DEATH                                                                                                                                                                                   |  | CAUSE OF DEATH                                  |        | DATE OF BURIAL                   |                                   |
| SECTION St. Stanislaus                                                                                                                                                                          |  | ROW                                             | LOT 42 | GRAVE 11                         |                                   |
| St. Agnes, Mingo                                                                                                                                                                                |  | Hoff                                            |        | Wheatley # 9                     |                                   |
| CHURCH                                                                                                                                                                                          |  | FUNERAL DIRECTOR                                |        | TYPE VAULT conc.                 |                                   |
| Fr. Wm. Konus                                                                                                                                                                                   |  | New York City                                   |        | 2-0" X 1-0" marker               |                                   |
| CHURCH PERMIT NO.                                                                                                                                                                               |  | HEALTH PERMIT NO. 2580                          |        | Hayslip - 4/26/57                |                                   |
| REMARKS: Born in Mingo Junction, Ohio of Michael and Kathryn Barrett Welsh. Survived by Mother, 5 brothers, Joseph, Thomas, Harry, Francis, and Fred. Died in Bellevue Hospital, New York, N.Y. |  |                                                 |        |                                  |                                   |
|                                                                                                                                                                                                 |  |                                                 |        |                                  |                                   |
|                                                                                                                                                                                                 |  |                                                 |        |                                  |                                   |
|                                                                                                                                                                                                 |  |                                                 |        |                                  |                                   |



FAMILY NAME: WELSH  
GIVEN NAME: ELIZABETH CATHERINE MRS.  
INTERMENT NUMBER: 10906

|                                                                   |             |                                 |                                                |                     |                                 |
|-------------------------------------------------------------------|-------------|---------------------------------|------------------------------------------------|---------------------|---------------------------------|
| NAME                                                              |             | WELSH, Mrs. Elizabeth Catherine |                                                | INTERMENT No. 10906 |                                 |
| ADDRESS 235 N. 7th St., Steubenville, Ohio                        |             |                                 |                                                |                     |                                 |
| PERSON RESPONSIBLE ADDRESS                                        |             |                                 |                                                |                     |                                 |
| Feb. 12, 1888                                                     |             |                                 |                                                |                     |                                 |
| AGE                                                               | 59-4-22 da  | RACE                            | W                                              | SEX                 | F                               |
|                                                                   |             | MARRIED                         | <input checked="" type="checkbox"/> (divorced) |                     | SINGLE <input type="checkbox"/> |
| DATE OF DEATH                                                     | Jul. 4, 47  | CAUSE OF DEATH                  |                                                | Coronary Occlusion  |                                 |
|                                                                   |             | DATE OF BURIAL                  |                                                | Jul 8, 1947         |                                 |
| SECTION                                                           | Holy Name   |                                 | ROW                                            | LOT                 | 92                              |
|                                                                   |             |                                 |                                                | GRAVE 15            |                                 |
| CHURCH                                                            | St. Peter's |                                 | FUNERAL DIRECTOR                               | Shannon             |                                 |
|                                                                   |             | Dist. 654-                      |                                                | TYPE VAULT          |                                 |
| CHURCH PERMIT No.                                                 | H.J.Grigsby |                                 | HEALTH PERMIT No.                              | 368                 |                                 |
|                                                                   |             |                                 |                                                | Mahon               |                                 |
| REMARKS: Born, Steubenville, Ohio of Bernard & Elizabeth Fullen.  |             |                                 |                                                |                     |                                 |
| Survived by 2 sons, Thomas B. and Harry S. Welsh; 2 sisters, Mrs. |             |                                 |                                                |                     |                                 |
| Frank Gould and Mrs. Wm. Cartwright. 1 brother, Thomas Fullen.    |             |                                 |                                                |                     |                                 |
|                                                                   |             |                                 |                                                |                     |                                 |
|                                                                   |             |                                 |                                                |                     |                                 |
|                                                                   |             |                                 |                                                |                     |                                 |

FAMILY NAME: WELSH  
GIVEN NAME: HOWARD FRANCIS  
INTERMENT NUMBER: 17524

|                                                                                                                                                                                                                                              |  |                                            |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|---------------------------------|
| NAME Welsh, Howard Francis                                                                                                                                                                                                                   |  | INTERMENT No. 17524                        |                                 |
| ADDRESS 1002 Francis St. St. Joseph, Missouri                                                                                                                                                                                                |  |                                            |                                 |
| PERSON RESPONSIBLE ADDRESS McClave-Chandler-Mills Funeral Home                                                                                                                                                                               |  |                                            |                                 |
| Jan. 19, 1897<br>AGE 87                                                                                                                                                                                                                      |  | RACE W                                     | SEX M                           |
|                                                                                                                                                                                                                                              |  | MARRIED <input type="checkbox"/>           | SINGLE <input type="checkbox"/> |
| DATE OF DEATH 2-8-1984                                                                                                                                                                                                                       |  | CAUSE OF DEATH Pneumonia                   |                                 |
|                                                                                                                                                                                                                                              |  | DATE OF BURIAL 2-11-1984                   |                                 |
| SECTION Blessed Virgin                                                                                                                                                                                                                       |  | ROW                                        | LOT 63                          |
|                                                                                                                                                                                                                                              |  | GRAVE 01                                   |                                 |
| CHURCH St. Peter's                                                                                                                                                                                                                           |  | McClave-Chandler<br>FUNERAL DIRECTOR Mills |                                 |
|                                                                                                                                                                                                                                              |  | cement<br>TYPE VAULT box                   |                                 |
| CHURCH PERMIT Msgr. Lawrence<br>Luciana                                                                                                                                                                                                      |  | 42-71<br>HEALTH PERMIT No. Buch, County    |                                 |
| REMARKS: Surviving are a son, Thomas Schott of Eugene, Oregon<br>a sister, Sister M. Janet O.P. of Columbus; and two<br>grandchildren. He was born in Steubenville, the son of the<br>late Thomas and Mary Everett Welsh. He had been a card |  |                                            |                                 |

dealer in Las Vegas and Lake Tahoe and a member of St. Francis Xavier Church, American Legion Post 33 and Steub. Elks Lodge.

FAMILY NAME: WELSH

GIVEN NAME: JAMES

INTERMENT NUMBER: 00122

|                                                                                                                                                                                                         |  |                            |  |                   |  |                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|--|-------------------|--|---------------------------------------------|--|
| NAME                                                                                                                                                                                                    |  | WELSH, James               |  | INTERMENT No.     |  | 122                                         |  |
| ADDRESS Dock St., Steubenville, Ohio                                                                                                                                                                    |  |                            |  |                   |  |                                             |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                              |  |                            |  |                   |  |                                             |  |
| AGE 61                                                                                                                                                                                                  |  | RACE W                     |  | SEX M             |  | MARRIED <input checked="" type="checkbox"/> |  |
|                                                                                                                                                                                                         |  |                            |  |                   |  | SINGLE <input type="checkbox"/>             |  |
| DATE OF DEATH                                                                                                                                                                                           |  | CAUSE OF DEATH Indigestion |  |                   |  | Dec. 19, 1885                               |  |
|                                                                                                                                                                                                         |  |                            |  |                   |  | DATE OF BURIAL                              |  |
| SECTION                                                                                                                                                                                                 |  | Originally: St. Patrick's  |  | ROW               |  | LOT 30                                      |  |
|                                                                                                                                                                                                         |  |                            |  |                   |  | GRAVE                                       |  |
| CHURCH                                                                                                                                                                                                  |  | St. Peters                 |  | FUNERAL DIRECTOR  |  | TYPE VAULT                                  |  |
|                                                                                                                                                                                                         |  | M.M. A. Hartnedy           |  |                   |  |                                             |  |
| CHURCH PERMIT No.                                                                                                                                                                                       |  |                            |  | HEALTH PERMIT No. |  |                                             |  |
| REMARKS: Mrs. Sarah Welsh, wife of James, reserved this lot; later it was sold to John Kane, and it is presumed that this interment was removed, together with body of Sarah Welsh. Location not known. |  |                            |  |                   |  |                                             |  |
|                                                                                                                                                                                                         |  |                            |  |                   |  |                                             |  |
|                                                                                                                                                                                                         |  |                            |  |                   |  |                                             |  |

FAMILY NAME: WELSH

GIVEN NAME: JOHN

INTERMENT NUMBER: 00322

|                                                                                                                                                             |      |                             |   |                   |     |             |                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------|---|-------------------|-----|-------------|---------------------------------|
| NAME                                                                                                                                                        |      | WELSH, John (Infant)        |   | INTERMENT No.     |     | 322         |                                 |
| ADDRESS                                                                                                                                                     |      | 7th St., Steubenville, Ohio |   |                   |     |             |                                 |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                  |      |                             |   |                   |     |             |                                 |
| AGE                                                                                                                                                         | 9 mo | RACE                        | W | SEX               | M   | MARRIED     | <input type="checkbox"/> infant |
|                                                                                                                                                             |      |                             |   |                   |     | SINGLE      | <input type="checkbox"/>        |
| DATE OF DEATH                                                                                                                                               |      | June 20, 1889               |   | CAUSE OF DEATH    |     | Brain Fever |                                 |
|                                                                                                                                                             |      |                             |   | DATE OF BURIAL    |     |             |                                 |
| SECTION                                                                                                                                                     |      | St. Joseph *                |   | ROW               | LOT | 61          | part of GRAVE 7                 |
| CHURCH                                                                                                                                                      |      | St. Peters                  |   | FUNERAL DIRECTOR  |     | TYPE VAULT  |                                 |
| CHURCH PERMIT No.                                                                                                                                           |      | M.M.A.Hartnedy              |   | HEALTH PERMIT No. |     |             |                                 |
| REMARKS: Son of John Welsh. Originally interred in Holy Innocents Section "A"., Removed to this lot with Nellie Welsh and interr ed in same grave with her. |      |                             |   |                   |     |             |                                 |
|                                                                                                                                                             |      |                             |   |                   |     |             |                                 |
|                                                                                                                                                             |      |                             |   |                   |     |             |                                 |
|                                                                                                                                                             |      |                             |   |                   |     |             |                                 |

FAMILY NAME: WELSH

GIVEN NAME: JOSEPH E.

INTERMENT NUMBER: 19962

| CREMATION                                                                                                                                                                                                                     |        |                     |                                             |                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------|---------------------------------------------|---------------------------------|
| NAME Welsh, Joseph E.                                                                                                                                                                                                         |        | INTERMENT No. 19962 |                                             |                                 |
| ADDRESS Riviera Beach, Florida (formerly of Mingo Jct,OH.)                                                                                                                                                                    |        |                     |                                             |                                 |
| PERSON RESPONSIBLE ADDRESS daughter-Karen Montgomery                                                                                                                                                                          |        |                     |                                             |                                 |
| 10-14-1919                                                                                                                                                                                                                    |        |                     |                                             |                                 |
| AGE 76                                                                                                                                                                                                                        | RACE W | SEX M               | MARRIED <input checked="" type="checkbox"/> | SINGLE <input type="checkbox"/> |
| DATE 9-22-1996                                                                                                                                                                                                                |        | CAUSE OF DEATH      |                                             | 11-15-1996                      |
| OF DEATH                                                                                                                                                                                                                      |        |                     |                                             | DATE OF BURIAL                  |
| SECTION Poor Souls                                                                                                                                                                                                            |        | ROW                 | LOT 30                                      | GRAVE 11                        |
| CHURCH                                                                                                                                                                                                                        |        | FUNERAL DIRECTOR    |                                             | TYPE cremation                  |
| CHURCH PERMIT Fr. Vincent Huber                                                                                                                                                                                               |        | HEALTH PERMIT No.   |                                             | VAULT urn                       |
| REMARKS: Surviving are his wife, Katherine McCormack Welsh, three daughters, Kay Jean Wilson, and Karen Montgomery, both of Toronto and Paula Benson of Canton, a brother, Harry of West Palm Beach; seven grandchildren a nd |        |                     |                                             |                                 |

four great grandsons. He was born in Mingo Jct. a son of the late Michael and Katherine Barrett Welsh. He was also preceded in death by seven brothers. He was owner of Welsh Tavern in Mingo Jct. for 20 years and employed for 25 years at Ed Morse Chevrolet as a car salesman. He was a veteran of the Army Air Corps during W.W.II. He died at the Good Samaritan Hospital, West palm Beach.

Dec. 23, 1997 Flat bronze veteran marker ordered.

April 27, 1998 Flat bronze veteran marker received.



FAMILY NAME: WELSH  
GIVEN NAME: KATHRYN MRS.  
INTERMENT NUMBER: 14511

|                                                                                                                                                                                                                  |  |                                             |        |                      |                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--------|----------------------|-----------------------------------------------------------------------------------|
| NAME                                                                                                                                                                                                             |  | WELSH, Mrs. Kathryn                         |        | INTERMENT No. 14511  |                                                                                   |
| ADDRESS                                                                                                                                                                                                          |  | 714 Commercial Street. Mingo Junction, Ohio |        |                      |                                                                                   |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                       |  |                                             |        |                      |                                                                                   |
| Aug. 24, 1884                                                                                                                                                                                                    |  | RACE W                                      |        | SEX F                | MARRIED <input checked="" type="checkbox"/> widow SINGLE <input type="checkbox"/> |
| AGE 83-0-18da                                                                                                                                                                                                    |  |                                             |        |                      |                                                                                   |
| Sept. 10, 1967                                                                                                                                                                                                   |  | CAUSE OF DEATH Cerebro vascular accident    |        | Sept. 14, 1967       |                                                                                   |
| DATE OF DEATH                                                                                                                                                                                                    |  |                                             |        | DATE OF BURIAL       |                                                                                   |
| SECTION St. Stanislaus                                                                                                                                                                                           |  | ROW                                         | LOT 42 | GRAVE 10             |                                                                                   |
| CHURCH St. Agnes                                                                                                                                                                                                 |  | FUNERAL DIRECTOR Hoff                       |        | falcon topseal       |                                                                                   |
|                                                                                                                                                                                                                  |  |                                             |        | TYPE VAULT conc.     |                                                                                   |
| Fr. James Marrer                                                                                                                                                                                                 |  | Dist. 4101 -                                |        | 2-0x1-0x1-6 Archer   |                                                                                   |
| CHURCH PERMIT                                                                                                                                                                                                    |  | HEALTH PERMIT No. 520                       |        | single. mem. 4-29-80 |                                                                                   |
| REMARKS: Born in Mingo Jct., of Martin and Bridget Kane Barrett.                                                                                                                                                 |  |                                             |        |                      |                                                                                   |
| Widow of Michael Welsh. Active polically in Democratic Party circles.                                                                                                                                            |  |                                             |        |                      |                                                                                   |
| Former Justice of Peace, Steubenville Twp., Survived by 5 sons, Thomas P., Frederick, Harry A., Francis R., and Joseph E. Welsh; also 7 grand children and 7 great-grand-children. Died at Ohio Valley Hospital, |  |                                             |        |                      |                                                                                   |

Steubenville, Ohio

FAMILY NAME: WELSH  
GIVEN NAME: MARGARET  
INTERMENT NUMBER: 15992

|                                                                                                                                                                                                                                         |                                                |                            |                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------|-----------------------------------------------------------------------------|
| NAME <b>WELSH, MARGARET</b>                                                                                                                                                                                                             |                                                | INTERMENT No. <b>15992</b> |                                                                             |
| ADDRESS <b>459 South Fourth Street Steubenville, Ohio</b>                                                                                                                                                                               |                                                |                            |                                                                             |
| PERSON RESPONSIBLE ADDRESS <b>McClave Chandler Mills</b>                                                                                                                                                                                |                                                |                            |                                                                             |
| Oct. 7, 1891                                                                                                                                                                                                                            | RACE <b>W</b>                                  | SEX <b>F</b>               | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| AGE <b>84</b>                                                                                                                                                                                                                           | DATE OF DEATH <b>Oct. 11, 1975</b>             |                            | CAUSE OF DEATH <b>not stated on Provisional Certificate</b>                 |
| SECTION <b>Blessed Virgin</b>                                                                                                                                                                                                           |                                                | ROW                        | LOT <b>42</b> GRAVE <b>2</b>                                                |
| CHURCH <b>Holy Name</b>                                                                                                                                                                                                                 | FUNERAL DIRECTOR <b>McClave Chandler Mills</b> |                            | TYPE VAULT <b>falcon topseal</b>                                            |
| CHURCH PERMIT <b>J. Nugent</b>                                                                                                                                                                                                          | HEALTH PERMIT No. <b>no number</b>             |                            | <b>1-8 x 0-10 x 0-8 Archer 12/78.</b>                                       |
| REMARKS: <b>Mrs. Welsh was dead on arrival at Ohio Valley Hospital. She was a retired employee of the Bell Telephone Co. where she had 40 years service. Mrs. Welsh was a member of Holy Name Cathedral and the Telephone Pioneers.</b> |                                                |                            |                                                                             |

Surviving are a brother John Gorman of Steubenville and a granddaughter. Mrs. Welsh was born Oct. 7, 1891 in Steubenville, a daughter of the late Edward and Margaret Donnelly Gorman. Her husband, Lawrence Welsh preceded her in death. A son John Welsh, also preceded her in death in 1964.

FAMILY NAME: WELSH  
GIVEN NAME: MARGARET MRS.  
INTERMENT NUMBER: 08700

|                            |     |                                     |   |                   |   |                          |                                     |
|----------------------------|-----|-------------------------------------|---|-------------------|---|--------------------------|-------------------------------------|
| NAME                       |     | WELSH, Mrs. Margaret                |   | INTERMENT No.     |   | 8700                     |                                     |
| ADDRESS                    |     | Steubenville, Ohio                  |   |                   |   |                          |                                     |
| PERSON RESPONSIBLE ADDRESS |     |                                     |   |                   |   |                          |                                     |
| AGE                        | 25- | RACE                                | W | SEX               | F | MARRIED                  | <input checked="" type="checkbox"/> |
|                            |     |                                     |   | SINGLE            |   | <input type="checkbox"/> |                                     |
| DATE OF DEATH              |     | CAUSE OF DEATH                      |   | Dec. 1, 1931      |   |                          |                                     |
|                            |     |                                     |   | DATE OF BURIAL    |   |                          |                                     |
| SECTION                    |     | St. Stanislaus                      |   | ROW               |   | LOT                      | 42                                  |
|                            |     |                                     |   |                   |   | GRAVE 12                 |                                     |
| CHURCH                     |     | St. Peters                          |   | FUNERAL DIRECTOR  |   | Wood box                 |                                     |
|                            |     |                                     |   |                   |   | TYPE VAULT               |                                     |
| CHURCH PERMIT No.          |     | T.A. Powers                         |   | HEALTH PERMIT No. |   |                          |                                     |
|                            |     |                                     |   |                   |   |                          |                                     |
| REMARKS:                   |     | Wife of Thomas Welsh, who survives. |   |                   |   |                          |                                     |
|                            |     |                                     |   |                   |   |                          |                                     |
|                            |     |                                     |   |                   |   |                          |                                     |
|                            |     |                                     |   |                   |   |                          |                                     |
|                            |     |                                     |   |                   |   |                          |                                     |

FAMILY NAME: WELSH  
GIVEN NAME: MARY AGNES  
INTERMENT NUMBER: 10675

|                            |      |                                                            |     |                     |         |                          |        |
|----------------------------|------|------------------------------------------------------------|-----|---------------------|---------|--------------------------|--------|
| NAME                       |      | WELSH, Mary Agnes                                          |     | INTERMENT NO.       |         | 10675                    |        |
| ADDRESS                    |      | Unrichville, Ohio                                          |     |                     |         |                          |        |
| PERSON RESPONSIBLE ADDRESS |      |                                                            |     |                     |         |                          |        |
| AGE                        | RACE | W                                                          | SEX | F                   | MARRIED | <input type="checkbox"/> | SINGLE |
| DATE OF DEATH              |      | CAUSE OF DEATH                                             |     | Cardiac degenration |         | Dec. 11, 1945            |        |
| SECTION                    |      | St. Patrick's                                              |     | ROW                 | LOT     | 2                        | GRAVE  |
| Immaculate Conception      |      | Dennison, O.                                               |     | TYPE VAULT          |         |                          |        |
| CHURCH                     |      | Dennison                                                   |     | FUNERAL DIRECTOR    |         | Lindsey                  |        |
| CHURCH PERMIT NO.          |      | Dist. 1261                                                 |     | HEALTH PERMIT NO.   |         | 63                       |        |
| REMARKS:                   |      | Widow of James Welsh. Survived by father, William Furlong. |     |                     |         |                          |        |
|                            |      |                                                            |     |                     |         |                          |        |
|                            |      |                                                            |     |                     |         |                          |        |
|                            |      |                                                            |     |                     |         |                          |        |
|                            |      |                                                            |     |                     |         |                          |        |

FAMILY NAME: WELSH  
GIVEN NAME: MARY MRS.  
INTERMENT NUMBER: 12581

|                                                                                                                                                                                                                                                                                                   |  |                                      |  |                          |  |                   |  |               |  |                |  |       |  |         |  |                                           |  |        |  |                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--|--------------------------|--|-------------------|--|---------------|--|----------------|--|-------|--|---------|--|-------------------------------------------|--|--------|--|--------------------------|--|
| NAME                                                                                                                                                                                                                                                                                              |  | WELSH, Mrs. Mary                     |  | INTERMENT No.            |  | 12581             |  |               |  |                |  |       |  |         |  |                                           |  |        |  |                          |  |
| ADDRESS                                                                                                                                                                                                                                                                                           |  | 204 Logan Street, Steubenville, Ohio |  |                          |  |                   |  |               |  |                |  |       |  |         |  |                                           |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                                        |  | Shannon Funeral Home                 |  |                          |  |                   |  |               |  |                |  |       |  |         |  |                                           |  |        |  |                          |  |
| April 11, 1868                                                                                                                                                                                                                                                                                    |  | AGE                                  |  | 89-4-16 da               |  | RACE              |  | W             |  | SEX            |  | F     |  | MARRIED |  | <input checked="" type="checkbox"/> widow |  | SINGLE |  | <input type="checkbox"/> |  |
| Aug. 26, 1957                                                                                                                                                                                                                                                                                     |  | DATE OF DEATH                        |  | General arteriosclerosis |  | CAUSE OF DEATH    |  | Aug. 30, 1957 |  | DATE OF BURIAL |  |       |  |         |  |                                           |  |        |  |                          |  |
| SECTION                                                                                                                                                                                                                                                                                           |  | Blessed Virgin                       |  | ROW                      |  | LOT               |  | 63            |  | GRAVE          |  | 1     |  |         |  |                                           |  |        |  |                          |  |
| CHURCH                                                                                                                                                                                                                                                                                            |  | St. Peters                           |  | FUNERAL DIRECTOR         |  | Shannon           |  | Wheatley # 9  |  | TYPE VAULT     |  | conc. |  |         |  |                                           |  |        |  |                          |  |
| Msgr. H. J. Grigsby                                                                                                                                                                                                                                                                               |  | CHURCH PERMIT NO.                    |  | Dist. 4101 - 420         |  | HEALTH PERMIT NO. |  |               |  |                |  |       |  |         |  |                                           |  |        |  |                          |  |
| REMARKS: Born at Irwin, Pa., of Richard and Honora Everett. Survived by 2 sons, George T., and Howard F.; 2 daughters, Mrs. Marie Wolpert and Sister Mary Janet, O.P. St. Mary's of Springs, Columbus, O., 1 sister, Mrs. Margaret Punke. Widow of Thomas Welsh. Died at home of Howard F. Welsh. |  |                                      |  |                          |  |                   |  |               |  |                |  |       |  |         |  |                                           |  |        |  |                          |  |



FAMILY NAME: WELSH  
GIVEN NAME: MICHAEL  
INTERMENT NUMBER: 00399

|                            |    |                                      |   |                |   |                          |                          |
|----------------------------|----|--------------------------------------|---|----------------|---|--------------------------|--------------------------|
| NAME                       |    | WELSH, Michael                       |   | INTERMENT No.  |   | 399                      |                          |
| ADDRESS                    |    | County Infirmary, Steubenville, Ohio |   |                |   |                          |                          |
| PERSON RESPONSIBLE ADDRESS |    |                                      |   |                |   |                          |                          |
| AGE                        | 60 | RACE                                 | W | SEX            | M | MARRIED                  | <input type="checkbox"/> |
|                            |    |                                      |   | SINGLE         |   | <input type="checkbox"/> |                          |
| DATE OF DEATH              |    | CAUSE OF DEATH                       |   | Inflammation   |   | Aug. 20, 1890            |                          |
|                            |    |                                      |   | DATE OF BURIAL |   |                          |                          |
| SECTION                    |    | Sacred Heart "A"                     |   | ROW            | 5 | LOT                      |                          |
|                            |    |                                      |   | GRAVE          |   | 10                       |                          |
| CHURCH                     |    | FUNERAL DIRECTOR                     |   | TYPE VAULT     |   |                          |                          |
| J.J.Hartley                |    |                                      |   |                |   |                          |                          |
| CHURCH PERMIT No.          |    | HEALTH PERMIT No.                    |   |                |   |                          |                          |
| REMARKS:                   |    |                                      |   |                |   |                          |                          |
|                            |    |                                      |   |                |   |                          |                          |
|                            |    |                                      |   |                |   |                          |                          |
|                            |    |                                      |   |                |   |                          |                          |
|                            |    |                                      |   |                |   |                          |                          |
|                            |    |                                      |   |                |   |                          |                          |

FAMILY NAME: WELSH  
GIVEN NAME: MICHAEL J.  
INTERMENT NUMBER: 11405

|                                                                        |  |                                    |  |                   |  |                                     |  |
|------------------------------------------------------------------------|--|------------------------------------|--|-------------------|--|-------------------------------------|--|
| NAME                                                                   |  | WELSH, Michael J.                  |  | INTERMENT NO.     |  | 11405                               |  |
| ADDRESS                                                                |  | 120 Park St., Mingo Junction, Ohio |  |                   |  |                                     |  |
| PERSON RESPONSIBLE ADDRESS                                             |  |                                    |  |                   |  |                                     |  |
| Feb. 26, 1922                                                          |  | RACE                               |  | SEX               |  | MARRIED                             |  |
| AGE 28-5-7 da                                                          |  | W                                  |  | M                 |  | <input checked="" type="checkbox"/> |  |
|                                                                        |  |                                    |  |                   |  | SINGLE <input type="checkbox"/>     |  |
| DATE OF DEATH                                                          |  | Aug. 3, 1950                       |  | CAUSE OF DEATH    |  | Heart and complications             |  |
|                                                                        |  |                                    |  |                   |  | Aug. 7, 1950                        |  |
| SECTION                                                                |  | St. Stanislaus                     |  | ROW               |  | LOT                                 |  |
|                                                                        |  |                                    |  |                   |  | 42                                  |  |
| CHURCH                                                                 |  | St. Agnes, Mingo                   |  | FUNERAL DIRECTOR  |  | McGill                              |  |
|                                                                        |  |                                    |  |                   |  | TYPE VAULT                          |  |
| CHURCH PERMIT NO.                                                      |  | Jos. F. Dooley                     |  | HEALTH PERMIT NO. |  | 231                                 |  |
|                                                                        |  |                                    |  |                   |  |                                     |  |
| REMARKS: Born, Mingo Junction, of Michael J. & Katherine Barrett Welsh |  |                                    |  |                   |  |                                     |  |
| Died Aspenwall Veterans Hosp., World War II veteran                    |  |                                    |  |                   |  |                                     |  |
|                                                                        |  |                                    |  |                   |  |                                     |  |
|                                                                        |  |                                    |  |                   |  |                                     |  |
|                                                                        |  |                                    |  |                   |  |                                     |  |

FAMILY NAME: WELSH  
GIVEN NAME: MICHAEL J.  
INTERMENT NUMBER: 12135

|                                                                                                                                                                                                                                                     |  |                                        |  |                  |  |                     |  |                |  |                    |  |                      |  |         |  |                                     |  |        |  |                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|------------------|--|---------------------|--|----------------|--|--------------------|--|----------------------|--|---------|--|-------------------------------------|--|--------|--|--------------------------|--|
| NAME                                                                                                                                                                                                                                                |  | WELSH, Michael J.                      |  | INTERMENT NO.    |  | 12135               |  |                |  |                    |  |                      |  |         |  |                                     |  |        |  |                          |  |
| ADDRESS                                                                                                                                                                                                                                             |  | 311 Clifton Ave., Mingo Junction, Ohio |  |                  |  |                     |  |                |  |                    |  |                      |  |         |  |                                     |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                          |  | Sekeres-Hoff Funeral Home              |  |                  |  |                     |  |                |  |                    |  |                      |  |         |  |                                     |  |        |  |                          |  |
| May 27, 1879                                                                                                                                                                                                                                        |  | AGE                                    |  | 75-9-8 da        |  | RACE                |  | W              |  | SEX                |  | M                    |  | MARRIED |  | <input checked="" type="checkbox"/> |  | SINGLE |  | <input type="checkbox"/> |  |
| DATE OF DEATH                                                                                                                                                                                                                                       |  | Apr. 4, 1955                           |  | CAUSE OF DEATH   |  | Coronary thrombosis |  | DATE OF BURIAL |  | Apr. 8, 1955       |  |                      |  |         |  |                                     |  |        |  |                          |  |
| SECTION                                                                                                                                                                                                                                             |  | St. Stanislaus                         |  | ROW              |  | LOT                 |  | 42             |  | GRAVE              |  | 9                    |  |         |  |                                     |  |        |  |                          |  |
| CHURCH                                                                                                                                                                                                                                              |  | St. Agnes                              |  | FUNERAL DIRECTOR |  | Sekeres-Hoff        |  | TYPE VAULT     |  | conc               |  | Wheatley # 9         |  |         |  |                                     |  |        |  |                          |  |
| CHURCH PERMIT NO.                                                                                                                                                                                                                                   |  | Fr. Wm. J. Konus                       |  | Dist. 4101 -     |  | HEALTH PERMIT NO.   |  | 165            |  | 2-0" X 1-0" marker |  | S. White sons - 1955 |  |         |  |                                     |  |        |  |                          |  |
| REMARKS: Born at Youngstown, Ohio of Patrick and Sara Driscoll Welsh. Survived by wife, Mrs. Kathryn Barrett Welsh, 6 sons, Thomas, Joseph, Francis, Harry, Fred, and Edward; one brother William. Died at Ohio Valley Hospital, Steubenville, Ohio |  |                                        |  |                  |  |                     |  |                |  |                    |  |                      |  |         |  |                                     |  |        |  |                          |  |

FAMILY NAME: WELSH

GIVEN NAME: NELLIE

INTERMENT NUMBER: 00462

|                                                                                                                                                                          |                |                       |                   |               |            |                                  |                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|-------------------|---------------|------------|----------------------------------|----------------------------------------------------------------|
| NAME                                                                                                                                                                     |                | WELSH, Nellie (Child) |                   | INTERMENT No. |            | 462                              |                                                                |
| ADDRESS                                                                                                                                                                  |                | Steubenville, Ohio    |                   |               |            |                                  |                                                                |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                               |                |                       |                   |               |            |                                  |                                                                |
| AGE                                                                                                                                                                      | 9              | RACE                  | W                 | SEX           | F          | MARRIED <input type="checkbox"/> | child <input type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH                                                                                                                                                            | April 17, 1891 |                       | CAUSE OF DEATH    |               | penumonia  |                                  | DATE OF BURIAL                                                 |
| SECTION                                                                                                                                                                  | St. Joseph *   |                       | ROW               | LOT           | 61         | part of GRAVE 7                  |                                                                |
| CHURCH                                                                                                                                                                   | St. Peters     |                       | FUNERAL DIRECTOR  |               | TYPE VAULT |                                  |                                                                |
| CHURCH PERMIT No.                                                                                                                                                        | T.A.Powers     |                       | HEALTH PERMIT No. |               |            |                                  |                                                                |
| REMARKS: - Daughter of John Welsh, City. Originally interred in Holy Innocents Section "A" but later removed with her brother and re-interred in same grave on this lot. |                |                       |                   |               |            |                                  |                                                                |
|                                                                                                                                                                          |                |                       |                   |               |            |                                  |                                                                |
|                                                                                                                                                                          |                |                       |                   |               |            |                                  |                                                                |

FAMILY NAME: WELSH  
GIVEN NAME: SARAH ELIZABETH  
INTERMENT NUMBER: 18875

|                                                                                                                                                                                                                                                                           |  |                                            |  |                   |  |                                       |  |                                  |  |                                            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|--|-------------------|--|---------------------------------------|--|----------------------------------|--|--------------------------------------------|--|
| NAME                                                                                                                                                                                                                                                                      |  | Welsh, Sarah Elizabeth                     |  | INTERMENT No.     |  | 18875                                 |  |                                  |  |                                            |  |
| ADDRESS                                                                                                                                                                                                                                                                   |  | 403 North Fourth Street Steubenville, Ohio |  |                   |  |                                       |  |                                  |  |                                            |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                |  | Mosti Funeral Home                         |  |                   |  |                                       |  |                                  |  |                                            |  |
| 8-4-1900                                                                                                                                                                                                                                                                  |  | AGE 90                                     |  | RACE W            |  | SEX F                                 |  | MARRIED <input type="checkbox"/> |  | SINGLE <input checked="" type="checkbox"/> |  |
| DATE OF DEATH                                                                                                                                                                                                                                                             |  | 4-4-1991                                   |  | CAUSE OF DEATH    |  | Not stated on provisional certificate |  | DATE OF BURIAL                   |  | 4-8-1991                                   |  |
| SECTION                                                                                                                                                                                                                                                                   |  | St. Patrick                                |  | ROW               |  | LOT 61                                |  | GRAVE                            |  | 5                                          |  |
| CHURCH                                                                                                                                                                                                                                                                    |  | St. Peter's                                |  | FUNERAL DIRECTOR  |  | Mosti                                 |  | TYPE VAULT                       |  | eagle sentinel                             |  |
| Msgr. C. Molloy                                                                                                                                                                                                                                                           |  | Msgr. L. Luciana                           |  | 2-0x0-10 sing.mem |  |                                       |  |                                  |  |                                            |  |
| CHURCH PERMIT                                                                                                                                                                                                                                                             |  | Msgr. M. Campbell                          |  | HEALTH PERMIT No. |  | 4101-034                              |  | Archer                           |  | 9/30/1991                                  |  |
| REMARKS: She was born in Steubenville, a daughter of the late William and Sarah O'Brien Welsh. She was also preceded in death by one sister. She was secretary to the manager of the Steubenville plant of Weirton Steel Corp. with 45 years service. She was a member of |  |                                            |  |                   |  |                                       |  |                                  |  |                                            |  |

St. Peter's Catholic Church, the Catholic Woman's Club, the Ladies Auxiliary of the Franciscan University of Steubenville. She was also a member of the 25-Year Club of Weirton Steel. She died in the Forester Nursing Home.



FAMILY NAME: WELSH

GIVEN NAME: SARAH MRS.

INTERMENT NUMBER: 00243

|                                                                                                                                                                                                                                      |  |                   |  |               |  |                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|---------------|--|----------------------------------------------------------------|--|
| NAME                                                                                                                                                                                                                                 |  | WELSH, Mrs. Sarah |  | INTERMENT NO. |  | 243                                                            |  |
| ADDRESS Dock St., Steubenville, Ohio                                                                                                                                                                                                 |  |                   |  |               |  |                                                                |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                           |  |                   |  |               |  |                                                                |  |
| AGE                                                                                                                                                                                                                                  |  | RACE              |  | SEX           |  | MARRIED                                                        |  |
| 67                                                                                                                                                                                                                                   |  | W                 |  | F             |  | <input type="checkbox"/> widow <input type="checkbox"/> SINGLE |  |
| DATE OF DEATH                                                                                                                                                                                                                        |  | CAUSE OF DEATH    |  |               |  | DATE OF BURIAL                                                 |  |
|                                                                                                                                                                                                                                      |  | Pneumonia         |  |               |  | Jan. 2, 1888                                                   |  |
| SECTION                                                                                                                                                                                                                              |  | ROW               |  | LOT           |  | GRAVE                                                          |  |
| Originally, St. Patrick's                                                                                                                                                                                                            |  |                   |  | 30            |  |                                                                |  |
| CHURCH                                                                                                                                                                                                                               |  | FUNERAL DIRECTOR  |  | TYPE VAULT    |  |                                                                |  |
| St. Peters                                                                                                                                                                                                                           |  |                   |  |               |  |                                                                |  |
| CHURCH PERMIT NO.                                                                                                                                                                                                                    |  | HEALTH PERMIT NO. |  |               |  |                                                                |  |
| M.M.A.Hartnedy                                                                                                                                                                                                                       |  |                   |  |               |  |                                                                |  |
| REMARKS: Mrs. Welsh reserved this lot at time of husband's death, Dec. 19, 1885. Later it was sold to John Kane and it is presumed that this interment was removed, togehter with body of James Welsh, (husband) Location not known. |  |                   |  |               |  |                                                                |  |

FAMILY NAME: WELSH  
GIVEN NAME: SARAH MRS. (WIDOW OF JOHN)  
INTERMENT NUMBER: 10424

|                                                                                                                                                                              |  |                                   |   |                   |   |                |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|---|-------------------|---|----------------|--------------------------------|
| NAME                                                                                                                                                                         |  | WELSH, Mrs. Sarah (widow of John) |   | INTERMENT NO.     |   | 10424          |                                |
| ADDRESS 413 S. 6th St., Steubenville, Ohio                                                                                                                                   |  |                                   |   |                   |   |                |                                |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                   |  |                                   |   |                   |   |                |                                |
| AGE                                                                                                                                                                          |  | RACE                              | W | SEX               | F | MARRIED        | <input type="checkbox"/> widow |
|                                                                                                                                                                              |  |                                   |   |                   |   | SINGLE         | <input type="checkbox"/>       |
| DATE OF DEATH                                                                                                                                                                |  | CAUSE OF DEATH                    |   |                   |   | DATE OF BURIAL |                                |
| Apr. 7, 1944                                                                                                                                                                 |  | lobor pnumonia                    |   |                   |   | April 12, 1944 |                                |
| SECTION                                                                                                                                                                      |  | St. Patrick's                     |   | ROW               |   | LOT            | 61                             |
|                                                                                                                                                                              |  |                                   |   |                   |   | GRAVE          | 4                              |
| CHURCH                                                                                                                                                                       |  | Holy Name                         |   | FUNERAL DIRECTOR  |   | Shannon        |                                |
|                                                                                                                                                                              |  |                                   |   | TYPE VAULT        |   |                |                                |
| CHURCH PERMIT NO.                                                                                                                                                            |  | Dist. 654-                        |   | HEALTH PERMIT NO. |   | 204            |                                |
| REMARKS: Born, Hammondaville, Ohio of Matthew and Sarah McClokey O'Brien., Survived by daughter Sarah, and sister, Miss Belle O'brien Died at Gill Hosp., Steubenville, Ohio |  |                                   |   |                   |   |                |                                |
|                                                                                                                                                                              |  |                                   |   |                   |   |                |                                |
|                                                                                                                                                                              |  |                                   |   |                   |   |                |                                |

FAMILY NAME: WELSH  
GIVEN NAME: THOMAS  
INTERMENT NUMBER: 00229

|                                                |        |                          |                                             |                                 |  |
|------------------------------------------------|--------|--------------------------|---------------------------------------------|---------------------------------|--|
| NAME                                           |        | WELSH, Thomas            |                                             | INTERMENT No. 229               |  |
| ADDRESS Cor 7th & Dock St., Steubenville, Ohio |        |                          |                                             |                                 |  |
| PERSON RESPONSIBLE ADDRESS                     |        |                          |                                             |                                 |  |
| AGE 63                                         | RACE W | SEX M                    | MARRIED <input checked="" type="checkbox"/> | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                                  |        | CAUSE OF DEATH Chronic ? |                                             | Nov. 2, 1887<br>DATE OF BURIAL  |  |
| SECTION St. Patrick                            |        | ROW                      | LOT 17                                      | GRAVE 8                         |  |
| CHURCH St. Peters                              |        | FUNERAL DIRECTOR         |                                             | TYPE VAULT                      |  |
| CHURCH PERMIT No. M.M.A.Hartnedy               |        | HEALTH PERMIT No.        |                                             |                                 |  |
| REMARKS: Survived by wife,                     |        |                          |                                             |                                 |  |
|                                                |        |                          |                                             |                                 |  |
|                                                |        |                          |                                             |                                 |  |
|                                                |        |                          |                                             |                                 |  |
|                                                |        |                          |                                             |                                 |  |

FAMILY NAME: WELSH  
GIVEN NAME: THOMAS  
INTERMENT NUMBER: 00917

|                            |    |                                                                |   |                    |   |                |                          |         |                          |
|----------------------------|----|----------------------------------------------------------------|---|--------------------|---|----------------|--------------------------|---------|--------------------------|
| NAME                       |    | WELSH, Thomas                                                  |   | INTERMENT No.      |   | 917            |                          |         |                          |
| ADDRESS                    |    | Steubenville, Ohio                                             |   |                    |   |                |                          |         |                          |
| PERSON RESPONSIBLE ADDRESS |    |                                                                |   |                    |   |                |                          |         |                          |
| AGE                        | 30 | RACE                                                           | W | SEX                | M | MARRIED        | <input type="checkbox"/> | SINGLE  | <input type="checkbox"/> |
| DATE OF DEATH              |    | CAUSE OF DEATH                                                 |   | Killed on Railroad |   | Aug. 2, 1897   |                          |         |                          |
| DATE OF DEATH              |    | CAUSE OF DEATH                                                 |   | Killed on Railroad |   | DATE OF BURIAL |                          |         |                          |
| SECTION                    |    | St. Patrick                                                    |   | ROW                |   | LOT            |                          | 17      |                          |
| SECTION                    |    | St. Patrick                                                    |   | ROW                |   | LOT            |                          | GRAVE 7 |                          |
| CHURCH                     |    | St. Peters                                                     |   | FUNERAL DIRECTOR   |   | TYPE VAULT     |                          |         |                          |
| CHURCH PERMIT No.          |    | Fr. D. A. Thompson                                             |   | HEALTH PERMIT No.  |   |                |                          |         |                          |
| REMARKS:                   |    | Survived by brother, John Welsh, buried in lot of half-brother |   |                    |   |                |                          |         |                          |
| REMARKS:                   |    |                                                                |   |                    |   |                |                          |         |                          |
| REMARKS:                   |    |                                                                |   |                    |   |                |                          |         |                          |
| REMARKS:                   |    |                                                                |   |                    |   |                |                          |         |                          |
| REMARKS:                   |    |                                                                |   |                    |   |                |                          |         |                          |

FAMILY NAME: WELSH

GIVEN NAME: THOMAS MRS.

INTERMENT NUMBER: 00422

|                            |    |                                          |   |                   |   |                |                                |
|----------------------------|----|------------------------------------------|---|-------------------|---|----------------|--------------------------------|
| NAME                       |    | WELSH, Mrs. Thomas                       |   | INTERMENT No.     |   | 422            |                                |
| ADDRESS                    |    | Steubenville, Ohio                       |   |                   |   |                |                                |
| PERSON RESPONSIBLE ADDRESS |    |                                          |   |                   |   |                |                                |
| AGE                        | 63 | RACE                                     | W | SEX               | F | MARRIED        | <input type="checkbox"/> widow |
|                            |    |                                          |   |                   |   | SINGLE         | <input type="checkbox"/>       |
| DATE OF DEATH              |    | CAUSE OF DEATH                           |   |                   |   | Dec. 19, 1890  |                                |
|                            |    |                                          |   |                   |   | DATE OF BURIAL |                                |
| SECTION                    |    | St. Patrick                              |   | ROW               |   | LOT            | 17                             |
|                            |    |                                          |   |                   |   | GRAVE          | 9                              |
| CHURCH                     |    | St. Peters                               |   | FUNERAL DIRECTOR  |   | TYPE VAULT     |                                |
|                            |    | Rev. T. A. Powers                        |   |                   |   |                |                                |
| CHURCH PERMIT No.          |    |                                          |   | HEALTH PERMIT No. |   |                |                                |
| REMARKS:                   |    | Mother-in-law of James Maley, lot owner. |   |                   |   |                |                                |
|                            |    |                                          |   |                   |   |                |                                |
|                            |    |                                          |   |                   |   |                |                                |
|                            |    |                                          |   |                   |   |                |                                |
|                            |    |                                          |   |                   |   |                |                                |



FAMILY NAME: WELSH  
GIVEN NAME: WILLIAM B.  
INTERMENT NUMBER: 09137

|                                                            |    |                      |   |                   |   |                                 |                          |         |                          |
|------------------------------------------------------------|----|----------------------|---|-------------------|---|---------------------------------|--------------------------|---------|--------------------------|
| NAME                                                       |    | WELSH, William B     |   | INTERMENT NO.     |   | 9137                            |                          |         |                          |
| ADDRESS                                                    |    | Mingo Junction, Ohio |   |                   |   |                                 |                          |         |                          |
| PERSON RESPONSIBLE ADDRESS                                 |    |                      |   |                   |   |                                 |                          |         |                          |
| AGE                                                        | 30 | RACE                 | W | SEX               | M | MARRIED                         | <input type="checkbox"/> | SINGLE  | <input type="checkbox"/> |
| DATE OF DEATH                                              |    | CAUSE OF DEATH       |   |                   |   | DATE OF BURIAL                  |                          |         | Mar. 22, '35             |
| SECTION                                                    |    | St. Stanislaus       |   | ROW               |   | LOT                             | 42                       | GRAVE 7 |                          |
| CHURCH                                                     |    | St. Agnes, Mingo     |   | FUNERAL DIRECTOR  |   | TYPE VAULT                      |                          |         |                          |
| CHURCH PERMIT NO.                                          |    | Jos. F. Dooley       |   | HEALTH PERMIT NO. |   | 2-0" X 1-0" flat granite marker |                          |         |                          |
| REMARKS: Survived by parents, Michael and Katharine Welsh. |    |                      |   |                   |   |                                 |                          |         |                          |
| U.S. Army, Co. D, 29th Inf.                                |    |                      |   |                   |   |                                 |                          |         |                          |
|                                                            |    |                      |   |                   |   |                                 |                          |         |                          |
|                                                            |    |                      |   |                   |   |                                 |                          |         |                          |
|                                                            |    |                      |   |                   |   |                                 |                          |         |                          |
|                                                            |    |                      |   |                   |   |                                 |                          |         |                          |

FAMILY NAME: WELSH  
GIVEN NAME: WILLIAM M.  
INTERMENT NUMBER: 16176

|                            |  |                                                                                                                                                                                                                              |  |                   |  |                           |  |                 |  |                |  |       |  |         |  |                                     |  |        |  |                          |  |  |  |
|----------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|---------------------------|--|-----------------|--|----------------|--|-------|--|---------|--|-------------------------------------|--|--------|--|--------------------------|--|--|--|
| NAME                       |  | WELSH, William M.                                                                                                                                                                                                            |  | INTERMENT No.     |  | 16176                     |  |                 |  |                |  |       |  |         |  |                                     |  |        |  |                          |  |  |  |
| ADDRESS                    |  | 2033 Eve Drive Steubenville, Ohio                                                                                                                                                                                            |  |                   |  |                           |  |                 |  |                |  |       |  |         |  |                                     |  |        |  |                          |  |  |  |
| PERSON RESPONSIBLE ADDRESS |  | McClave-Chandler-Mills Funeral Home                                                                                                                                                                                          |  |                   |  |                           |  |                 |  |                |  |       |  |         |  |                                     |  |        |  |                          |  |  |  |
| 10/16/1892                 |  | AGE                                                                                                                                                                                                                          |  | 84                |  | RACE                      |  | W               |  | SEX            |  | M     |  | MARRIED |  | <input checked="" type="checkbox"/> |  | SINGLE |  | <input type="checkbox"/> |  |  |  |
| DATE OF DEATH              |  | 10/12/76                                                                                                                                                                                                                     |  | CAUSE OF DEATH    |  | Acute Myocardial Infarct. |  | DATE OF BURIAL  |  | 10/16/76       |  |       |  |         |  |                                     |  |        |  |                          |  |  |  |
| SECTION                    |  | Assumption                                                                                                                                                                                                                   |  | ROW               |  | LOT                       |  | 395             |  | GRAVE          |  | 4     |  |         |  |                                     |  |        |  |                          |  |  |  |
| CHURCH                     |  | St. Peter's                                                                                                                                                                                                                  |  | FUNERAL DIRECTOR  |  | McClave-Chandler-Mills    |  | TYPE VAULT      |  | falcon topseal |  |       |  |         |  |                                     |  |        |  |                          |  |  |  |
| CHURCH PERMIT              |  | C. T. Molloy                                                                                                                                                                                                                 |  | HEALTH PERMIT No. |  | 4101-0707                 |  | 5-0 x 1-2 x 3-0 |  | Archer trple.  |  | 10/76 |  |         |  |                                     |  |        |  |                          |  |  |  |
| REMARKS:                   |  | Welsh, William M. (Willie), 84, of 2033 Eve Drive, Steubenville, died Tuesday in Ohio Valley Hospital, Steubenville. He was a retired printer of the Herald Star, and a member of St. Peter's Catholic Church, Steubenville. |  |                   |  |                           |  |                 |  |                |  |       |  |         |  |                                     |  |        |  |                          |  |  |  |

Surviving are his widow, Adelaide Lashley Welsh; a daughter, Mrs. Orville (Margaret) Miller of Wintersville; a son, John A. at home; three grandchildren; a niece, Mrs. Helen Cody of Redondo Beach, Calif.  
Mr. Welsh was born Oct. 16, 1892, in Steubenville, a son of the late John and Anna Flaherty Welsh.

FAMILY NAME: WENNIKOFF  
GIVEN NAME: URSULA MRS.  
INTERMENT NUMBER: 00210

|                                                              |                        |                                |                                                                        |
|--------------------------------------------------------------|------------------------|--------------------------------|------------------------------------------------------------------------|
| NAME WENNIKOFF, Mrs. Ursula                                  |                        | INTERMENT No. 210              |                                                                        |
| ADDRESS                                                      |                        |                                |                                                                        |
| PERSON RESPONSIBLE ADDRESS                                   |                        |                                |                                                                        |
| AGE 75                                                       | RACE W                 | SEX F                          | MARRIED <input type="checkbox"/> widow SINGLE <input type="checkbox"/> |
| DATE OF DEATH                                                | CAUSE OF DEATH Old age | May 29, 1887<br>DATE OF BURIAL |                                                                        |
| Single Graves<br>SECTION Sacred Heart "A"                    |                        | ROW 4                          | LOT GRAVE 4                                                            |
| CHURCH St. Peters                                            | FUNERAL DIRECTOR       |                                | TYPE VAULT                                                             |
| CHURCH PERMIT No. M.M.A. Hartnedy                            | HEALTH PERMIT No.      |                                |                                                                        |
| REMARKS: Survived by son, Michael Seus, Washington St., City |                        |                                |                                                                        |
|                                                              |                        |                                |                                                                        |
|                                                              |                        |                                |                                                                        |
|                                                              |                        |                                |                                                                        |

FAMILY NAME: WERKIN

GIVEN NAME: INFANT

INTERMENT NUMBER: 02507

|                                                                                                |      |                    |     |                   |                          |            |        |                          |
|------------------------------------------------------------------------------------------------|------|--------------------|-----|-------------------|--------------------------|------------|--------|--------------------------|
| NAME                                                                                           |      | WERKIN, Infant     |     | INTERMENT No.     |                          | 2507       |        |                          |
| ADDRESS                                                                                        |      | Steubenville, Ohio |     |                   |                          |            |        |                          |
| PERSON RESPONSIBLE ADDRESS                                                                     |      |                    |     |                   |                          |            |        |                          |
| AGE                                                                                            | RACE | W                  | SEX | MARRIED           | <input type="checkbox"/> | infant     | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH                                                                                  |      | Feb. 26, 1909      |     | CAUSE OF DEATH    |                          | Stillborn  |        | DATE OF BURIAL           |
| SECTION                                                                                        |      | Unbaptized         |     | **                |                          | ROW        | LOT    | GRAVE                    |
| CHURCH                                                                                         |      | Holy Name          |     | FUNERAL DIRECTOR  |                          | TYPE VAULT |        |                          |
| CHURCH PERMIT No.                                                                              |      | J.A. Weigand       |     | HEALTH PERMIT No. |                          |            |        |                          |
| REMARKS: Child of Paul Werkin.                                                                 |      |                    |     |                   |                          |            |        |                          |
| ** Prior to Oct. 1927, no record was kept of the exact location of interments in this section. |      |                    |     |                   |                          |            |        |                          |

FAMILY NAME: WERKIN  
GIVEN NAME: JOHN A. JR.  
INTERMENT NUMBER: 20559

|                                                                                                                                                                          |  |                                   |  |                   |  |                                     |  |                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|--|-------------------|--|-------------------------------------|--|--------------------------------------|--|
| NAME                                                                                                                                                                     |  | Werkin, John A. Jr.               |  | CREMATION         |  | INTERMENT No.                       |  | 20559                                |  |
| ADDRESS                                                                                                                                                                  |  | 233 Elaine St. Steubenville, Ohio |  |                   |  |                                     |  |                                      |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                               |  | wife-Carol Werkin                 |  |                   |  |                                     |  |                                      |  |
| 11-12-1946                                                                                                                                                               |  | AGE                               |  | 52                |  | RACE                                |  | W                                    |  |
| SEX                                                                                                                                                                      |  | M                                 |  | MARRIED           |  | <input checked="" type="checkbox"/> |  | SINGLE <input type="checkbox"/>      |  |
| DATE OF DEATH                                                                                                                                                            |  | 10-27-1999                        |  | CAUSE OF DEATH    |  | Cardiac Arrhythmia                  |  | 11-3-1999                            |  |
| DATE OF DEATH                                                                                                                                                            |  | 10-27-1999                        |  | CAUSE OF DEATH    |  | Coronary artery disease             |  | DATE OF BURIAL                       |  |
| SECTION                                                                                                                                                                  |  | Assumption                        |  | ROW               |  | LOT                                 |  | 369 GRAVE 2                          |  |
| CHURCH                                                                                                                                                                   |  | Holy Rosary                       |  | FUNERAL DIRECTOR  |  | Mosti                               |  | cremation/box                        |  |
| CHURCH PERMIT                                                                                                                                                            |  | Msgr. James Marshall              |  | HEALTH PERMIT No. |  | 4101-551                            |  | 2-0x1-0 sing.mem Gallagher 8/18/2000 |  |
| REMARKS: Surviving are his wife, Carol Permar Werkin; a daughter, Mrs. Daniel (Amy) Resetar of Reynoldsburg; two sisters, Mrs. Robert (Joanne) Raine of Wilow Grove, PA. |  |                                   |  |                   |  |                                     |  |                                      |  |

and Mrs. Robert (Patricia "Pat") Ritzhaupt of Washington and two grandchildren. He was born in Steubenville, a son of the late John A. Werkin Sr. and Valentine Curtis Werkin. He was employed by Wheeling-Pittsburg Steel Corp. and was a member of American legion Argonne Post 33. He was an Army veteran of the Vietnam War.

Nov. 2, 1999 Flat bronze veteran marker ordered.

Jan. 22, 2000 Flat bronze veteran marker received.



FAMILY NAME: WERKIN  
GIVEN NAME: JOHN MICHAEL (YONK)  
INTERMENT NUMBER: 16323

|                                                                                                                                                                                                                                           |  |                                             |       |                                             |                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|-------|---------------------------------------------|---------------------------------|
| NAME                                                                                                                                                                                                                                      |  | WERKIN, John Michael (Yonk)                 |       | INTERMENT No. 16323                         |                                 |
| ADDRESS                                                                                                                                                                                                                                   |  | McDowell Ave. Steubenville, Ohio            |       |                                             |                                 |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                |  | Mosti Funeral Home                          |       |                                             |                                 |
| May 29, 1911<br>AGE 66                                                                                                                                                                                                                    |  | RACE W                                      | SEX M | MARRIED <input checked="" type="checkbox"/> | SINGLE <input type="checkbox"/> |
| July 4, 1977<br>DATE OF DEATH                                                                                                                                                                                                             |  | Cardio Respiratory<br>CAUSE OF DEATH Arrest |       | July 7, 1977<br>DATE OF BURIAL              |                                 |
| SECTION                                                                                                                                                                                                                                   |  | Poor Souls Rows                             |       | ROW 35                                      | LOT GRAVE 24                    |
| CHURCH Holy Name                                                                                                                                                                                                                          |  | FUNERAL DIRECTOR Mosti                      |       | falcon topseal<br>TYPE VAULT                |                                 |
| CHURCH PERMIT J. B. Nugent                                                                                                                                                                                                                |  | Pittsburgh Pa.<br>HEALTH PERMIT No. 536     |       | 2-2 x 1-2 x 3-0<br>Archer 7/31/1977.        |                                 |
| REMARKS: Died at 2P.M. in St. Francis Hospital in Pittsburgh where he had been a patient for two weeks. He retired in 1970 From Jefferson Distributing Co. and since 1971 has worked as dispatcher at the City garage. He was a member of |  |                                             |       |                                             |                                 |

the Eagles, P.N.A., Steubenville Umpires Association and Belleview Golf Club. Surviving are his widow Dolores Mickey Werkin whom he married in 1961 a son John Werkin of Steubenville, four daughters Robin and Holly Werkin at home, Mrs. Robert (JoAnn) Raine of Philadelphia, and Mrs. R. (Patricia) Ritzhaup of Seattle, Washington, a stepson Lawrence Davin of Cleveland, a stepdaughter Mrs. James (Lois) Nalepa of Steubenville, a brother Joseph Werkin Sr. of Steubenville four sisters Mrs. John (Mary) Milewsky, Mrs. William (Rose) Smith both of Steubenville, Mrs. Richard (Ann) McGuire of Beverly, Mass. and Mrs. Alfred (Agnes) DiAlbert of Steubenville, four grandchildren and two great grandchildren.

FAMILY NAME: WERKIN  
GIVEN NAME: JOSEPH A. SR.  
INTERMENT NUMBER: 20131

|                                                                                                                                                                             |                                                      |                                  |                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------|
| NAME Werkin, Joseph A. Sr.                                                                                                                                                  |                                                      | INTERMENT No. 20131              |                                                                             |
| ADDRESS 826 Lincoln Ave. Steubenville, Ohio 43952                                                                                                                           |                                                      |                                  |                                                                             |
| PERSON RESPONSIBLE ADDRESS Jean Werkin (Wife)                                                                                                                               |                                                      |                                  |                                                                             |
| 5-7-1915<br>AGE 82                                                                                                                                                          | RACE W                                               | SEX M                            | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH 8-30-1997                                                                                                                                                     | CAUSE OF DEATH not stated on provisional certificate |                                  | DATE OF BURIAL 9-2-1997                                                     |
| SECTION Poor Souls Rows                                                                                                                                                     |                                                      | ROW 35                           | LOT GRAVE34                                                                 |
| CHURCH Holy Name                                                                                                                                                            | FUNERAL DIRECTOR Mosti                               | Eagle TYPE VAULT Triplex         |                                                                             |
| CHURCH PERMIT Fr. Tim Shannon                                                                                                                                               | HEALTH PERMIT No. 4101-none                          | 3-6x1-2 dbl.mem 12/9/1997 WHites |                                                                             |
| REMARKS: Surviving are his wife, Jean Falkosky Werkin, whom he married Dec. 31, 1940; two sons, Joseph A. Jr. of Linesville and Edward of Steubenville; three grandchildren |                                                      |                                  |                                                                             |

and five great-grandchildren. He was born in Steubenville, a son of the late Paul and Magdalene Bosela Werkin. He was also preceded in death by two brothers, Paul and John; AND four sisters, Agenes DiAlbert, Rose Smith, Mary Milewski and Ann McGuire. He was a retired employee in 1972 from S & G Bottling Co. and 1980 from the Steubenville Country Club Pro Shop. He was also a member of Holy Name Cathedral, American Legion Argonne Post 33 and the Schwoben Club. He was a World War II Army Veteran.

Sept. 2, 1997: Flat Bronze Veterans Marker ordered.

Jan.15, 1998 Flat bronze veteran marker received

FAMILY NAME: WERKIN  
GIVEN NAME: MAGDELINE M. MRS.  
INTERMENT NUMBER: 13763

|                                                                                                                                                                                                                                                                                                                                                                         |  |                                               |  |                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|--|------------------------------------------------------------------------------------------------|--|
| NAME                                                                                                                                                                                                                                                                                                                                                                    |  | WERKIN, Mrs. Magdeline M.                     |  | INTERMENT No. 13763                                                                            |  |
| ADDRESS 832 Spencer Ave., Steubenville, Ohio                                                                                                                                                                                                                                                                                                                            |  |                                               |  |                                                                                                |  |
| PERSON RESPONSIBLE ADDRESS Mosti Funeral Home                                                                                                                                                                                                                                                                                                                           |  |                                               |  |                                                                                                |  |
| Mar. 19, 1887                                                                                                                                                                                                                                                                                                                                                           |  | AGE 76-9-4da                                  |  | RACE W SEX F MARRIED <input checked="" type="checkbox"/> widow SINGLE <input type="checkbox"/> |  |
| Dec. 22, 1963                                                                                                                                                                                                                                                                                                                                                           |  | Not stated on provisional certificate (heart) |  | Dec. 24, 1963                                                                                  |  |
| DATE OF DEATH                                                                                                                                                                                                                                                                                                                                                           |  | CAUSE OF DEATH                                |  | DATE OF BURIAL                                                                                 |  |
| SECTION Poor Souls                                                                                                                                                                                                                                                                                                                                                      |  | ROW 27                                        |  | LOT GRAVE 33                                                                                   |  |
| CHURCH Holy Name                                                                                                                                                                                                                                                                                                                                                        |  | FUNERAL DIRECTOR Mosti                        |  | falcon topseal                                                                                 |  |
| CHURCH PERMIT No.                                                                                                                                                                                                                                                                                                                                                       |  | Dist. 4101                                    |  | TYPE VAULT conc.                                                                               |  |
| Msgr. Regis Urig.                                                                                                                                                                                                                                                                                                                                                       |  | HEALTH PERMIT No. 744                         |  | 4-0" E 1-0" X 1-6" dble marker. White's                                                        |  |
| REMARKS: Born in Helpa, Czechoslovakia od George & Magdeline Szevc '53 Bosela. To U.S. in 1903. Survived by 3 sons, Paul, John and Joseph Werkin; 4 daughters, Mrs. John A. (Mary) Milewsky, Mrs. Wm. L. (Rose) Smith, Mrs. Richard (Ann) McGuire, and Mrs. Alfred (Agnes) DiAlbert; also 1 sister, Caroline; 18 grandchildren and 9 great-grandchildren. Died at home. |  |                                               |  |                                                                                                |  |

FAMILY NAME: WERKIN  
GIVEN NAME: MICHAEL  
INTERMENT NUMBER: 09687

|                            |             |                    |                   |               |         |                |                          |        |                          |
|----------------------------|-------------|--------------------|-------------------|---------------|---------|----------------|--------------------------|--------|--------------------------|
| NAME                       |             | WERKIN, Michael    |                   | INTERMENT No. |         | 9687           |                          |        |                          |
| ADDRESS                    |             | Steubenville, Ohio |                   |               |         |                |                          |        |                          |
| PERSON RESPONSIBLE ADDRESS |             |                    |                   |               |         |                |                          |        |                          |
| AGE                        | 51          | RACE               | W                 | SEX           | M       | MARRIED        | <input type="checkbox"/> | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH              |             | CAUSE OF DEATH     |                   |               |         | DATE OF BURIAL |                          |        | Jan.23,'39               |
| SECTION                    | Poor Souls  |                    |                   | ROW           | 19      | LOT            |                          | GRAVE  | 1                        |
| CHURCH                     | Holy Name   |                    | FUNERAL DIRECTOR  |               | Shannon |                | TYPE VAULT               |        |                          |
| CHURCH PERMIT No.          | E.A.Gilbert |                    | HEALTH PERMIT No. |               |         |                |                          |        |                          |
| REMARKS:                   |             |                    |                   |               |         |                |                          |        |                          |
|                            |             |                    |                   |               |         |                |                          |        |                          |
|                            |             |                    |                   |               |         |                |                          |        |                          |
|                            |             |                    |                   |               |         |                |                          |        |                          |
|                            |             |                    |                   |               |         |                |                          |        |                          |



FAMILY NAME: WERKIN

GIVEN NAME: PAUL G.

INTERMENT NUMBER: 15926

|                                                                                                                                                                                                                                  |                                                                           |                              |                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------|
| NAME Paul G. Werkin                                                                                                                                                                                                              |                                                                           | INTERMENT No. 15926          |                                                                  |
| ADDRESS 129 Kathy Drive, Wintersville, Ohio                                                                                                                                                                                      |                                                                           |                              |                                                                  |
| PERSON RESPONSIBLE ADDRESS Mosti Funeral Home                                                                                                                                                                                    |                                                                           |                              |                                                                  |
| Dec 6, 1907<br>AGE 67                                                                                                                                                                                                            | RACE W                                                                    | SEX M                        | MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH May 28, 1975                                                                                                                                                                                                       | CAUSE OF DEATH Not stated on death certificate<br>Provisional Certificate |                              | DATE OF BURIAL May 31, 1975                                      |
| SECTION All Souls                                                                                                                                                                                                                | ROW                                                                       | LOT 113                      | GRAVE 12                                                         |
| CHURCH Holy Name                                                                                                                                                                                                                 | FUNERAL DIRECTOR Mosti                                                    | falcon<br>TYPE VAULT topseal |                                                                  |
| CHURCH PERMIT J. Nugent                                                                                                                                                                                                          | HEALTH PERMIT No. 4101-360                                                |                              |                                                                  |
| REMARKS: A retired employee of the tin mill of Weirton Steel Division Steubenville plant. He was a member of the 25 year Club of Weirton Steel and our Lady of Lourdes Wintersville. He was married April 25, 1931 to the former |                                                                           |                              |                                                                  |

Erla Warrick who survives. Also surviving is a son Robert P. Werkin of R.D.3 Steubenville; two daughters Mrs Thomas (Marilyn) Bowers of Houston Texas, and Mrs. Lee (Janice) McCarthy of R.D.1, Scenic Heights Bloomingdale; two brothers John and Joseph Werkin both of Steubenville four sisters, Mrs. John (Mary) Milewsky, Mrs. William (Rose) Smith, and Mrs. Alfred (Agnes) DiAlbert, all of Steubenville, and Mrs, Richard (Ann) McGuire of Beverly, Mass; and eight grandchildred. Born Dec. 6 1907, a son of the late Paul G. and Magdelina Boscela Werkin Sr. A daughter Pauline preceded him in death. Burial in Holy Name Cathedral; Reverend Fr. Gerald E. Calovini.



FAMILY NAME: WERKIN  
GIVEN NAME: PAUL SR.  
INTERMENT NUMBER: 11792

|                                                                                                                                    |  |                                      |  |                                        |  |                          |  |
|------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--|----------------------------------------|--|--------------------------|--|
| NAME                                                                                                                               |  | WERKIN, Paul Sr.                     |  | INTERMENT No.                          |  | 11792                    |  |
| ADDRESS                                                                                                                            |  | 832 Spencer Ave., Steubenville, Ohio |  |                                        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                         |  | Shannon Funeral Home                 |  |                                        |  |                          |  |
| DATE OF DEATH                                                                                                                      |  | Oct. 28, 1879                        |  | AGE                                    |  | 73-3-24 da               |  |
| RACE                                                                                                                               |  | W                                    |  | SEX                                    |  | M                        |  |
| MARRIED                                                                                                                            |  | <input checked="" type="checkbox"/>  |  | SINGLE                                 |  | <input type="checkbox"/> |  |
| DATE OF DEATH                                                                                                                      |  | Feb. 21, 1953                        |  | CAUSE OF DEATH                         |  | Hypertensive myocarditis |  |
| DATE OF BURIAL                                                                                                                     |  | Feb. 24, 1953                        |  | SECTION                                |  | Poor Souls               |  |
| ROW                                                                                                                                |  | 27                                   |  | LOT                                    |  | GRAVE 32                 |  |
| CHURCH                                                                                                                             |  | Holy Name                            |  | FUNERAL DIRECTOR                       |  | Shannon                  |  |
| TYPE VAULT                                                                                                                         |  | Sectional                            |  | CHURCH PERMIT NO.                      |  | Regis Urig               |  |
| HEALTH PERMIT NO.                                                                                                                  |  | Dist. 4101-115                       |  | 4-0" X 1-0" double marker-White's 1953 |  |                          |  |
| REMARKS: Born in Czechoslovakia of George & Anna Werkin. Died at Gill Memorial Hosp., Steubenville, O. Survived by Wife, Magdeline |  |                                      |  |                                        |  |                          |  |

INTERMENT NUMBER: 08667

FAMILY NAME: WERLINICH

GIVEN NAME: ANNA

INTERMENT NUMBER: 00969

|                            |  |                           |  |                   |  |               |  |                |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
|----------------------------|--|---------------------------|--|-------------------|--|---------------|--|----------------|--|---------------|--|---------|--|--------------------------|--|--------|--|--------|--|--------------------------|--|
| NAME                       |  | WERLINICH, Anna           |  | (Infant)          |  | INTERMENT No. |  | 969            |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
| ADDRESS                    |  | Mingo Junction, Ohio      |  |                   |  |               |  |                |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                           |  |                   |  |               |  |                |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
| AGE                        |  | 4-5 mo                    |  | RACE              |  | W             |  | SEX            |  | F             |  | MARRIED |  | <input type="checkbox"/> |  | infant |  | SINGLE |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  |                           |  | CAUSE OF DEATH    |  | Spasms        |  | DATE OF BURIAL |  | June 17, 1898 |  |         |  |                          |  |        |  |        |  |                          |  |
| SECTION                    |  | Holy Innocents "A"        |  | ROW               |  | 14            |  | LOT            |  |               |  | GRAVE   |  | 9                        |  |        |  |        |  |                          |  |
| CHURCH                     |  | St. Agnes, Mingo          |  | FUNERAL DIRECTOR  |  |               |  | TYPE VAULT     |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
| CHURCH PERMIT No.          |  | John Meade                |  | HEALTH PERMIT No. |  |               |  |                |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
| REMARKS:                   |  | Survived by father, John. |  |                   |  |               |  |                |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                           |  |                   |  |               |  |                |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                           |  |                   |  |               |  |                |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                           |  |                   |  |               |  |                |  |               |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                           |  |                   |  |               |  |                |  |               |  |         |  |                          |  |        |  |        |  |                          |  |

FAMILY NAME: WERNER

GIVEN NAME: ANNA POLAK MRS.

INTERMENT NUMBER: 15156

|                                                                      |  |                                               |  |                                 |  |                                                  |  |
|----------------------------------------------------------------------|--|-----------------------------------------------|--|---------------------------------|--|--------------------------------------------------|--|
| NAME                                                                 |  | WERNER, Mrs. Anna Polak                       |  | INTERMENT No.                   |  | 15156                                            |  |
| ADDRESS                                                              |  | 2034 Kenmore Drive, Clearwater, Florida 33516 |  |                                 |  |                                                  |  |
| PERSON RESPONSIBLE ADDRESS                                           |  | Blaschalk Funeral Home                        |  |                                 |  |                                                  |  |
| Feb. 12, 1911                                                        |  | RACE W                                        |  | SEX F                           |  | MARRIED <input checked="" type="checkbox"/>      |  |
| AGE 59-11-27d                                                        |  | SINGLE <input type="checkbox"/>               |  |                                 |  |                                                  |  |
| DATE OF DEATH                                                        |  | Feb. 6, 1971                                  |  | (CA) Cause of Death             |  | Not stated on Florida burial permit.             |  |
| SECTION                                                              |  | Queen of Heaven                               |  | ROW                             |  | LOT 30 GRAVE 2                                   |  |
| Light of Christ-Clearwater                                           |  | CHURCH St. Agnes-here                         |  | FUNERAL DIRECTOR Blaschalk-here |  | falcon topseal TYPE VAULT conc.                  |  |
| Fr. Allmon. Fr. Konus at                                             |  | Florida Pinellas Co. cemetery.                |  | 4-6" X 1-2" X 3-Oddble          |  | HEALTH PERMIT No. C-297 memorial. Archer 3/13/71 |  |
| REMARKS: Born in Mingo Junction of George and Anna Lovas Polak.      |  |                                               |  |                                 |  |                                                  |  |
| Survived by her husband, Joseph T. Werner, a son, Wm. J. Werner; 4   |  |                                               |  |                                 |  |                                                  |  |
| sisters, Mrs. Andrew (Mary) Shverha, Mrs. Betty Trepau, Mrs. Anthony |  |                                               |  |                                 |  |                                                  |  |
| (Agnes) Easter and Mrs. Andrew (Helen) Madigan; 2 grandchildren.     |  |                                               |  |                                 |  |                                                  |  |
| Died at Morton Plant Hospital, Clearwater, Florida. Resided in and   |  |                                               |  |                                 |  |                                                  |  |

was employed as Cashier in Saudi Arabia, Bank of Saudi Arabia for 13 years.

Note: Service, originally scheduled for Tue. Feb. 9th, 10:00 AM was changed to WED. Feb. 10, 1971, 10:00 AM because of severe snow storm Feb. 8th, with winds and drifting snow.

FAMILY NAME: WERNER

GIVEN NAME: FRANK

INTERMENT NUMBER: 01151

|                            |  |                                |  |                   |  |                                 |  |                          |  |
|----------------------------|--|--------------------------------|--|-------------------|--|---------------------------------|--|--------------------------|--|
| NAME                       |  | WERNER, Frank                  |  | (Infant)          |  | INTERMENT No.                   |  | 1151                     |  |
| ADDRESS                    |  | N. 8th St., Steubenville, Ohio |  |                   |  |                                 |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                                |  |                   |  |                                 |  |                          |  |
| AGE                        |  | RACE                           |  | SEX               |  | MARRIED                         |  | SINGLE                   |  |
|                            |  | W                              |  | M                 |  | <input type="checkbox"/> infant |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  | CAUSE OF DEATH                 |  | DATE OF BURIAL    |  |                                 |  |                          |  |
| Oct. 4, 1900               |  | Weakness                       |  |                   |  |                                 |  |                          |  |
| SECTION                    |  | Holy Innocents "A"             |  | ROW               |  | LOT                             |  | GRAVE                    |  |
|                            |  |                                |  | 25                |  |                                 |  | 2                        |  |
| CHURCH                     |  | St. Peters                     |  | FUNERAL DIRECTOR  |  | TYPE VAULT                      |  |                          |  |
| CHURCH PERMIT No.          |  | J.J.Dacey                      |  | HEALTH PERMIT No. |  |                                 |  |                          |  |
| REMARKS:                   |  | Son of Andrew Werner.          |  |                   |  |                                 |  |                          |  |
|                            |  |                                |  |                   |  |                                 |  |                          |  |
|                            |  |                                |  |                   |  |                                 |  |                          |  |
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|                            |  |                                |  |                   |  |                                 |  |                          |  |



FAMILY NAME: WERNER  
GIVEN NAME: JOSEPH T.  
INTERMENT NUMBER: 15655

|                                                                                                                                                                                                                  |  |                                  |  |                         |  |                                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|--|-------------------------|--|-------------------------------------|--|
| NAME                                                                                                                                                                                                             |  | WERNER, Joseph T.                |  | INTERMENT No.           |  | 15655                               |  |
| ADDRESS                                                                                                                                                                                                          |  | 2428 Rockridge St., Vienna, Va., |  |                         |  |                                     |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                       |  | Blaschalk Funeral Home           |  |                         |  |                                     |  |
| 1/1/1911                                                                                                                                                                                                         |  | RACE                             |  | SEX                     |  | MARRIED                             |  |
| AGE 62-11-6d                                                                                                                                                                                                     |  | W                                |  | M                       |  | <input checked="" type="checkbox"/> |  |
| Dec. 5, 1973                                                                                                                                                                                                     |  | not stated on transit permit     |  | SINGLE                  |  | <input type="checkbox"/>            |  |
| DATE OF DEATH                                                                                                                                                                                                    |  | CAUSE OF DEATH                   |  | DATE OF BURIAL          |  | 12/7/1973                           |  |
| SECTION                                                                                                                                                                                                          |  | Queen of Heaven                  |  | ROW                     |  | LOT 30                              |  |
| St. Thomas 'a Beckett -Vienna                                                                                                                                                                                    |  | Mony & King-Vienna               |  | falcon topseal          |  | GRAVE 1                             |  |
| CHURCH                                                                                                                                                                                                           |  | St. Agnes -here                  |  | FUNERAL DIRECTOR        |  | Balschalk -here                     |  |
| Fr. Edw. Kakascik.                                                                                                                                                                                               |  | Virginia Dist. 129               |  | 4-6" X 1-2" X 3-0"dbble |  | VAULT conc                          |  |
| CHURCH PERMIT                                                                                                                                                                                                    |  | HEALTH PERMIT No. None           |  | memorial                |  | Archer 3/'71                        |  |
| REMARKS:                                                                                                                                                                                                         |  |                                  |  |                         |  |                                     |  |
| Employed as Transportation Officer, American-Arabian Oil Co., Teheran, Arabia. Survived by a brother William J. Werner; a sister, Mrs. Mae Mankowski and 2 grandchildren. Died at Fairfax City Hospital, Vienna. |  |                                  |  |                         |  |                                     |  |

FAMILY NAME: WERNRANZ

GIVEN NAME: ROBERT

INTERMENT NUMBER: 07343

|                            |    |                         |   |                   |   |               |                          |        |                          |
|----------------------------|----|-------------------------|---|-------------------|---|---------------|--------------------------|--------|--------------------------|
| NAME                       |    | WERNRANZ, Hubert        |   | INTERMENT NO.     |   | 7343          |                          |        |                          |
| ADDRESS                    |    | Follansbee, W. Va.,     |   |                   |   |               |                          |        |                          |
| PERSON RESPONSIBLE ADDRESS |    |                         |   |                   |   |               |                          |        |                          |
| AGE                        | 40 | RACE                    | W | SEX               | M | MARRIED       | <input type="checkbox"/> | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH              |    | CAUSE OF DEATH          |   |                   |   | Heart disease |                          |        | Mar. 7, 1923             |
| SECTION                    |    | Pottersfield            |   | ROW               | 6 | LOT           |                          | GRAVE  | 4                        |
| CHURCH                     |    | St. Anthony Follansbee, |   | FUNERAL DIRECTOR  |   | TYPE VAULT    |                          |        |                          |
| CHURCH PERMIT No.          |    | Mas. Rogers             |   | HEALTH PERMIT No. |   |               |                          |        |                          |
| REMARKS:                   |    |                         |   |                   |   |               |                          |        |                          |
|                            |    |                         |   |                   |   |               |                          |        |                          |
|                            |    |                         |   |                   |   |               |                          |        |                          |
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|                            |    |                         |   |                   |   |               |                          |        |                          |

FAMILY NAME: WESLEY  
GIVEN NAME: NOEL (AKA LUKE CALABRESE)  
INTERMENT NUMBER: 15950

|                            |  |                                        |  |                                     |  |                  |  |                          |  |
|----------------------------|--|----------------------------------------|--|-------------------------------------|--|------------------|--|--------------------------|--|
| NAME                       |  | WESLEY, Noel                           |  | (also known as Luke Calabrese)      |  | INTERMENT No.    |  | 15950                    |  |
| ADDRESS                    |  | 140 Cabrini Blvd., New York City, N.Y. |  |                                     |  |                  |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  | Mosti Funeral Home                     |  |                                     |  |                  |  |                          |  |
| March 22, 1911             |  | AGE                                    |  | 64                                  |  | RACE             |  | W                        |  |
|                            |  | SEX                                    |  | M                                   |  | MARRIED          |  | <input type="checkbox"/> |  |
|                            |  | SINGLE                                 |  | <input checked="" type="checkbox"/> |  |                  |  |                          |  |
| July 14, 1975              |  | DATE OF DEATH                          |  | CAUSE OF DEATH                      |  | July 18, 1975    |  | DATE OF BURIAL           |  |
| SECTION                    |  | St. Peters                             |  | ROW                                 |  | LOT              |  | 42                       |  |
| GRAVE                      |  | 12                                     |  | from funeral home                   |  | FUNERAL DIRECTOR |  | Mosti                    |  |
| CHURCH                     |  | Rev. Dick Richards                     |  | no number on                        |  | TYPE VAULT       |  | falcon topseal           |  |
| CHURCH PERMIT              |  | brother of Wesley                      |  | HEALTH PERMIT No.                   |  | burial permit    |  |                          |  |
| REMARKS:                   |  |                                        |  |                                     |  |                  |  |                          |  |
|                            |  |                                        |  |                                     |  |                  |  |                          |  |
|                            |  |                                        |  |                                     |  |                  |  |                          |  |
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FAMILY NAME: WEST  
GIVEN NAME: JOHN CHARLES  
INTERMENT NUMBER: 18883

|                                                                                                                                                                                                                                                                           |                                                      |                                   |                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------|
| NAME West, John Charles                                                                                                                                                                                                                                                   |                                                      | INTERMENT No. 18883               |                                                                             |
| ADDRESS 4050 Valley View Ave. Steubenville, Ohio                                                                                                                                                                                                                          |                                                      |                                   |                                                                             |
| PERSON RESPONSIBLE wife-Mrs. Mary Louise West- as above                                                                                                                                                                                                                   |                                                      |                                   |                                                                             |
| ADDRESS 2-5-1920                                                                                                                                                                                                                                                          |                                                      |                                   |                                                                             |
| AGE 71                                                                                                                                                                                                                                                                    | RACE W                                               | SEX M                             | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH 4-17-1991                                                                                                                                                                                                                                                   | CAUSE OF DEATH Not stated on provisional certificate | DATE OF BURIAL 4-20-1991          |                                                                             |
| SECTION St. Mary Magdalene                                                                                                                                                                                                                                                | ROW                                                  | LOT 244                           | GRAVE 1                                                                     |
| CHURCH from funeralhome                                                                                                                                                                                                                                                   | FUNERAL DIRECTOR Dunlope-Shorac                      | TYPE VAULT guardian topseal       |                                                                             |
| CHURCH PERMIT Msgr. James Marshall                                                                                                                                                                                                                                        | HEALTH PERMIT No. 4101-192                           | 3-10x1-2 dbl.mem. Kurtz 8/20/1991 |                                                                             |
| REMARKS: Surviving are his wife, Mary Louise Gaynor West; two sons, P. Joe of Kill Devil Hills, N.C. and Charles of Germantown, Md.; three brothers, Woodrow of Springfield, Mo., Ernest of Peoria, Ill. and William of Ona, W.VA. and five grandchildren. He was born in |                                                      |                                   |                                                                             |

Tiltonsville, a son of the late Franklin and Josephine Schucht West. He was an Army veteran of W.W,II and a member of the 25 Year club of Weirton Steel Corp. He was a Catholic by faith. He died at Ohio Valley hospital.

Nov. 5, 1991 Flat bronze veteran marker ordered.  
Dec.11,1991 Flat bronze veteran marker received.



FAMILY NAME: WEST

GIVEN NAME: MARY LOUISE

INTERMENT NUMBER: 21004

|                                                                                                                                                                                                     |  |                                           |  |                   |  |                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|--|-------------------|--|-------------------------------------------|--|
| NAME                                                                                                                                                                                                |  | West, Mary Louise                         |  | INTERMENT No.     |  | 21004                                     |  |
| ADDRESS                                                                                                                                                                                             |  | 4050 Valley View Ave., Steubenville, Ohio |  |                   |  |                                           |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                          |  | Shorac Funeral Home                       |  |                   |  |                                           |  |
| 10-30-1921                                                                                                                                                                                          |  | RACE                                      |  | SEX               |  | MARRIED                                   |  |
| AGE 80                                                                                                                                                                                              |  | W                                         |  | F                 |  | <input checked="" type="checkbox"/> widow |  |
|                                                                                                                                                                                                     |  |                                           |  |                   |  | SINGLE <input type="checkbox"/>           |  |
| DATE OF DEATH                                                                                                                                                                                       |  | 12-18-2001                                |  | CAUSE OF DEATH    |  | Stroke                                    |  |
|                                                                                                                                                                                                     |  |                                           |  |                   |  | DATE OF BURIAL                            |  |
|                                                                                                                                                                                                     |  |                                           |  |                   |  | 12-21-2001                                |  |
| SECTION                                                                                                                                                                                             |  | St. Mary Magdalene                        |  | ROW               |  | LOT 244 GRAVE 2                           |  |
| CHURCH                                                                                                                                                                                              |  | Holy Rosary                               |  | FUNERAL DIRECTOR  |  | Shorac                                    |  |
|                                                                                                                                                                                                     |  |                                           |  |                   |  | TYPE VAULT #9 topseal                     |  |
| CHURCH PERMIT                                                                                                                                                                                       |  | Msgr. James Marshall                      |  | HEALTH PERMIT No. |  | 4101-620                                  |  |
|                                                                                                                                                                                                     |  |                                           |  |                   |  | 3-10x1-2 dbl.mem. Kurtz 8/20/1991         |  |
| REMARKS: She was born in Steubenville, Ohio the daughter of the late Ford Gaynor and Mary Conley Gaynor. Surviving are two sons, Charles F. West and P. Joe. She was a member of Holy Rosary Church |  |                                           |  |                   |  |                                           |  |

## Mary Lou West

STEUBENVILLE — Mary Lou West, 80, of Steubenville, died Tuesday, Dec. 18, 2001, at Trinity Medical Center West, Steubenville. She was retired from McGowan Insurance Agency, Steubenville, where she was an insurance agent.

She was born in Steubenville on Oct. 30, 1921, the daughter of the late Ford and Mary Conley Gaynor. She also was preceded in death by her husband, John C. West, who died April 16, 1991; one son, Joe West; one grandson, Tony West; one brother, George Gaynor; and one sister, Margaret Rink.

She was a member of Holy Rosary Catholic Church, Steubenville.

She is survived by son, Charles West, of Frederick, Md.; grandsons, Jason West, of Monroe, La., Travis West, of Frederick, and Justin West, of

Kill Devil Hills, N.C.; granddaughter, Tiffany West, of Kill Devil Hills; great-granddaughters, Paige, Catherine, Jennifer, and Alexis West, all of Texas; and special friends, Ray Dossett, of Steubenville, Francis and Pam Hamer, of Texas, Debbi and Ashleigh Odom, of Maryland, and Amber LeMay, of Maryland.

Friends may call at Dunlope-Shorac Funeral Home, 215 Fernwood Road, Wintersville, on Thursday from 7-9 p.m. Funeral Liturgy with Mass will be held on Friday at 9:30 a.m. at Holy Rosary Catholic Church, Steubenville, with Msgr. James C. Marshall officiating. Burial will be at Mt. Calvary Cemetery, Steubenville. Vigil services will be at 8:45 p.m. Thursday.

Donations to charity and offer



FAMILY NAME: WESTBY  
GIVEN NAME: JOANNE M.  
INTERMENT NUMBER: 16849

|                                                                                                                                                                                                                                        |                                                                |                     |                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------|
| NAME WESTBY, Joanne M.                                                                                                                                                                                                                 |                                                                | INTERMENT No. 16849 |                                                                             |
| ADDRESS 4829 Kilda Circle Las Vegas, NEV. 89122                                                                                                                                                                                        |                                                                |                     |                                                                             |
| PERSON RESPONSIBLE ADDRESS Mosti Funeral Home                                                                                                                                                                                          |                                                                |                     |                                                                             |
| 1-29-1934                                                                                                                                                                                                                              |                                                                |                     |                                                                             |
| AGE 46                                                                                                                                                                                                                                 | RACE W                                                         | SEX F               | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH 7-20-1980                                                                                                                                                                                                                | CAUSE OF DEATH Not stated on Las Vegas Nev. death certificate. |                     | DATE OF BURIAL 7-24-1980                                                    |
| SECTION Coronation Masuoleum                                                                                                                                                                                                           |                                                                | Crypt Number 118-D  |                                                                             |
|                                                                                                                                                                                                                                        |                                                                | ROW                 | LOT GRAVE                                                                   |
| CHURCH St. Anthony's                                                                                                                                                                                                                   | FUNERAL DIRECTOR Mosti                                         |                     | TYPE VAULT Not required                                                     |
| CHURCH PERMIT Fr. P. Richter                                                                                                                                                                                                           | HEALTH PERMIT No. Clark Cty., Las Vegas Nev.-18175             |                     |                                                                             |
| REMARKS: A former resident of Stebuenville and wife of Val Westby, Mrs. Westby died at 6:25 a.m. in the Southern Nevada Memorial Hospital in Las Vegas, following an extended illness. She was a non-foods manager for Smith Food King |                                                                |                     |                                                                             |

Supermarket, and was a member of Holy Family Church in Las Vegas. Also surviving are a son, Joseph N. and Two daughter Lisa Marie and Carolann Westby, all at home; a brother, Joseph Sisinni of Steubenville, three sisters, Mrs. Paul (Mary Kidder and Mrs. Clem (Millie) Myslinski, both of Steubenville, and Mrs. John (Ann) Saho of Bloomington. She was born January 29, 1934, in Steubenville, a daughter of the late Joseph and Mary Antoinette Padedino Sisinni.

FAMILY NAME: WESTFALL

GIVEN NAME: EDITH PAGE MRS.

INTERMENT NUMBER: 13449

|                                                                                                                                                                                                                                                                                                                                                         |  |                                            |  |                                     |        |                                                   |                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|--|-------------------------------------|--------|---------------------------------------------------|---------------------------------|
| NAME                                                                                                                                                                                                                                                                                                                                                    |  | WESTFALL, Mrs. Edith Page                  |  | INTERMENT No.                       |        | 13449                                             |                                 |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                 |  | 1424 West Fayette St., Baltimore, Maryland |  |                                     |        |                                                   |                                 |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                                                                                              |  | McClave Funeral Home                       |  |                                     |        |                                                   |                                 |
| Mar. 30, 1910                                                                                                                                                                                                                                                                                                                                           |  | AGE 52-0-29da                              |  | RACE W                              | SEX F  | MARRIED <input checked="" type="checkbox"/> twice | SINGLE <input type="checkbox"/> |
| Apr. 28, 1962                                                                                                                                                                                                                                                                                                                                           |  | DATE OF DEATH                              |  | Not stated on Baltimore Md. permit. |        | May 3, 1962<br>DATE OF BURIAL                     |                                 |
| SECTION                                                                                                                                                                                                                                                                                                                                                 |  | Poor Souls                                 |  | ROW                                 | LOT 82 | GRAVE 2                                           |                                 |
| Blessing only                                                                                                                                                                                                                                                                                                                                           |  | Dis/4. McClave-here                        |  | Guardian # 9                        |        |                                                   |                                 |
| CHURCH St. Peters                                                                                                                                                                                                                                                                                                                                       |  | FUNERAL DIRECTOR Widzke-bhere              |  | TYPE VAULT                          |        | cnmc.                                             |                                 |
| Fr. Donald Nuss                                                                                                                                                                                                                                                                                                                                         |  | Baltimore, Md.                             |  |                                     |        |                                                   |                                 |
| CHURCH PERMIT No.                                                                                                                                                                                                                                                                                                                                       |  | HEALTH PERMIT No. 62 - 4347                |  |                                     |        |                                                   |                                 |
| REMARKS: Born in Steubenville, of John and Edna Driscoll Bauman. Married Fred J. Page, who died 4/20/49. Re-married to Ruth Westfall who survived w/ a daughter, Miss Jacquelyn Page, and her grandfather, B. J. Gerstmyer. Member of American Nursing Association, was employed as Nurse at Franklin Square Hospital, Baltimore, Md. Died at her home. |  |                                            |  |                                     |        |                                                   |                                 |

FAMILY NAME: WESTMYER

GIVEN NAME: HENRY

INTERMENT NUMBER: 09052

|                               |  |                                    |  |                          |  |                                  |  |                                 |  |
|-------------------------------|--|------------------------------------|--|--------------------------|--|----------------------------------|--|---------------------------------|--|
| NAME                          |  | WESTMYER , Henry                   |  | INTERMENT No.            |  | 9052                             |  |                                 |  |
| ADDRESS                       |  | 218 S. 3rd St., Steubenville, Ohio |  |                          |  |                                  |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS    |  |                                    |  |                          |  |                                  |  |                                 |  |
| AGE 70                        |  | RACE W                             |  | SEX M                    |  | MARRIED <input type="checkbox"/> |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                 |  | CAUSE OF DEATH                     |  |                          |  | DATE OF BURIAL                   |  | Sept. 5, '34                    |  |
| SECTION Blessed Virgin        |  |                                    |  | ROW                      |  | LOT 41                           |  | GRAVE 9                         |  |
| CHURCH Holy Name              |  |                                    |  | FUNERAL DIRECTOR Shannon |  | TYPE VAULT                       |  |                                 |  |
| CHURCH PERMIT No. E.A.Gilbert |  |                                    |  | HEALTH PERMIT No.        |  |                                  |  |                                 |  |
| REMARKS:                      |  |                                    |  |                          |  |                                  |  |                                 |  |
|                               |  |                                    |  |                          |  |                                  |  |                                 |  |
|                               |  |                                    |  |                          |  |                                  |  |                                 |  |
|                               |  |                                    |  |                          |  |                                  |  |                                 |  |
|                               |  |                                    |  |                          |  |                                  |  |                                 |  |

FAMILY NAME: WESTMYER

GIVEN NAME: JOHN J.

INTERMENT NUMBER: 16654

|                                                                                                                                                                                                                                  |                                       |                              |                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------|-------------------------------------------------------------------------------------|
| NAME WESTMYER, John J.                                                                                                                                                                                                           |                                       | INTERMENT No. 16654          |                                                                                     |
| ADDRESS 8853 Stark Road, Annadale, Va.                                                                                                                                                                                           |                                       |                              |                                                                                     |
| PERSON RESPONSIBLE ADDRESS McClave Chandler Mills Funeral Home                                                                                                                                                                   |                                       |                              |                                                                                     |
| 9-21-1887                                                                                                                                                                                                                        | RACE W                                | SEX M                        | MARRIED <input checked="" type="checkbox"/> WidowersSINGLE <input type="checkbox"/> |
| AGE 91                                                                                                                                                                                                                           |                                       |                              |                                                                                     |
| July 17, 1979                                                                                                                                                                                                                    | not stated on Virginia burial permit. |                              | July 20, 1979                                                                       |
| DATE OF DEATH                                                                                                                                                                                                                    | CAUSE OF DEATH                        | DATE OF BURIAL               |                                                                                     |
| SECTION Blessed Virgin                                                                                                                                                                                                           | ROW                                   | LOT 41                       | GRAVE 11                                                                            |
| CHURCH Holy Family                                                                                                                                                                                                               | FUNERAL DIRECTOR McClave CM           | falcon<br>TYPE VAULT topseal |                                                                                     |
| CHURCH PERMIT Msgr. J.P. Malara                                                                                                                                                                                                  | HEALTH PERMIT No. 200-Va.             |                              |                                                                                     |
| REMARKS: John Joseph Westmyer, a former resident of Steubenville died Tuesday at 11:45 a.m. in Fairfax Virginia Hospital. He was a retired employee of Wheeling-Pittsburgh Steel Corp. and a member of Church of the Holy Spirit |                                       |                              |                                                                                     |

Annadale. Surviving are a daughter, Mrs. Robert (Shirley) Schultz of Annadale, and ~~four~~ four granddaughters and four great grandchildren. He was born Sept. 21, 1887, in Steubenville, a son of the late Mr. and Mrs. Henry Westmyer, and eight brothers and sisters.

FAMILY NAME: WESTMYER

GIVEN NAME: JOHN JOSEPH

INTERMENT NUMBER: 03329

|                                                                       |      |                               |     |                   |         |                                |        |                          |
|-----------------------------------------------------------------------|------|-------------------------------|-----|-------------------|---------|--------------------------------|--------|--------------------------|
| NAME                                                                  |      | WESTMYER, John Joseph (child) |     | INTERMENT No.     |         | 3329                           |        |                          |
| ADDRESS                                                               |      | Steubenville, Ohio            |     |                   |         |                                |        |                          |
| PERSON RESPONSIBLE ADDRESS                                            |      |                               |     |                   |         |                                |        |                          |
| AGE                                                                   | RACE | W                             | SEX | M                 | MARRIED | <input type="checkbox"/> child | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH                                                         |      | Feb. 10, 1913                 |     | CAUSE OF DEATH    |         | found dead                     |        | DATE OF BURIAL           |
| SECTION                                                               |      | Blessed Virgin                |     | ROW               | LOT     | 41                             | GRAVE  | 1                        |
| CHURCH                                                                |      | Holy Name                     |     | FUNERAL DIRECTOR  |         | TYPE VAULT                     |        |                          |
| CHURCH PERMIT No.                                                     |      | J.A.Weigand                   |     | HEALTH PERMIT No. |         |                                |        |                          |
| REMARKS: Grandchild of lot owner, Henry Westmyer. Survived by father. |      |                               |     |                   |         |                                |        |                          |
|                                                                       |      |                               |     |                   |         |                                |        |                          |
|                                                                       |      |                               |     |                   |         |                                |        |                          |
|                                                                       |      |                               |     |                   |         |                                |        |                          |
|                                                                       |      |                               |     |                   |         |                                |        |                          |



FAMILY NAME: WESTMYER

GIVEN NAME: LEO

INTERMENT NUMBER: 02187

|                            |  |                                   |  |                   |  |                |  |                 |  |    |  |         |  |                          |  |        |  |                                     |  |
|----------------------------|--|-----------------------------------|--|-------------------|--|----------------|--|-----------------|--|----|--|---------|--|--------------------------|--|--------|--|-------------------------------------|--|
| NAME                       |  | WESTMYER, Leo                     |  | (child)           |  | INTERMENT No.  |  | 2187            |  |    |  |         |  |                          |  |        |  |                                     |  |
| ADDRESS                    |  | Steubenville, Ohio                |  |                   |  |                |  |                 |  |    |  |         |  |                          |  |        |  |                                     |  |
| PERSON RESPONSIBLE ADDRESS |  |                                   |  |                   |  |                |  |                 |  |    |  |         |  |                          |  |        |  |                                     |  |
| AGE                        |  | 10-1 mo                           |  | RACE              |  | W              |  | SEX             |  | M  |  | MARRIED |  | <input type="checkbox"/> |  | SINGLE |  | <input checked="" type="checkbox"/> |  |
| DATE OF DEATH              |  | May 23, 1907                      |  | CAUSE OF DEATH    |  | Enlarged heart |  | DATE OF BURIAL  |  |    |  |         |  |                          |  |        |  |                                     |  |
| SECTION                    |  | Blessed Virgin                    |  | ROW               |  |                |  | LOT             |  | 41 |  | GRAVE   |  | 8                        |  |        |  |                                     |  |
| CHURCH                     |  | Holy Name                         |  | FUNERAL DIRECTOR  |  |                |  | TYPE VAULT      |  |    |  |         |  |                          |  |        |  |                                     |  |
| CHURCH PERMIT No.          |  | J.A.Weigand                       |  | HEALTH PERMIT No. |  |                |  | 1-4 x 0-8 x 1-4 |  |    |  |         |  |                          |  |        |  |                                     |  |
| REMARKS:                   |  | Son of lot owner, Nenry Westmyer. |  |                   |  |                |  |                 |  |    |  |         |  |                          |  |        |  |                                     |  |
|                            |  |                                   |  |                   |  |                |  |                 |  |    |  |         |  |                          |  |        |  |                                     |  |
|                            |  |                                   |  |                   |  |                |  |                 |  |    |  |         |  |                          |  |        |  |                                     |  |
|                            |  |                                   |  |                   |  |                |  |                 |  |    |  |         |  |                          |  |        |  |                                     |  |
|                            |  |                                   |  |                   |  |                |  |                 |  |    |  |         |  |                          |  |        |  |                                     |  |

FAMILY NAME: WESTMYER  
GIVEN NAME: MARY LAMB MRS.  
INTERMENT NUMBER: 15650

|                                                                                                                                                                                                          |          |                                        |                                     |                        |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------|-------------------------------------|------------------------|---------------------------------|
| NAME                                                                                                                                                                                                     |          | WESTMYER, Mrs. Mary Lamb               |                                     | INTERMENT No. 15650    |                                 |
| ADDRESS                                                                                                                                                                                                  |          | 267 Gramercy Place, Steubenville, Ohio |                                     |                        |                                 |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                               |          | McClave-Chandler-Mills Funeral Home    |                                     |                        |                                 |
| Mar. 22, 1888                                                                                                                                                                                            |          |                                        |                                     |                        |                                 |
| AGE                                                                                                                                                                                                      | 85-8-3da | RACE                                   | W                                   | SEX                    | F                               |
|                                                                                                                                                                                                          |          | MARRIED                                | <input checked="" type="checkbox"/> |                        | SINGLE <input type="checkbox"/> |
| Nov. 24, 1973                                                                                                                                                                                            |          | not stated on prov. certificate        |                                     | Nov. 27, 1973          |                                 |
| DATE OF DEATH                                                                                                                                                                                            |          | CAUSE OF DEATH                         |                                     | DATE OF BURIAL         |                                 |
| SECTION                                                                                                                                                                                                  |          | Blessed Virgin                         |                                     | ROW                    | LOT 41                          |
| GRAVE                                                                                                                                                                                                    |          | 12                                     |                                     |                        |                                 |
| CHURCH                                                                                                                                                                                                   |          | Holy Family                            |                                     | McClave-Chandler-Mills |                                 |
| FUNERAL DIRECTOR                                                                                                                                                                                         |          | Mills                                  |                                     | falcon topseal         |                                 |
| TYPE VAULT                                                                                                                                                                                               |          | conc.                                  |                                     |                        |                                 |
| Msg. Jos. P. Malara.                                                                                                                                                                                     |          | Dist. 4101 - no number                 |                                     | 4-Ox1-Ox1-6 dble       |                                 |
| CHURCH PERMIT                                                                                                                                                                                            |          | HEALTH PERMIT No.                      |                                     | Archer 4/1974          |                                 |
| REMARKS: Born in Steubenville of Lawrence and Julia O'Brien Lamb.                                                                                                                                        |          |                                        |                                     |                        |                                 |
| Survived by his husband, John Westmyer, a daughters, Mrs. Robert Shirley Schultz; a sister, Miss Lillie Lamb; 4 grandchildren and one great-grandchild. Died at Ohio Valley Hospital, Steubenville, Ohio |          |                                        |                                     |                        |                                 |

FAMILY NAME: WHALAN  
GIVEN NAME: ANNA MRS.  
INTERMENT NUMBER: 10426

|                                                                                                                                          |  |                                    |   |                   |   |                |                                |                  |                          |
|------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|---|-------------------|---|----------------|--------------------------------|------------------|--------------------------|
| NAME                                                                                                                                     |  | WHALAN, Mrs. Anna                  |   | INTERMENT No.     |   | 10426          |                                |                  |                          |
| ADDRESS                                                                                                                                  |  | 224 N. 5th St., Steubenville, Ohio |   |                   |   |                |                                |                  |                          |
| PERSON RESPONSIBLE ADDRESS                                                                                                               |  |                                    |   |                   |   |                |                                |                  |                          |
| AGE                                                                                                                                      |  | RACE                               | W | SEX               | F | MARRIED        | <input type="checkbox"/> widow | SINGLE           | <input type="checkbox"/> |
| DATE OF DEATH                                                                                                                            |  | April 17, 1944                     |   |                   |   | CAUSE OF DEATH |                                | Cancer of breast |                          |
| DATE OF BURIAL                                                                                                                           |  | April 17, 1944                     |   |                   |   |                |                                |                  |                          |
| SECTION                                                                                                                                  |  | Blessed Virgin                     |   | ROW               |   | LOT            | 10                             | GRAVE            | 11                       |
| CHURCH                                                                                                                                   |  | St. Peter's                        |   | FUNERAL DIRECTOR  |   | Shannon        |                                | sectional        |                          |
| CHURCH PERMIT No.                                                                                                                        |  | Dist. 654-                         |   | HEALTH PERMIT No. |   | 212            |                                | TYPE VAULT       |                          |
| REMARKS: Born Steubenville of Michael & Mary McGinnis, survived by son, Fr. Vincent Whalen, Chicago, and daughter Mrs. Mary Agnes Walker |  |                                    |   |                   |   |                |                                |                  |                          |
|                                                                                                                                          |  |                                    |   |                   |   |                |                                |                  |                          |
|                                                                                                                                          |  |                                    |   |                   |   |                |                                |                  |                          |
|                                                                                                                                          |  |                                    |   |                   |   |                |                                |                  |                          |

FAMILY NAME: WHALEN  
GIVEN NAME: BRIDGET E.  
INTERMENT NUMBER: 06608

|                                                                                           |                   |                                          |                                  |                                                   |  |
|-------------------------------------------------------------------------------------------|-------------------|------------------------------------------|----------------------------------|---------------------------------------------------|--|
| NAME                                                                                      |                   | WHALEN, Bridget E                        |                                  | INTERMENT NO. 6608                                |  |
| ADDRESS                                                                                   |                   | * 601 Sherwood Ave.,<br>Pittsburgh, Pa., |                                  |                                                   |  |
| PERSON RESPONSIBLE ADDRESS                                                                |                   | * May Skarry, same address.              |                                  |                                                   |  |
| AGE 65 *                                                                                  | RACE W            | SEX F                                    | MARRIED <input type="checkbox"/> | SINGLE <input checked="" type="checkbox"/> * KX * |  |
| DATE OF DEATH Dec. 9, 1918                                                                | CAUSE OF DEATH    |                                          |                                  | Dec. 12, 1918<br>DATE OF BURIAL                   |  |
| SECTION All Saints                                                                        | ROW               | LOT 15                                   | GRAVE 1                          |                                                   |  |
| CHURCH Pgh. Pa.,                                                                          | FUNERAL DIRECTOR  |                                          |                                  | TYPE VAULT                                        |  |
| CHURCH PERMIT NO.                                                                         | HEALTH PERMIT NO. |                                          |                                  |                                                   |  |
| REMARKS: Information shown by * furnished by niece, May Skarry, 5/1/59                    |                   |                                          |                                  |                                                   |  |
| * "This was my aunt, telegraph operator at Colliers, W.Va., for P.R.R. most of her life." |                   |                                          |                                  |                                                   |  |
|                                                                                           |                   |                                          |                                  |                                                   |  |
|                                                                                           |                   |                                          |                                  |                                                   |  |

FAMILY NAME: WHALEN  
GIVEN NAME: CATHERINE MISS  
INTERMENT NUMBER: 06065

|                            |         |                                                                          |   |                   |   |                |                          |               |                                     |
|----------------------------|---------|--------------------------------------------------------------------------|---|-------------------|---|----------------|--------------------------|---------------|-------------------------------------|
| NAME                       |         | WHALEN, Miss Catherine                                                   |   | INTERMENT No.     |   | 6065           |                          |               |                                     |
| ADDRESS                    |         | Steubenville, Ohio                                                       |   |                   |   |                |                          |               |                                     |
| PERSON RESPONSIBLE ADDRESS |         |                                                                          |   |                   |   |                |                          |               |                                     |
| AGE                        | 16-3 mo | RACE                                                                     | W | SEX               | F | MARRIED        | <input type="checkbox"/> | SINGLE        | <input checked="" type="checkbox"/> |
| DATE OF DEATH              |         | Dec. 11, 1916                                                            |   |                   |   | CAUSE OF DEATH |                          | Complications |                                     |
| SECTION                    |         | Blessed Virgin                                                           |   | ROW               |   | LOT            |                          | 10            |                                     |
| CHURCH                     |         | Holy Name                                                                |   | FUNERAL DIRECTOR  |   | TYPE VAULT     |                          | GRAVE         |                                     |
| CHURCH PERMIT No.          |         | J.A.Weigand                                                              |   | HEALTH PERMIT No. |   |                |                          | 6             |                                     |
| REMARKS:                   |         | Grandchild of lot owner, Mary McGuinness. Survived by mother Mrs. Whalen |   |                   |   |                |                          |               |                                     |
|                            |         |                                                                          |   |                   |   |                |                          |               |                                     |
|                            |         |                                                                          |   |                   |   |                |                          |               |                                     |
|                            |         |                                                                          |   |                   |   |                |                          |               |                                     |



FAMILY NAME: WHALEN  
GIVEN NAME: CHARLES EDWARD  
INTERMENT NUMBER: 12944

|                                                                                                                             |  |                                          |  |                  |  |                     |  |                    |  |                |  |       |  |         |  |                                             |  |        |  |                          |  |
|-----------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|--|------------------|--|---------------------|--|--------------------|--|----------------|--|-------|--|---------|--|---------------------------------------------|--|--------|--|--------------------------|--|
| NAME                                                                                                                        |  | WHALEN, Charles Edward                   |  | INTERMENT No.    |  | 12944               |  |                    |  |                |  |       |  |         |  |                                             |  |        |  |                          |  |
| ADDRESS                                                                                                                     |  | 1127 Sycamore Street, Steubenville, Ohio |  |                  |  |                     |  |                    |  |                |  |       |  |         |  |                                             |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                  |  | Shannon Funeral Home                     |  |                  |  |                     |  |                    |  |                |  |       |  |         |  |                                             |  |        |  |                          |  |
| Feb. 23, 1874                                                                                                               |  | AGE                                      |  | 85-6-19da        |  | RACE                |  | W                  |  | SEX            |  | F     |  | MARRIED |  | <input checked="" type="checkbox"/> widower |  | SINGLE |  | <input type="checkbox"/> |  |
| Sept. 11, 1959                                                                                                              |  | DATE OF DEATH                            |  | CAUSE OF DEATH   |  | Cerebral homorrhage |  | Sept. 14, 1959     |  | DATE OF BURIAL |  |       |  |         |  |                                             |  |        |  |                          |  |
| SECTION                                                                                                                     |  | St. Patrick                              |  | ROW              |  | LOT                 |  | 51                 |  | GRAVE          |  | 1     |  |         |  |                                             |  |        |  |                          |  |
| CHURCH                                                                                                                      |  | St. Peters                               |  | FUNERAL DIRECTOR |  | Shannon             |  | Guardian # 9       |  | TYPE VAULT     |  | conc. |  |         |  |                                             |  |        |  |                          |  |
| Msgr. H. J. Grigsby.                                                                                                        |  | CHURCH PERMIT NO.                        |  | Dist. 4101 - 436 |  | HEALTH PERMIT NO.   |  | 1-4" X 0-8" marker |  | Archer 9/24/59 |  |       |  |         |  |                                             |  |        |  |                          |  |
| REMARKS: Born in Steubenville of Michael and Mary McMahon Whalen.                                                           |  |                                          |  |                  |  |                     |  |                    |  |                |  |       |  |         |  |                                             |  |        |  |                          |  |
| Retired W. & L.E. Railroad engineer. Survived by one nephew, Charles F. Hughes. Died at Ohio Valley Hospital, Steubenville. |  |                                          |  |                  |  |                     |  |                    |  |                |  |       |  |         |  |                                             |  |        |  |                          |  |
|                                                                                                                             |  |                                          |  |                  |  |                     |  |                    |  |                |  |       |  |         |  |                                             |  |        |  |                          |  |
|                                                                                                                             |  |                                          |  |                  |  |                     |  |                    |  |                |  |       |  |         |  |                                             |  |        |  |                          |  |
|                                                                                                                             |  |                                          |  |                  |  |                     |  |                    |  |                |  |       |  |         |  |                                             |  |        |  |                          |  |

FAMILY NAME: WHALEN  
GIVEN NAME: ELIZABETH FALHERTY MRS.  
INTERMENT NUMBER: 00672

|                            |    |                                                                                         |   |                    |   |               |                                |                 |                          |
|----------------------------|----|-----------------------------------------------------------------------------------------|---|--------------------|---|---------------|--------------------------------|-----------------|--------------------------|
| NAME                       |    | WHALEN, Mrs. Elizabeth Falherty                                                         |   | INTERMENT No.      |   | 672           |                                |                 |                          |
| ADDRESS                    |    | Colliers, W. Va.,                                                                       |   |                    |   |               |                                |                 |                          |
| PERSON RESPONSIBLE ADDRESS |    |                                                                                         |   |                    |   |               |                                |                 |                          |
| AGE                        | 75 | RACE                                                                                    | W | SEX                | F | MARRIED       | <input type="checkbox"/> widow | SINGLE          | <input type="checkbox"/> |
| DATE OF DEATH              |    | CAUSE OF DEATH                                                                          |   | old age            |   | Dec. 15, 1893 |                                |                 | DATE OF BURIAL           |
| SECTION                    |    | St. Joseph                                                                              |   | ROW                |   | LOT           | 5                              | part of GRAVE 6 |                          |
| CHURCH                     |    | Fr. J.J.Duffy                                                                           |   | FUNERAL DIRECTOR   |   | TYPE VAULT    |                                |                 |                          |
| CHURCH PERMIT No.          |    | HEALTH PERMIT No.                                                                       |   | 2-0" x 2-0" x 4-0" |   |               |                                |                 | GRANITE MONUMENT         |
| REMARKS:                   |    | Mother-in-law of lot owner, John Coburn and mother of Mrs. Mary Joyce, N. 8th St., City |   |                    |   |               |                                |                 |                          |
|                            |    |                                                                                         |   |                    |   |               |                                |                 |                          |
|                            |    |                                                                                         |   |                    |   |               |                                |                 |                          |
|                            |    |                                                                                         |   |                    |   |               |                                |                 |                          |

FAMILY NAME: WHALEN

GIVEN NAME: INEZ

INTERMENT NUMBER: 03702A

|                                                                                                                                         |                |                    |                   |          |   |               |                          |        |        |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------|-------------------|----------|---|---------------|--------------------------|--------|--------|--------------------------|
| NAME                                                                                                                                    |                | WHALEN, Inez       |                   | (Infant) |   | INTERMENT No. |                          | 3702-A |        |                          |
| ADDRESS                                                                                                                                 |                | Steubenville, Ohio |                   |          |   |               |                          |        |        |                          |
| PERSON RESPONSIBLE ADDRESS                                                                                                              |                |                    |                   |          |   |               |                          |        |        |                          |
| AGE                                                                                                                                     | 4 yrs          | RACE               | W                 | SEX      | F | MARRIED       | <input type="checkbox"/> | infant | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH                                                                                                                           | Nov. 19, 1911  |                    | CAUSE OF DEATH    |          |   |               | DATE OF BURIAL           |        |        |                          |
| SECTION                                                                                                                                 | St. Stanislaus |                    | ROW               |          |   | LOT           | 30                       | GRAVE  | 1 2/   |                          |
| CHURCH                                                                                                                                  |                |                    | FUNERAL DIRECTOR  |          |   | TYPE VAULT    |                          |        |        |                          |
| CHURCH PERMIT NO.                                                                                                                       |                |                    | HEALTH PERMIT NO. |          |   |               |                          |        |        |                          |
| REMARKS: Survived by (mother (X) Mrs. Ann Whalen                                                                                        |                |                    |                   |          |   |               |                          |        |        |                          |
| Note: July 18, 1957: Received order to open Gr. No. 2, this lot.                                                                        |                |                    |                   |          |   |               |                          |        |        |                          |
| Examination of ground indicated that No. 1 was occupied. Probed and confirmed; checked records. Ordered No. 2, opened instead of No. 1. |                |                    |                   |          |   |               |                          |        |        |                          |
| No remains were found in No. 2, although there was evidence that                                                                        |                |                    |                   |          |   |               |                          |        |        |                          |

top part of No. 2 had been opened. Evidence indicates that Inez Whalen was originally interred in No. 2, later removed to Grave No. 1. Changed records accordingly. (F.F. Pfister, Sec'y.)

FAMILY NAME: WHALEN  
GIVEN NAME: JOHN MICHAEL  
INTERMENT NUMBER: 00608

|                                              |             |                      |                          |                   |                                     |
|----------------------------------------------|-------------|----------------------|--------------------------|-------------------|-------------------------------------|
| NAME                                         |             | WHALEN, John Michael |                          | INTERMENT No. 608 |                                     |
| ADDRESS<br>N. 8th St., Steubenville, Ohio    |             |                      |                          |                   |                                     |
| PERSON RESPONSIBLE ADDRESS                   |             |                      |                          |                   |                                     |
| AGE                                          | 22          | RACE                 | W                        | SEX               | M                                   |
|                                              |             | MARRIED              | <input type="checkbox"/> | SINGLE            | <input checked="" type="checkbox"/> |
| DATE OF DEATH                                |             | CAUSE OF DEATH       |                          | Jan. 7, 1893      |                                     |
|                                              |             | Brain fever          |                          | DATE OF BURIAL    |                                     |
| SECTION                                      | St. Patrick |                      | ROW                      | LO 51             | GRAVE 11                            |
| CHURCH                                       | St. Peters  |                      | FUNERAL DIRECTOR         | TYPE VAULT        |                                     |
| CHURCH PERMIT No.                            |             | M.M.A.Hartnedy       |                          | HEALTH PERMIT No. |                                     |
| REMARKS: Survived by father, Michael Whalen. |             |                      |                          |                   |                                     |
|                                              |             |                      |                          |                   |                                     |
|                                              |             |                      |                          |                   |                                     |
|                                              |             |                      |                          |                   |                                     |
|                                              |             |                      |                          |                   |                                     |

FAMILY NAME: WHALEN

GIVEN NAME: LEO P.

INTERMENT NUMBER: 07977

|                            |  |                                                                                                    |  |                   |  |                                  |  |
|----------------------------|--|----------------------------------------------------------------------------------------------------|--|-------------------|--|----------------------------------|--|
| NAME                       |  | WHALEN, Leo P.                                                                                     |  | INTERMENT No.     |  | 7977                             |  |
| ADDRESS                    |  | Steubenville, Ohio                                                                                 |  |                   |  |                                  |  |
| PERSON RESPONSIBLE ADDRESS |  |                                                                                                    |  |                   |  |                                  |  |
| July 23, 1896              |  | RACE W                                                                                             |  | SEX M             |  | MARRIED <input type="checkbox"/> |  |
| AGE 23                     |  |                                                                                                    |  |                   |  | SINGLE <input type="checkbox"/>  |  |
| DATE OF DEATH              |  | Dec. 11, 1926                                                                                      |  | CAUSE OF DEATH    |  | Heart trouble                    |  |
|                            |  |                                                                                                    |  | DATE OF BURIAL    |  |                                  |  |
| SECTION                    |  | Blessed Virgin                                                                                     |  | ROW               |  | LOT 10                           |  |
|                            |  |                                                                                                    |  |                   |  | GRAVE 5                          |  |
| CHURCH                     |  | Holy Name                                                                                          |  | FUNERAL DIRECTOR  |  | TYPE VAULT                       |  |
|                            |  |                                                                                                    |  |                   |  |                                  |  |
| CHURCH PERMIT No.          |  | Wm. Maloney                                                                                        |  | HEALTH PERMIT No. |  |                                  |  |
|                            |  |                                                                                                    |  |                   |  |                                  |  |
| REMARKS:                   |  | Born at Hadley, Pa., Died at 18 Ohio St., Warren, Ohio.                                            |  |                   |  |                                  |  |
|                            |  | World War I Veteran. Pvt. 26th Engrs. Camp Forrest, Ga., Sept 4, 1918 to Jan. 24, 1919 SSN. 315522 |  |                   |  |                                  |  |
|                            |  |                                                                                                    |  |                   |  |                                  |  |
|                            |  |                                                                                                    |  |                   |  |                                  |  |
|                            |  |                                                                                                    |  |                   |  |                                  |  |



FAMILY NAME: WHALEN

GIVEN NAME: MARK

INTERMENT NUMBER: R112

|                                                                                                                                                                                                             |  |                   |   |                    |   |                |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|---|--------------------|---|----------------|--------------------------|
| NAME                                                                                                                                                                                                        |  | WHALEN, Mark      |   | INTERMENT No.      |   | R-112          |                          |
| ADDRESS                                                                                                                                                                                                     |  |                   |   |                    |   |                |                          |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                  |  |                   |   |                    |   |                |                          |
| AGE                                                                                                                                                                                                         |  | RACE              | W | SEX                | M | MARRIED        | <input type="checkbox"/> |
|                                                                                                                                                                                                             |  |                   |   |                    |   | SINGLE         | <input type="checkbox"/> |
| DATE OF DEATH                                                                                                                                                                                               |  | July 15, 1857     |   |                    |   | DATE OF BURIAL |                          |
| CAUSE OF DEATH                                                                                                                                                                                              |  |                   |   |                    |   |                |                          |
| SECTION                                                                                                                                                                                                     |  | St. Joseph        |   | ROW                |   | LOT            | 5                        |
|                                                                                                                                                                                                             |  |                   |   |                    |   | GRAVE          | part of 6                |
| CHURCH                                                                                                                                                                                                      |  | St. Peters        |   | FUNERAL DIRECTOR   |   | TYPE VAULT     |                          |
| CHURCH PERMIT No.                                                                                                                                                                                           |  | HEALTH PERMIT No. |   | 2-0' X 2-6' X 4-6" |   |                |                          |
|                                                                                                                                                                                                             |  |                   |   | GRANITE MEMORIAL   |   |                |                          |
| REMARKS: Removed from old cemetery, and re-interred in Gr. 6. Later Elizabeth Whalen Falherty was buried in same grave. (She may have been wife of Mark Whalen and mother-in-law of lot owber, John Coburn. |  |                   |   |                    |   |                |                          |

FAMILY NAME: WHALEN

GIVEN NAME: MICHAEL

INTERMENT NUMBER: 03563A

|                            |               |                    |                   |               |                |                          |         |
|----------------------------|---------------|--------------------|-------------------|---------------|----------------|--------------------------|---------|
| NAME                       |               | WHALEN, Michael    |                   | INTERMENT No. |                | 3563-A                   |         |
| ADDRESS                    |               | Steubenville, Ohio |                   |               |                |                          |         |
| PERSON RESPONSIBLE ADDRESS |               |                    |                   |               |                |                          |         |
| AGE                        | RACE          | W                  | SEX               | M             | MARRIED        | <input type="checkbox"/> | widower |
|                            |               |                    |                   |               | SINGLE         | <input type="checkbox"/> |         |
| DATE OF DEATH              | Mar. 25, 1914 |                    |                   |               | CAUSE OF DEATH | DATE OF BURIAL           |         |
| SECTION                    | St. Patrick   |                    |                   | ROW           | LOT            | 51                       | GRAVE   |
|                            |               |                    |                   |               |                |                          | 9       |
| CHURCH                     | St. Peters    |                    | FUNERAL DIRECTOR  |               | TYPE VAULT     |                          |         |
|                            | T.A.Powers    |                    |                   |               |                |                          |         |
| CHURCH PERMIT No.          |               |                    | HEALTH PERMIT No. |               |                |                          |         |
| REMARKS:                   | Lot owner.    |                    |                   |               |                |                          |         |
|                            |               |                    |                   |               |                |                          |         |
|                            |               |                    |                   |               |                |                          |         |
|                            |               |                    |                   |               |                |                          |         |
|                            |               |                    |                   |               |                |                          |         |

FAMILY NAME: WHALEN  
GIVEN NAME: MICHAEL J.  
INTERMENT NUMBER: 02766A

|                                                                     |                |                   |                   |               |   |            |                                     |                |                          |    |
|---------------------------------------------------------------------|----------------|-------------------|-------------------|---------------|---|------------|-------------------------------------|----------------|--------------------------|----|
| NAME                                                                |                | WHALEN, Michael J |                   | INTERMENT No. |   | 2766-A     |                                     |                |                          |    |
| ADDRESS                                                             |                | CONNELLSVILLE Pa. |                   |               |   |            |                                     |                |                          |    |
| PERSON RESPONSIBLE ADDRESS                                          |                |                   |                   |               |   |            |                                     |                |                          |    |
| AGE                                                                 | 40             | RACE              | W                 | SEX           | M | MARRIED    | <input checked="" type="checkbox"/> | SINGLE         | <input type="checkbox"/> |    |
| DATE OF DEATH                                                       | Aug. 15, 1910  |                   | CAUSE OF DEATH    |               |   | Pneumonia  |                                     | DATE OF BURIAL |                          |    |
| SECTION                                                             | Blessed Virgin |                   |                   | ROW           |   |            | LOT                                 | 10             | GRAVE                    | 12 |
| CHURCH                                                              |                |                   | FUNERAL DIRECTOR  |               |   | TYPE VAULT |                                     |                |                          |    |
| CHURCH PERMIT No.                                                   |                |                   | HEALTH PERMIT No. |               |   |            |                                     |                |                          |    |
| REMARKS: Son-in-law of lot owner, Mary McGuinness. Survived by wife |                |                   |                   |               |   |            |                                     |                |                          |    |
|                                                                     |                |                   |                   |               |   |            |                                     |                |                          |    |
|                                                                     |                |                   |                   |               |   |            |                                     |                |                          |    |
|                                                                     |                |                   |                   |               |   |            |                                     |                |                          |    |
|                                                                     |                |                   |                   |               |   |            |                                     |                |                          |    |

FAMILY NAME: WHALEN

GIVEN NAME: MICHAEL MRS.

INTERMENT NUMBER: 01236

|                            |                                    |                                |                   |               |             |         |                                     |        |                          |
|----------------------------|------------------------------------|--------------------------------|-------------------|---------------|-------------|---------|-------------------------------------|--------|--------------------------|
| NAME                       |                                    | WHALEN, Mrs. Michael           |                   | INTERMENT No. |             | 1236    |                                     |        |                          |
| ADDRESS                    |                                    | N. 8th St., Steubenville, Ohio |                   |               |             |         |                                     |        |                          |
| PERSON RESPONSIBLE ADDRESS |                                    |                                |                   |               |             |         |                                     |        |                          |
| AGE                        | 63                                 | RACE                           | W                 | SEX           | F           | MARRIED | <input checked="" type="checkbox"/> | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH              | Sept. 17, 1901                     |                                | CAUSE OF DEATH    |               | Gall stones |         | DATE OF BURIAL                      |        |                          |
| SECTION                    | St. Patrick                        |                                |                   | ROW           |             | LOT     | 51                                  | GRAVE  | 10                       |
| CHURCH                     | St. Peters                         |                                | FUNERAL DIRECTOR  |               |             |         | TYPE VAULT                          |        |                          |
| CHURCH PERMIT No.          | M.M.A.Hartnedy                     |                                | HEALTH PERMIT No. |               |             |         |                                     |        |                          |
| REMARKS:                   | Survived by husband and lot owner. |                                |                   |               |             |         |                                     |        |                          |
|                            |                                    |                                |                   |               |             |         |                                     |        |                          |
|                            |                                    |                                |                   |               |             |         |                                     |        |                          |
|                            |                                    |                                |                   |               |             |         |                                     |        |                          |
|                            |                                    |                                |                   |               |             |         |                                     |        |                          |

FAMILY NAME: WHALEN  
GIVEN NAME: THERESA AGNES MRS.  
INTERMENT NUMBER: 11795

|                                                                                                                                                                                                                                                           |  |                                       |  |                   |  |                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|-------------------|--|-------------------------------------|--|
| NAME                                                                                                                                                                                                                                                      |  | WHALEN, Mrs. Theresa Agnes            |  | INTERMENT No.     |  | 11795                               |  |
| ADDRESS                                                                                                                                                                                                                                                   |  | 1129 Sycamore St., Steubenville, Ohio |  |                   |  |                                     |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                |  | Shannon Funeral Home                  |  |                   |  |                                     |  |
| DATE OF DEATH                                                                                                                                                                                                                                             |  | Feb. 26, 1953                         |  | CAUSE OF DEATH    |  | cerebral homorrhage                 |  |
| AGE                                                                                                                                                                                                                                                       |  | 79-11-15 DA                           |  | RACE              |  | W                                   |  |
| SEX                                                                                                                                                                                                                                                       |  | F                                     |  | MARRIED           |  | <input checked="" type="checkbox"/> |  |
| SINGLE                                                                                                                                                                                                                                                    |  | <input type="checkbox"/>              |  |                   |  |                                     |  |
| DATE OF BURIAL                                                                                                                                                                                                                                            |  | Mar. 2, 1953                          |  |                   |  |                                     |  |
| SECTION                                                                                                                                                                                                                                                   |  | St. Patrick                           |  | ROW               |  | LOT                                 |  |
| GRAVE                                                                                                                                                                                                                                                     |  | 2                                     |  | 51                |  |                                     |  |
| CHURCH                                                                                                                                                                                                                                                    |  | St. Peters                            |  | FUNERAL DIRECTOR  |  | Shamon                              |  |
| TYPE VAULT                                                                                                                                                                                                                                                |  | conc.                                 |  |                   |  |                                     |  |
| CHURCH PERMIT No.                                                                                                                                                                                                                                         |  | Msgr. H.J.Grigsby Dist. 4101-         |  | HEALTH PERMIT No. |  | 125                                 |  |
|                                                                                                                                                                                                                                                           |  | 1-4" X 0-8" marker                    |  |                   |  | Archer. 9/24/59                     |  |
| REMARKS: Born in Steubenville of Joseph and Mary Goode Frey. Survived by husband, Charles B., two brother, John and William Frey, 2 sisters Mrs. Lucy Machman, Mrs. Mary Schlernitzauer. Brother and sister, Elizabeth and Joseph preceeded her in death. |  |                                       |  |                   |  |                                     |  |



FAMILY NAME: WHEATON  
GIVEN NAME: CATHERINE  
INTERMENT NUMBER: 09997

|                             |  |                               |        |                                    |                                 |      |  |
|-----------------------------|--|-------------------------------|--------|------------------------------------|---------------------------------|------|--|
| NAME                        |  | WHEATON, Catherine            |        | INTERMENT No.                      |                                 | 9997 |  |
| ADDRESS                     |  | Cleveland, Ohio               |        |                                    |                                 |      |  |
| PERSON RESPONSIBLE ADDRESS  |  |                               |        |                                    |                                 |      |  |
| AGE 55                      |  | RACE W                        | SEX F  | MARRIED <input type="checkbox"/>   | SINGLE <input type="checkbox"/> |      |  |
| DATE OF DEATH               |  | CAUSE OF DEATH                |        |                                    | DATE OF BURIAL                  |      |  |
|                             |  |                               |        |                                    | Apr. 14, '41                    |      |  |
|                             |  |                               |        |                                    | Ma                              |      |  |
| SECTION St. Peter's         |  | ROW                           | LOT 20 |                                    | GRAVE 10                        |      |  |
| CHURCH St. Ann's, Cleveland |  | FUNERAL DIRECTOR Mrs. Whallen |        | TYPE VAULT                         |                                 |      |  |
| CHURCH PERMIT No. 122       |  | Fr. John M. Powers            |        | 2-0x1-0 sing.mem. Archer 6/26/1996 |                                 |      |  |
| HEALTH PERMIT No.           |  |                               |        |                                    |                                 |      |  |
| REMARKS:                    |  |                               |        |                                    |                                 |      |  |
|                             |  |                               |        |                                    |                                 |      |  |
|                             |  |                               |        |                                    |                                 |      |  |
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|                             |  |                               |        |                                    |                                 |      |  |
|                             |  |                               |        |                                    |                                 |      |  |

FAMILY NAME: WHEATON  
GIVEN NAME: JOSEPH JASPER  
INTERMENT NUMBER: 06923

|                                                  |  |                              |  |                   |  |                                             |            |                                 |  |
|--------------------------------------------------|--|------------------------------|--|-------------------|--|---------------------------------------------|------------|---------------------------------|--|
| NAME                                             |  | WHEATON, Joseph Jasper       |  | INTERMENT No.     |  | 6923                                        |            |                                 |  |
| ADDRESS                                          |  | Cleveland, Le, Ohio          |  |                   |  |                                             |            |                                 |  |
| PERSON RESPONSIBLE ADDRESS                       |  |                              |  |                   |  |                                             |            |                                 |  |
| AGE 50                                           |  | RACE W                       |  | SEX M             |  | MARRIED <input checked="" type="checkbox"/> |            | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                                    |  | July 31, 1920                |  |                   |  | CAUSE OF DEATH                              |            | DATE OF BURIAL                  |  |
| SECTION St. Peters                               |  |                              |  | ROW               |  | LOT 20                                      |            | GRAVE 9                         |  |
| CHURCH                                           |  | Cleveland, Ohio<br>Holy Name |  | FUNERAL DIRECTOR  |  |                                             | TYPE VAULT |                                 |  |
| CHURCH PERMIT No.                                |  | E.T. Calvey                  |  | HEALTH PERMIT No. |  |                                             |            |                                 |  |
| REMARKS: Lot owner, Survived by wife, Catherine. |  |                              |  |                   |  |                                             |            |                                 |  |
|                                                  |  |                              |  |                   |  |                                             |            |                                 |  |
|                                                  |  |                              |  |                   |  |                                             |            |                                 |  |
|                                                  |  |                              |  |                   |  |                                             |            |                                 |  |
|                                                  |  |                              |  |                   |  |                                             |            |                                 |  |

FAMILY NAME: WHILTY

GIVEN NAME: INFANT BOY

INTERMENT NUMBER: 00197

|                                                                                                                          |                           |                                 |                                                                         |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------|-------------------------------------------------------------------------|
| NAME WHILTY, Infant boy                                                                                                  |                           | INTERMENT No. 197               |                                                                         |
| ADDRESS S. 7th St., Steubenville, Ohio                                                                                   |                           |                                 |                                                                         |
| PERSON RESPONSIBLE ADDRESS                                                                                               |                           |                                 |                                                                         |
| AGE --                                                                                                                   | RACE W                    | SEX M                           | MARRIED <input type="checkbox"/> infant SINGLE <input type="checkbox"/> |
| DATE OF DEATH                                                                                                            | CAUSE OF DEATH Still-born | Feb. 11, 1887<br>DATE OF BURIAL |                                                                         |
| SECTION Unbaptized *                                                                                                     | ROW                       | LOT                             | GRAVE                                                                   |
| CHURCH Holy Name                                                                                                         | FUNERAL DIRECTOR          | TYPE VAULT                      |                                                                         |
| CHURCH PERMIT No.                                                                                                        | HEALTH PERMIT No.         |                                 |                                                                         |
| REMARKS: Son of John Whilty.                                                                                             |                           |                                 |                                                                         |
| * Prior to Oct. 1928, no record was kept of the exact location of infant Graves in the Unbaptized Section (Rows 1 to 19) |                           |                                 |                                                                         |
|                                                                                                                          |                           |                                 |                                                                         |
|                                                                                                                          |                           |                                 |                                                                         |

FAMILY NAME: WHIRLOW  
GIVEN NAME: EDWARD JOSEPH  
INTERMENT NUMBER: 18513

|                                                                                                                                                                                                                                     |                                                       |                                  |                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------|
| NAME Whirlow, Edward Joseph                                                                                                                                                                                                         |                                                       | INTERMENT No. 18513              |                                                                             |
| ADDRESS 853 Jeanette Ave., Steuebnnville, Ohio                                                                                                                                                                                      |                                                       |                                  |                                                                             |
| PERSON RESPONSIBLE ADDRESS Mosti Funeral Home                                                                                                                                                                                       |                                                       |                                  |                                                                             |
| 11-4-1930                                                                                                                                                                                                                           |                                                       |                                  |                                                                             |
| AGE 58                                                                                                                                                                                                                              | RACE W                                                | SEX M                            | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH 6-24-1989                                                                                                                                                                                                             | CAUSE OF DEATH Not stated on provi-sional certificate |                                  | DATE OF BURIAL 6-27-1989                                                    |
| SECTION Poor Souls                                                                                                                                                                                                                  | ROW                                                   | LOT 15                           | GRAVE 3                                                                     |
| CHURCH from funeral home                                                                                                                                                                                                            | FUNERAL DIRECTOR Mosti                                | TYPE eagle triplex               |                                                                             |
| CHURCH PERMIT Fr. Chester Szymanski                                                                                                                                                                                                 | HEALTH PERMIT No. 4101-375                            | 3-8x1-0 dbl.mem. Kurtz 9/20/1989 |                                                                             |
| REMARKS: Surviving are his wife, Margaret Slivka Whirlow; a son, Randall G. of Steuebnnville, two daughters, Mrs. James (Sandra) Miller and Mrs. Ronald (Kimberly) Kaine, both of Steuebnnville; and six grandchildren. He was born |                                                       |                                  |                                                                             |

in Steubenville, a son of the late Chester L. and Mary Whirlow. He was also preceded in death by a son, Robin in 1983. He was a conductor in the railroad dept. of Weirton Steel Corp., a member of the 25-Year Club of Weirton Steel and a Catholic by faith. He died in the Ohio Valley Hospital emergency room after a brief illness.

INTERMENT NUMBER: 08325



FAMILY NAME: WHIRLOW

GIVEN NAME: INFANT

INTERMENT NUMBER: 08787

|                            |  |                    |  |                   |  |                                  |  |
|----------------------------|--|--------------------|--|-------------------|--|----------------------------------|--|
| NAME                       |  | WHIRLOW, Infant    |  | INTERMENT No.     |  | 8787                             |  |
| ADDRESS                    |  | Steubenville, Ohio |  |                   |  |                                  |  |
| PERSON RESPONSIBLE ADDRESS |  |                    |  |                   |  |                                  |  |
| AGE                        |  | RACE W             |  | SEX               |  | MARRIED <input type="checkbox"/> |  |
|                            |  |                    |  |                   |  | SINGLE <input type="checkbox"/>  |  |
| DATE OF DEATH              |  | CAUSE OF DEATH     |  |                   |  | June 7, 1932                     |  |
|                            |  |                    |  |                   |  | DATE OF BURIAL                   |  |
| SECTION                    |  | Unbaptized         |  | ROW 21            |  | LOT                              |  |
|                            |  |                    |  |                   |  | GRAVE 11                         |  |
| CHURCH                     |  | St. Stanislaus     |  | FUNERAL DIRECTOR  |  | TYPE VAULT                       |  |
| CHURCH PERMIT No.          |  | Casmir Smogor      |  | HEALTH PERMIT No. |  |                                  |  |
| REMARKS:                   |  |                    |  |                   |  |                                  |  |
|                            |  |                    |  |                   |  |                                  |  |
|                            |  |                    |  |                   |  |                                  |  |
|                            |  |                    |  |                   |  |                                  |  |
|                            |  |                    |  |                   |  |                                  |  |
|                            |  |                    |  |                   |  |                                  |  |

FAMILY NAME: WHIRLOW  
GIVEN NAME: MARY E.  
INTERMENT NUMBER: 17917

|                                                                                                                                                                                                                                     |                                                      |                     |                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------|-----------------------------------------------------------------------------|
| NAME Whirlow, Mary E.                                                                                                                                                                                                               |                                                      | INTERMENT No. 17917 |                                                                             |
| ADDRESS 220 Adams St. Steubenville, Ohio                                                                                                                                                                                            |                                                      |                     |                                                                             |
| PERSON RESPONSIBLE ADDRESS Mosti Funeral Home                                                                                                                                                                                       |                                                      |                     |                                                                             |
| 3-11-1911                                                                                                                                                                                                                           |                                                      | divorced            |                                                                             |
| AGE 75                                                                                                                                                                                                                              | RACE W                                               | SEX F               | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH 3-27-1986                                                                                                                                                                                                             | CAUSE OF DEATH Not stated on provisional certificate |                     | DATE OF BURIAL 3-29-1986                                                    |
| SECTION Poor Souls                                                                                                                                                                                                                  | ROW                                                  | LOT 15              | GRAVE 2                                                                     |
| CHURCH St. Stanislaus                                                                                                                                                                                                               | FUNERAL DIRECTOR Mosti                               | TYPE VAULT eagle    |                                                                             |
| CHURCH PERMIT Fr. Chester Szymanski                                                                                                                                                                                                 | HEALTH PERMIT No. 4101-205                           | 2-0x0-10x1-4        |                                                                             |
| REMARKS: Surviving are a son, Edward of Steubenville, three brothers, William Kunicki of Hialeah Gardens, Fla. John of Steubenville, and Paul of Corpus Christi, Texas; two sisters, Mrs. John (Katherine) Sohovich of Steubenville |                                                      |                     |                                                                             |

and Estella Melko of Mingo Junction; three grandchildren and three great grandchildren. She was born in Steubenville a daughter of the late Paul and Sophia Maliszewski Kunicki. She was also preceded in death by an infant daughter.

FAMILY NAME: WHIRLOW  
GIVEN NAME: ROBIN R.  
INTERMENT NUMBER: 17305

|                                                                                                                                                                                                                                                  |                                                       |                                         |                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------|
| NAME WHIRLOW, Robin R.                                                                                                                                                                                                                           |                                                       | INTERMENT No. 17305                     |                                                                             |
| ADDRESS R. D. # 1 Lee Ridge Road Steubenville, Ohio                                                                                                                                                                                              |                                                       |                                         |                                                                             |
| PERSON RESPONSIBLE ADDRESS McClave-Chandler-Mills Funeral Home                                                                                                                                                                                   |                                                       |                                         |                                                                             |
| 8-14-1956                                                                                                                                                                                                                                        |                                                       |                                         |                                                                             |
| AGE 26                                                                                                                                                                                                                                           | RACE W                                                | SEX F                                   | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH 1-30-1983                                                                                                                                                                                                                          | CAUSE OF DEATH Not stated on provisional certificate. |                                         | DATE OF BURIAL 2-1-1983                                                     |
| SECTION Queen of Heaven                                                                                                                                                                                                                          |                                                       | ROW                                     | LOT 9 GRAVE 1                                                               |
| Our Lady of North American Martyrs                                                                                                                                                                                                               |                                                       | McClave-Chandler-FUNERAL DIRECTOR Mills | #9 Falcon TYPE VAULT Topseal                                                |
| CHURCH PERMIT Fr. David Huffman                                                                                                                                                                                                                  | HEALTH PERMIT No. 4100-0009 Kurtz                     |                                         | 2-2x1-4x0-8                                                                 |
| REMARKS An employee of the transportation department of Weirton Steel Division, died at 1:14 a.m. at his home. He was a member of Our Lady of North American Martyrs Catholic Church. Surviving are his wife, Bernadette M. Zascavage Whirlow; a |                                                       |                                         |                                                                             |

daughter, Jessica at home; his parents, Edward J. and Margaret J. Slivka Whirlow of Steubenville; a brother, Randall of Steubenville; two sisters, Mrs. James (Sandra) Miller and Kimberly Whirlow, both of Steubenville; maternal grandfather George Slivka of Steubenville, and paternal grandmother, Mary Whirlow of Steubenville. He was born August 14, 1956 in Steubenville.

FAMILY NAME: WHITAKER  
GIVEN NAME: ANNA MARY  
INTERMENT NUMBER: 17948

|                                                                                                                                                                                                                              |  |                                         |  |                   |  |                                       |  |                                                   |  |                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|-------------------|--|---------------------------------------|--|---------------------------------------------------|--|---------------------------------|--|
| NAME                                                                                                                                                                                                                         |  | Whitaker, Anna Mary                     |  | INTERMENT No.     |  | 17948                                 |  |                                                   |  |                                 |  |
| ADDRESS                                                                                                                                                                                                                      |  | 1171 Bridgeview Ave. Steubenville, Ohio |  |                   |  |                                       |  |                                                   |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                   |  | Dunlope-Shorac Funeral Home             |  |                   |  |                                       |  |                                                   |  |                                 |  |
| 5-27-1924                                                                                                                                                                                                                    |  | AGE 62                                  |  | RACE W            |  | SEX F                                 |  | MARRIED <input checked="" type="checkbox"/> widow |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                                                                                                                                                                                                                |  | 5-30-1986                               |  | CAUSE OF DEATH    |  | Not stated on provisional certificate |  | DATE OF BURIAL                                    |  | 6-3-1986                        |  |
| SECTION                                                                                                                                                                                                                      |  | Queen of Heaven                         |  | ROW               |  | LOT 419                               |  | GRAVE 2                                           |  |                                 |  |
| CHURCH                                                                                                                                                                                                                       |  | St. Peter's                             |  | FUNERAL DIRECTOR  |  | Dunlope-Shorac                        |  | TYPE VAULT                                        |  | eagle sentinel                  |  |
| CHURCH PERMIT                                                                                                                                                                                                                |  | Msgr. Lawrence Luciana                  |  | HEALTH PERMIT No. |  | 4101-0353                             |  | 3-8x1-2x2-2 dble                                  |  | 2/2/1981 Archer                 |  |
| REMARKS: Surviving are a son, Robert of Wintersville;a daughter, Claudia Whitaker of Cincinnati; her mother, Palma Gillette Cimino of Weirton, three brothers, Louis Cimino of Weirton, Vincent Cimino of Chattanooga, Tenn. |  |                                         |  |                   |  |                                       |  |                                                   |  |                                 |  |

and Fred Cimino of Scottsdale, Ariz.; two sisters, Mrs. John (Genevieve) Brosky and Mrs. William (Angela) Kostur, both of Weirton; and three grandchildren. She was born in Weirton. She was preceded in death by her father, Vincent Cimino, and her husband, Francis Whitaker in 1980.



FAMILY NAME: WHITAKER  
GIVEN NAME: CATHERINE MRS.  
INTERMENT NUMBER: 07075

|                            |    |                                                              |   |                   |   |             |                                     |                |                          |
|----------------------------|----|--------------------------------------------------------------|---|-------------------|---|-------------|-------------------------------------|----------------|--------------------------|
| NAME                       |    | WHITAKER, Mrs. Catherine                                     |   | INTERMENT No.     |   | 7075        |                                     |                |                          |
| ADDRESS                    |    | Steubenville, Ohio                                           |   |                   |   |             |                                     |                |                          |
| PERSON RESPONSIBLE ADDRESS |    |                                                              |   |                   |   |             |                                     |                |                          |
| AGE                        | 46 | RACE                                                         | W | SEX               | F | MARRIED     | <input checked="" type="checkbox"/> | SINGLE         | <input type="checkbox"/> |
| DATE OF DEATH              |    | July 11, 1921                                                |   | CAUSE OF DEATH    |   | Operation   |                                     | DATE OF BURIAL |                          |
| SECTION                    |    | All Saints                                                   |   | ROW               |   | LOT         | 89                                  | GRAVE          | 9                        |
| CHURCH                     |    | St. Peters                                                   |   | FUNERAL DIRECTOR  |   | metal vault |                                     |                |                          |
| CHURCH PERMIT No.          |    | T.A. Powers                                                  |   | HEALTH PERMIT No. |   |             |                                     |                |                          |
| REMARKS:                   |    | Survived by children, William A. Whitaker, Margaret, Thomas. |   |                   |   |             |                                     |                |                          |
|                            |    |                                                              |   |                   |   |             |                                     |                |                          |
|                            |    |                                                              |   |                   |   |             |                                     |                |                          |
|                            |    |                                                              |   |                   |   |             |                                     |                |                          |
|                            |    |                                                              |   |                   |   |             |                                     |                |                          |



FAMILY NAME: WHITAKER  
GIVEN NAME: CHARLES D.  
INTERMENT NUMBER: 14695

|                                                                                                                                                                                                                                                                                   |  |                                          |  |                                        |   |         |   |                        |                                        |                  |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|--|----------------------------------------|---|---------|---|------------------------|----------------------------------------|------------------|--------------------------|
| NAME                                                                                                                                                                                                                                                                              |  | WHITAKER, Charles D.                     |  | INTERMENT No.                          |   | 14695   |   |                        |                                        |                  |                          |
| ADDRESS                                                                                                                                                                                                                                                                           |  | 1151 Sycamore Street, Steubenville, Ohio |  |                                        |   |         |   |                        |                                        |                  |                          |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                        |  | McClave Funeral Home                     |  |                                        |   |         |   |                        |                                        |                  |                          |
| June 11, 1899                                                                                                                                                                                                                                                                     |  | AGE 69-1-21da                            |  | RACE                                   | W | SEX     | M | MARRIED                | <input checked="" type="checkbox"/> XX | SINGLE           | <input type="checkbox"/> |
| Aug. 1, 1968                                                                                                                                                                                                                                                                      |  | DATE OF DEATH                            |  | Not stated on provisional certificate. |   |         |   | Aug. 3, 1968           |                                        | DATE OF BURIAL   |                          |
| SECTION                                                                                                                                                                                                                                                                           |  |                                          |  | All Saints                             |   | ROW     |   | LOT                    |                                        | 83 GRAVE 1       |                          |
| CHURCH                                                                                                                                                                                                                                                                            |  | St. Peters                               |  | FUNERAL DIRECTOR                       |   | McClave |   | Eagle triplex          |                                        | TYPE VAULT conc. |                          |
| Msgr. Cronin T. Malloy                                                                                                                                                                                                                                                            |  | Dist. 4101 -                             |  | 4-0" X 1-0" X 1-6" dble                |   | 485     |   | memorial. Hayslip 4/69 |                                        |                  |                          |
| CHURCH PERMIT                                                                                                                                                                                                                                                                     |  | HEALTH PERMIT No.                        |  |                                        |   |         |   |                        |                                        |                  |                          |
| REMARKS: Born in Steubenville of John Whitaker.                                                                                                                                                                                                                                   |  |                                          |  |                                        |   |         |   |                        |                                        |                  |                          |
| Retired employee of Weirton Steel, Open Hearth Dept., Survived by his wife, Mrs. Rose Burns Whitaker; 2 daughters, Mrs. Robert (Alexis) McGough Jr. and Mrs. Robert B. (Jane) Sinclair; a sister, Mrs. Mgt. Quinlan and 2 grandsons. D.O.A. at Ohio Valley Hospital, Steubenville |  |                                          |  |                                        |   |         |   |                        |                                        |                  |                          |

FAMILY NAME: WHITAKER  
GIVEN NAME: EDWARD C.  
INTERMENT NUMBER: 08520

|                                                                 |     |                                    |   |                   |    |                                       |                          |
|-----------------------------------------------------------------|-----|------------------------------------|---|-------------------|----|---------------------------------------|--------------------------|
| NAME                                                            |     | WHITAKER, Edward C.                |   | INTERMENT NO.     |    | 8520                                  |                          |
| ADDRESS                                                         |     | Steubenville, Ohio                 |   |                   |    |                                       |                          |
| PERSON RESPONSIBLE ADDRESS                                      |     |                                    |   |                   |    |                                       |                          |
| AGE                                                             | 13- | RACE                               | W | SEX               | M  | MARRIED                               | <input type="checkbox"/> |
|                                                                 |     |                                    |   | SINGLE            |    | <input checked="" type="checkbox"/>   |                          |
| DATE OF DEATH                                                   |     | CAUSE OF DEATH                     |   | July 2, 1930      |    |                                       |                          |
|                                                                 |     |                                    |   | DATE OF BURIAL    |    |                                       |                          |
| SECTION                                                         |     | Now: All Souls<br>Orig: All Saints |   | ROW               | 61 | LOT                                   | 9                        |
|                                                                 |     |                                    |   |                   |    | GRAVE A                               |                          |
| CHURCH                                                          |     | Holy Name                          |   | FUNERAL DIRECTOR  |    | TYPE VAULT                            |                          |
| CHURCH PERMIT NO.                                               |     | E.A. Gilbert                       |   | HEALTH PERMIT NO. |    | 4-0" X 1-0" triple Marker-Archer-1952 |                          |
| REMARKS: Removed to Lot 61, Gr. 9, All Souls Section, Nov. 1953 |     |                                    |   |                   |    |                                       |                          |
| Child of John and Ella Mae Whitaker.                            |     |                                    |   |                   |    |                                       |                          |
|                                                                 |     |                                    |   |                   |    |                                       |                          |
|                                                                 |     |                                    |   |                   |    |                                       |                          |
|                                                                 |     |                                    |   |                   |    |                                       |                          |

Removal requested by John F. Whitaker, father and next of kin of deceased by letter dated Aug. 28, 1953. Permission granted by letter dated Oct. 13, 1953 to F.F.Pfister, Sec'y.,

FAMILY NAME: WHITAKER  
GIVEN NAME: ELLA MAE MRS.  
INTERMENT NUMBER: 11748

|                                                                                                                                                                                                                          |  |                                        |  |                  |  |                       |  |                                             |  |                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|------------------|--|-----------------------|--|---------------------------------------------|--|---------------------------------|--|
| NAME                                                                                                                                                                                                                     |  | WHITAKER, Mrs. Ella Mae                |  | INTERMENT No.    |  | 11748                 |  |                                             |  |                                 |  |
| ADDRESS                                                                                                                                                                                                                  |  | 1004 McKinley Ave., Steubenville, Ohio |  |                  |  |                       |  |                                             |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                               |  | Shannon Funeral Home                   |  |                  |  |                       |  |                                             |  |                                 |  |
| July 12, 1887                                                                                                                                                                                                            |  | AGE 65-3-23 da                         |  | RACE W           |  | SEX F                 |  | MARRIED <input checked="" type="checkbox"/> |  | SINGLE <input type="checkbox"/> |  |
| Nov. 5, 1952                                                                                                                                                                                                             |  | DATE OF DEATH                          |  | CAUSE OF DEATH   |  | Cerebral hemorrhage   |  | Nov. 8, 1952                                |  | DATE OF BURIAL                  |  |
| SECTION                                                                                                                                                                                                                  |  | All Souls                              |  | ROW              |  | LOT                   |  | 61                                          |  | GRAVE 8                         |  |
| CHURCH                                                                                                                                                                                                                   |  | Holy Name                              |  | FUNERAL DIRECTOR |  | Shannon               |  | Wheatley #9                                 |  | TYPE VAULT conc.                |  |
| CHURCH PERMIT No.                                                                                                                                                                                                        |  | Regis Urig                             |  | Bist. 4101       |  | 4-0" X 1-0" Dble Mkr. |  | 4-0" X 1-0" Dble Mkr.                       |  | Archer - 1952                   |  |
| HEALTH PERMIT No.                                                                                                                                                                                                        |  | 497                                    |  | Wynne            |  |                       |  |                                             |  |                                 |  |
| REMARKS: Born, Steubenville of John and Anna / Burns. Died at Ohio Valley Hosp., Steubenville. Survived by husband, John, 3 daughters, Mrs. Fred Watkins, Mrs. John Gaughan, Mrs. James Montheith and one son, John Jr., |  |                                        |  |                  |  |                       |  |                                             |  |                                 |  |

FAMILY NAME: WHITAKER  
GIVEN NAME: FRANCIS  
INTERMENT NUMBER: 16924

|                            |  |                                                                                                                                                                                                                               |  |                                         |  |                                        |  |
|----------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|----------------------------------------|--|
| NAME                       |  | WHITAKER, Francis                                                                                                                                                                                                             |  | INTERMENT No.                           |  | 16924                                  |  |
| ADDRESS                    |  | 1171 Bridgeview Avenue                                                                                                                                                                                                        |  | Steubenville, Ohio                      |  |                                        |  |
| PERSON RESPONSIBLE ADDRESS |  | McClave-Chandler-Mills for 1 grave & O/C                                                                                                                                                                                      |  | Mrs. Whitaker for one grave reservation |  |                                        |  |
| 5-8-1921                   |  | AGE                                                                                                                                                                                                                           |  | 59                                      |  |                                        |  |
| RACE                       |  | W                                                                                                                                                                                                                             |  | SEX                                     |  | M                                      |  |
| MARRIED                    |  | <input checked="" type="checkbox"/>                                                                                                                                                                                           |  | SINGLE                                  |  | <input type="checkbox"/>               |  |
| DATE OF DEATH              |  | 12-28-1980                                                                                                                                                                                                                    |  | CAUSE OF DEATH                          |  | Not stated on provisional certificate. |  |
| DATE OF BURIAL             |  | 12-31-1980                                                                                                                                                                                                                    |  |                                         |  |                                        |  |
| SECTION                    |  | Queen of Heaven                                                                                                                                                                                                               |  | ROW                                     |  | LOT                                    |  |
| CHURCH                     |  | St. Peter's                                                                                                                                                                                                                   |  | McClave-Chandler-Mills                  |  | 7 gauge                                |  |
| FUNERAL DIRECTOR           |  |                                                                                                                                                                                                                               |  | TYPE VAULT                              |  | galvanized                             |  |
| CHURCH PERMIT              |  | Msgr. C.T. Molloy                                                                                                                                                                                                             |  | HEALTH PERMIT No.                       |  | 4101-0817                              |  |
| REMARKS:                   |  | Pronounced dead on arrival at 9:30 a.m. at Ohio Valley Hospital. He was employed as a construction worker. He was an army veteran of W.W.II and a member of St. Peter Catholic Church. Surviving are his wife, Mrs. Anna Mary |  | 3-8x1-2x2-2 Archer                      |  | dble mem 2-2-1981                      |  |

Camino Whitaker; a son, Robert F. of Steubenville; and a daughter, Claudia J. Whitaker of Steubenville; two brothers, Thomas of Mingo Junction, and Charles of Smithfield; two sisters, Mrs. Albert (Margaret) Dossett of Mingo Junction, and Mrs. Jane Elliott of Columbus, and three grandchildren. He was born May 8, 1921, in Steubenville, a son of the late Thomas and Margaret Bates Whitaker.

2-18-1981 Flat Bronze Marker Ordered by Mrs. Whitaker.  
5-1-1981 Flat Bronze Marker Received.

FAMILY NAME: WHITAKER

GIVEN NAME: FRANCIS R.

INTERMENT NUMBER: 02775

|                                             |  |                      |  |                          |  |                          |  |
|---------------------------------------------|--|----------------------|--|--------------------------|--|--------------------------|--|
| NAME                                        |  | WHITAKER, Francis R. |  | INTERMENT No.            |  | 2775                     |  |
| ADDRESS                                     |  |                      |  |                          |  |                          |  |
| Steubenville, Ohio                          |  |                      |  |                          |  |                          |  |
| PERSON RESPONSIBLE ADDRESS                  |  |                      |  |                          |  |                          |  |
| AGE                                         |  | 13                   |  | RACE                     |  | W                        |  |
| SEX                                         |  | M                    |  | MARRIED                  |  | <input type="checkbox"/> |  |
| child                                       |  | SINGLE               |  | <input type="checkbox"/> |  | XX                       |  |
| DATE OF DEATH                               |  | Sept 6, 1910         |  |                          |  | CAUSE OF DEATH           |  |
|                                             |  |                      |  |                          |  | Blood poison             |  |
| DATE OF BURIAL                              |  |                      |  |                          |  |                          |  |
| SECTION                                     |  | All Saints           |  | ROW                      |  | LOT                      |  |
|                                             |  |                      |  |                          |  | 89                       |  |
| GRAVE                                       |  | 6                    |  |                          |  |                          |  |
| CHURCH                                      |  | St. Peters           |  | FUNERAL DIRECTOR         |  | TYPE VAULT               |  |
|                                             |  |                      |  |                          |  |                          |  |
| CHURCH PERMIT No.                           |  | T.A.Powers           |  | HEALTH PERMIT No.        |  |                          |  |
|                                             |  |                      |  |                          |  |                          |  |
| REMARKS: Survived by mother, Mrs. Whitaker. |  |                      |  |                          |  |                          |  |
|                                             |  |                      |  |                          |  |                          |  |
|                                             |  |                      |  |                          |  |                          |  |
|                                             |  |                      |  |                          |  |                          |  |
|                                             |  |                      |  |                          |  |                          |  |



FAMILY NAME: WHITAKER

GIVEN NAME: INFANT

INTERMENT NUMBER: 07668

|                            |                                                                                                               |                    |                   |               |     |            |                                 |        |                          |
|----------------------------|---------------------------------------------------------------------------------------------------------------|--------------------|-------------------|---------------|-----|------------|---------------------------------|--------|--------------------------|
| NAME                       |                                                                                                               | WHITAKER, Infant   |                   | INTERMENT No. |     | 7668       |                                 |        |                          |
| ADDRESS                    |                                                                                                               | Steubenville, Ohio |                   |               |     |            |                                 |        |                          |
| PERSON RESPONSIBLE ADDRESS |                                                                                                               |                    |                   |               |     |            |                                 |        |                          |
| AGE                        | -                                                                                                             | RACE               | W                 | SEX           |     | MARRIED    | <input type="checkbox"/> infant | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH              | Mar. 10, 1925                                                                                                 |                    | CAUSE OF DEATH    |               |     | Stillborn  |                                 |        | DATE OF BURIAL           |
| SECTION                    | UNbaptized                                                                                                    |                    | **                |               | ROW | LOT        | GRAVE                           |        |                          |
| CHURCH                     | Holy Name                                                                                                     |                    | FUNERAL DIRECTOR  |               |     | TYPE VAULT |                                 |        |                          |
| CHURCH PERMIT No.          | J.A.Weigand                                                                                                   |                    | HEALTH PERMIT No. |               |     |            |                                 |        |                          |
| REMARKS:                   | ** Prior to Oct. 1926, no record was kept of the exact location of interments made in the Unbaptized Section. |                    |                   |               |     |            |                                 |        |                          |
|                            |                                                                                                               |                    |                   |               |     |            |                                 |        |                          |
|                            |                                                                                                               |                    |                   |               |     |            |                                 |        |                          |
|                            |                                                                                                               |                    |                   |               |     |            |                                 |        |                          |

FAMILY NAME: WHITAKER

GIVEN NAME: JOHN

INTERMENT NUMBER: 11319

|                                                                                |  |                         |  |                   |  |                |  |
|--------------------------------------------------------------------------------|--|-------------------------|--|-------------------|--|----------------|--|
| NAME                                                                           |  | WHITAKER, John (Infant) |  | INTERMENT NO.     |  | 11319          |  |
| ADDRESS                                                                        |  |                         |  |                   |  |                |  |
| parents: 1012 McKinley Ave., Steubenville, Ohio                                |  |                         |  |                   |  |                |  |
| PERSON RESPONSIBLE ADDRESS                                                     |  |                         |  |                   |  |                |  |
| Feb. 1, 1950                                                                   |  | RACE                    |  | W                 |  | SEX            |  |
| AGE                                                                            |  | 4 days                  |  | M                 |  | MARRIED        |  |
|                                                                                |  |                         |  |                   |  | SINGLE         |  |
| DATE OF DEATH                                                                  |  | Feb. 5, 1950            |  | CAUSE OF DEATH    |  | Prematurity    |  |
|                                                                                |  |                         |  | DATE OF BURIAL    |  | Feb. 7, 1950   |  |
| SECTION                                                                        |  | Holy Innocents V        |  | ROW               |  | 1              |  |
|                                                                                |  |                         |  | LOT               |  | GRAVE          |  |
|                                                                                |  |                         |  |                   |  | 24             |  |
| CHURCH                                                                         |  | Holy Name               |  | FUNERAL DIRECTOR  |  | Shannon        |  |
|                                                                                |  |                         |  | TYPE VAULT        |  |                |  |
| CHURCH PERMIT NO.                                                              |  | E.A. Gilbeft            |  | Dist. 654         |  | 1-4x0-8x0-4    |  |
|                                                                                |  |                         |  | HEALTH PERMIT NO. |  | 74             |  |
|                                                                                |  |                         |  |                   |  | Kurtz 9/8/1987 |  |
| REMARKS: Born, Ohio Valley Hosp., Steubenville, Ohio of John & Velma Whitaker. |  |                         |  |                   |  |                |  |
|                                                                                |  |                         |  |                   |  |                |  |
|                                                                                |  |                         |  |                   |  |                |  |
|                                                                                |  |                         |  |                   |  |                |  |
|                                                                                |  |                         |  |                   |  |                |  |

FAMILY NAME: WHITAKER  
GIVEN NAME: JOHN FRANCIS  
INTERMENT NUMBER: 12462

|                                                                                                                                                                                                                                                                                                   |  |                                      |  |                  |  |                                              |  |                                                     |  |                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--|------------------|--|----------------------------------------------|--|-----------------------------------------------------|--|---------------------------------|--|
| NAME                                                                                                                                                                                                                                                                                              |  | WHITAKER, John Francis               |  | INTERMENT No.    |  | 12462                                        |  |                                                     |  |                                 |  |
| ADDRESS                                                                                                                                                                                                                                                                                           |  | 800 Oxford Blvd., Steubenville, Ohio |  |                  |  |                                              |  |                                                     |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                                        |  | McGill - Nolan Funeral Home          |  |                  |  |                                              |  |                                                     |  |                                 |  |
| Dec. 4, 1880                                                                                                                                                                                                                                                                                      |  | AGE 76-1-30 da                       |  | RACE W           |  | SEX M                                        |  | MARRIED <input checked="" type="checkbox"/> widower |  | SINGLE <input type="checkbox"/> |  |
| Feb. 2, 1957                                                                                                                                                                                                                                                                                      |  | DATE OF DEATH                        |  | CAUSE OF DEATH   |  | Cancer of rectum with wide-spread metastasis |  | Feb. 6, 1957                                        |  | DATE OF BURIAL                  |  |
| SECTION                                                                                                                                                                                                                                                                                           |  | All Souls                            |  | ROW              |  | LOT                                          |  | 61                                                  |  | GRAVE 7                         |  |
| CHURCH                                                                                                                                                                                                                                                                                            |  | Finley Methodist Church              |  | FUNERAL DIRECTOR |  | McGill - Nolan                               |  | Wheatley # 9                                        |  | TYPE VAULT conc.                |  |
| CHURCH PERMIT No.                                                                                                                                                                                                                                                                                 |  | Rev. Lloyd McQueen. (Non-Catholic)   |  | Dist. 4101 -     |  | HEALTH PERMIT No. 59                         |  | 4-0" X 1-0" triple marker-Hayslip - 1952            |  |                                 |  |
| REMARKS: Born at Irondale, Ohio. Retired crane-operator, Wheeling Steel Corporation. Survived by 3 daughters, Mrs. Fred Watkins, Mrs. John Gaughan, and Mrs. James Monteith; 1 son John Jr., 1 brother Charles, 1 sister, Mrs. Margaret Quillan. Died at Ohio Valley Hospital, Steubenville, Ohio |  |                                      |  |                  |  |                                              |  |                                                     |  |                                 |  |

FAMILY NAME: WHITAKER

GIVEN NAME: JOHN M.

INTERMENT NUMBER: 18061

|                                                                                                                                                                                                                                               |                                       |                                |                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------|-----------------------------------------------------------------------------|
| NAME Whitaker, John M.                                                                                                                                                                                                                        |                                       | INTERMENT No. 18061            |                                                                             |
| ADDRESS 901 Sixth Ave. Apt. #505 Steubenville, Ohio                                                                                                                                                                                           |                                       |                                |                                                                             |
| PERSON RESPONSIBLE ADDRESS Mosti Funeral Home                                                                                                                                                                                                 |                                       |                                |                                                                             |
| 6-7-1913                                                                                                                                                                                                                                      |                                       |                                |                                                                             |
| AGE 73                                                                                                                                                                                                                                        | RACE W                                | SEX M                          | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| 1-17-1987                                                                                                                                                                                                                                     | Not stated on provisional certificate |                                | 1-20-1987                                                                   |
| DATE OF DEATH                                                                                                                                                                                                                                 | CAUSE OF DEATH                        | DATE OF BURIAL                 |                                                                             |
| SECTION Assumption                                                                                                                                                                                                                            | ROW                                   | LOT 126                        | GRAVE 3                                                                     |
| CHURCH St.Peter's                                                                                                                                                                                                                             | FUNERAL DIRECTOR Mosti                | TYPE VAULT eagle               |                                                                             |
| CHURCH PERMIT Luciana                                                                                                                                                                                                                         | HEALTH PERMIT No. 4101-none           | 3-10x1-2x1-10 Archer 3/19/1987 |                                                                             |
| REMARKS: Surviving are his wife, Velma Forrest Whitaker, a son, David E. of Trussville, Ala.; a daughter, Mrs. Peter (Janice) Ward of Wintersville; threesisters, <del>AKK</del> Anna Marie Watkins, Elizabeth (Betty) Gaughan and Mrs. James |                                       |                                |                                                                             |

(Frances) Monteith, all of Steubenville. He was born in Steubenville, a son of the late John F. and XX Ellen Burns Whitaker. He was also preceded in death by an infant son, and a brother. He was a member of St.Peter's Catholic Church and the Polish National Alliance.

FAMILY NAME: WHITAKER

GIVEN NAME: L. A.

INTERMENT NUMBER: 06346

|                            |  |                         |  |                   |  |                          |  |                |  |
|----------------------------|--|-------------------------|--|-------------------|--|--------------------------|--|----------------|--|
| NAME                       |  | WHITAKER, L. A.         |  | (Infant)          |  | INTERMENT No.            |  | 6346           |  |
| ADDRESS                    |  |                         |  |                   |  |                          |  |                |  |
| PERSON RESPONSIBLE ADDRESS |  |                         |  |                   |  |                          |  |                |  |
| AGE                        |  | 3 yr                    |  | RACE              |  | W                        |  | SEX            |  |
|                            |  |                         |  | MARRIED           |  | <input type="checkbox"/> |  | infant         |  |
|                            |  |                         |  | SINGLE            |  | <input type="checkbox"/> |  |                |  |
| DATE OF DEATH              |  | Apr. 12, 1918           |  | CAUSE OF DEATH    |  | Tuberculosis             |  | DATE OF BURIAL |  |
| SECTION                    |  | Holy Innocents, Div. II |  | ROW               |  | 8                        |  | LOT            |  |
|                            |  |                         |  | GRAVE             |  | 30                       |  |                |  |
| CHURCH                     |  |                         |  | FUNERAL DIRECTOR  |  |                          |  | TYPE VAULT     |  |
| CHURCH PERMIT No.          |  |                         |  | HEALTH PERMIT No. |  |                          |  |                |  |
| REMARKS:                   |  |                         |  |                   |  |                          |  |                |  |
|                            |  |                         |  |                   |  |                          |  |                |  |
|                            |  |                         |  |                   |  |                          |  |                |  |
|                            |  |                         |  |                   |  |                          |  |                |  |
|                            |  |                         |  |                   |  |                          |  |                |  |



FAMILY NAME: WHITAKER

GIVEN NAME: ROSE A.

INTERMENT NUMBER: 16763

|                                                                                                                                                                                                                                         |  |                                     |  |                                       |  |                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|---------------------------------------|--|-------------------------------------------|--|
| NAME                                                                                                                                                                                                                                    |  | WHITAKER, Rose A.                   |  | INTERMENT No.                         |  | 16763                                     |  |
| ADDRESS                                                                                                                                                                                                                                 |  | 429 Linduff Avenue                  |  | Steubenville, Ohio                    |  | 43952                                     |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                              |  | McClave-Chandler-Mills Funeral Home |  |                                       |  |                                           |  |
| 12-22-1895                                                                                                                                                                                                                              |  | AGE                                 |  | 84                                    |  | RACE W                                    |  |
| SEX                                                                                                                                                                                                                                     |  | F                                   |  | MARRIED                               |  | <input checked="" type="checkbox"/> Widow |  |
| SINGLE                                                                                                                                                                                                                                  |  | <input type="checkbox"/>            |  |                                       |  |                                           |  |
| DATE OF DEATH                                                                                                                                                                                                                           |  | 2-20-1980                           |  | not stated on provisional certificate |  | DATE OF BURIAL                            |  |
| 2-23-1980                                                                                                                                                                                                                               |  |                                     |  |                                       |  |                                           |  |
| SECTION                                                                                                                                                                                                                                 |  | All Saints                          |  | ROW                                   |  | LOT 83                                    |  |
| GRAVE                                                                                                                                                                                                                                   |  | 2                                   |  |                                       |  |                                           |  |
| CHURCH                                                                                                                                                                                                                                  |  | St. Peter's                         |  | McClave-Chandler-FUNERAL DIRECTOR     |  | Mills                                     |  |
| Eagle                                                                                                                                                                                                                                   |  |                                     |  | TYPE                                  |  | Triplex                                   |  |
| VAULT                                                                                                                                                                                                                                   |  |                                     |  |                                       |  |                                           |  |
| CHURCH PERMIT                                                                                                                                                                                                                           |  | Msgr. C.T.Molloy                    |  | HEALTH PERMIT No.                     |  | 4101 - 0129 4-0x1-0x1-6 Hayslip           |  |
| dble. mem.--4-1969                                                                                                                                                                                                                      |  |                                     |  |                                       |  |                                           |  |
| REMARKS: Died at 4:59 p.m. in St. John Medical Center. She was a member of St. Peter's Roman Catholic Church and the Catholic Woman's Club. Survivng are two daughters, Mrs. Robert (Alexis) McGough and Mrs. Robert B. (Jane) Sinclair |  |                                     |  |                                       |  |                                           |  |

both of Steubenville, and four grandchildren. She was born December 22, 1895, in Steubenville, a daughter of the late John and Anne Wynnee Burns. She was preceded in death by her husband, Charles D., in 1968.

FAMILY NAME: WHITAKER

GIVEN NAME: VELMA LOUISE

INTERMENT NUMBER: 20802

|                            |  |                                                                                                                                                                                                                                                                                                                              |  |                                                                                                |  |
|----------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|
| NAME                       |  | Whitaker, Velma Louise                                                                                                                                                                                                                                                                                                       |  | INTERMENT No. 20802                                                                            |  |
| ADDRESS                    |  | 901 N. 6th St. Steubenville, Ohio                                                                                                                                                                                                                                                                                            |  |                                                                                                |  |
| PERSON RESPONSIBLE ADDRESS |  | Mosti Funeral Home                                                                                                                                                                                                                                                                                                           |  |                                                                                                |  |
| 11-26-1915                 |  | AGE 85                                                                                                                                                                                                                                                                                                                       |  | RACE W SEX F MARRIED <input checked="" type="checkbox"/> widow SINGLE <input type="checkbox"/> |  |
| 1-21-2001                  |  | DATE OF DEATH                                                                                                                                                                                                                                                                                                                |  | Not stated on provisional certificate                                                          |  |
| 1-24-2001                  |  | DATE OF BURIAL                                                                                                                                                                                                                                                                                                               |  | 1-24-2001                                                                                      |  |
| SECTION                    |  | Assumption                                                                                                                                                                                                                                                                                                                   |  | ROW LOT 127 GRAVE 1                                                                            |  |
| CHURCH                     |  | St. Peters                                                                                                                                                                                                                                                                                                                   |  | FUNERAL DIRECTOR Mosti TYPE VAULT titan                                                        |  |
| CHURCH PERMIT              |  | Msgr. Roger Foys Bishop G. Sheldon                                                                                                                                                                                                                                                                                           |  | 3-10x1-2 Archer 3/19/1987                                                                      |  |
| REMARKS:                   |  | Surviving are a son, David of Pittsburgh; one daughter, Mrs. Peter (Janice) Ward of Wintersville, four grandchildre. She was born in Bradley, Ohio a daughter of the late Clemens and Mary Szydlovska Foszcz (Forst). She was a member of St. Peters Church Preceded in death by her husband, John Michael Whitaker in 1987. |  |                                                                                                |  |

## Velma Louise Whitaker

STEUBENVILLE — Velma Louise Whitaker, 85, of Steubenville died Sunday in the Steubenville Convalescent Center.

She was born Nov. 26, 1915, in Bradley, Ohio, a daughter of the late Clemens and Mary Szydlovska Foszcz (Forst). She was also preceded in death by four brothers, Clemens, George, John and Edward Forst; and three sisters Vera Kovalchik, Anna Vlodyka and Frances Heintzelman.

Surviving are one son David E. Whitaker of Pittsburgh; one daughter Mrs. Peter (Janice) Ward of Wintersville; four grandchildren Mrs. Steve (Karen) Olesky, Missy Ward and Adam and Erik Whitaker; and two great-grandchildren.

She was retired from the Steubenville Register. She was a member of St. Peter's Catholic Church and it's C.C.W., and the A.A.R.P.

Calling hours are Tuesday 6-9 p.m. at Mosti Funeral Home, Sunset Chapel. Mass will be celebrated Wednesday at 9:30 a.m. at St. Peter's Catholic Church. There will be a vigil Service 8:45 p.m. Tuesday. Burial in Mt. Calvary cemetery. Memorial contributions may be made to St. Peter's Church.

FAMILY NAME: WHITAKER

GIVEN NAME: WILLIAM A.

INTERMENT NUMBER: 14505

|                                                                         |  |                                                        |  |                      |  |                                                                             |  |
|-------------------------------------------------------------------------|--|--------------------------------------------------------|--|----------------------|--|-----------------------------------------------------------------------------|--|
| NAME                                                                    |  | WHITAKER,, William A.                                  |  | INTERMENT No.        |  | 14505                                                                       |  |
| ADDRESS                                                                 |  | R.D.# 1, Twp Rd., #361, Steubenville, Ohio             |  |                      |  |                                                                             |  |
| PERSON RESPONSIBLE ADDRESS                                              |  | (Son) Wm. J. Whitaker, 329 Olive St., Wintersville, O. |  |                      |  |                                                                             |  |
| Dec. 5, 1894                                                            |  | (separated)                                            |  |                      |  |                                                                             |  |
| AGE 72-8-22da                                                           |  | RACE W                                                 |  | SEX M                |  | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |  |
| Aug. 28, 1967                                                           |  | Not stated on prov. certificate.                       |  |                      |  | Aug. 31, 1967                                                               |  |
| DATE OF DEATH                                                           |  | CAUSE OF DEATH                                         |  |                      |  | DATE OF BURIAL                                                              |  |
| SECTION                                                                 |  | All Saints                                             |  | ROW                  |  | LOT 89 GRAVE 5 70                                                           |  |
| Our Lady of No. American Martyrs                                        |  | Cole Bros                                              |  | Concrete air-seal    |  |                                                                             |  |
| CHURCH                                                                  |  | Mass at St. Peters                                     |  | FUNERAL DIRECTOR     |  | TYPE VAULT                                                                  |  |
| Fr. Jos. Sanda                                                          |  | Dist. 4100-                                            |  | 2-0" X 1-0" X 1-6"   |  |                                                                             |  |
| CHURCH PERMIT                                                           |  | HEALTH PERMIT No. 51                                   |  | marker. Hayslip 4/68 |  |                                                                             |  |
| REMARKS: Born in Toronto, Ohio of and Catherine Whitaker                |  |                                                        |  |                      |  |                                                                             |  |
| World War I Veteran Army (AEF) Retired meat-cutter. Survived by a son,  |  |                                                        |  |                      |  |                                                                             |  |
| William J. Whitaker, 2 sisters, Mrs. Hugh (Margaret) Patterson and Mrs. |  |                                                        |  |                      |  |                                                                             |  |
| Charles (June) Bray; also 1 granddaughter. Died at Home.                |  |                                                        |  |                      |  |                                                                             |  |

FAMILY NAME: WHITE  
GIVEN NAME: EDWARD  
INTERMENT NUMBER: 09751

|                            |  |                       |  |                   |  |                          |  |                                 |  |
|----------------------------|--|-----------------------|--|-------------------|--|--------------------------|--|---------------------------------|--|
| NAME                       |  | WHITE, Edward         |  | Infant            |  | INTERMENT No.            |  | 9751                            |  |
| ADDRESS                    |  | Steubenville, Ohio    |  |                   |  |                          |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS |  |                       |  |                   |  |                          |  |                                 |  |
| AGE                        |  | 11mo.                 |  | RACE              |  | SEX                      |  | M                               |  |
|                            |  |                       |  | MARRIED           |  | <input type="checkbox"/> |  | infant                          |  |
|                            |  |                       |  |                   |  |                          |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH              |  | CAUSE OF DEATH        |  |                   |  | DATE OF BURIAL           |  |                                 |  |
|                            |  |                       |  |                   |  | July 5, '39              |  |                                 |  |
| SECTION                    |  | Poor Souls L (infant) |  | Div. I            |  | ROW                      |  | 1                               |  |
|                            |  |                       |  |                   |  | LOT                      |  |                                 |  |
|                            |  |                       |  |                   |  | GRAVE                    |  | 23                              |  |
| CHURCH                     |  | St. Anthony           |  | FUNERAL DIRECTOR  |  | Mosti                    |  | TYPE VAULT                      |  |
| CHURCH PERMIT No.          |  | Paul L. "ichter       |  | HEALTH PERMIT No. |  | 1-8" X 0-10" marker      |  |                                 |  |
| REMARKS:                   |  | Memorial Art. 9/60    |  |                   |  |                          |  |                                 |  |
|                            |  | (Bianco (?))          |  |                   |  |                          |  |                                 |  |
|                            |  |                       |  |                   |  |                          |  |                                 |  |
|                            |  |                       |  |                   |  |                          |  |                                 |  |
|                            |  |                       |  |                   |  |                          |  |                                 |  |
|                            |  |                       |  |                   |  |                          |  |                                 |  |
|                            |  |                       |  |                   |  |                          |  |                                 |  |



FAMILY NAME: WHITE

GIVEN NAME: EMMA

INTERMENT NUMBER: RX074

|                                                                      |  |                   |  |               |  |                                     |  |
|----------------------------------------------------------------------|--|-------------------|--|---------------|--|-------------------------------------|--|
| NAME                                                                 |  | WHITE, Emma       |  | INTERMENT No. |  | RX-74                               |  |
| ADDRESS                                                              |  |                   |  |               |  |                                     |  |
| PERSON RESPONSIBLE ADDRESS                                           |  |                   |  |               |  |                                     |  |
| AGE                                                                  |  | RACE              |  | SEX           |  | MARRIED                             |  |
| 18                                                                   |  | W                 |  | F             |  | <input type="checkbox"/>            |  |
|                                                                      |  |                   |  |               |  | SINGLE                              |  |
|                                                                      |  |                   |  |               |  | <input checked="" type="checkbox"/> |  |
| DATE OF DEATH                                                        |  | CAUSE OF DEATH    |  |               |  | DATE OF BURIAL                      |  |
|                                                                      |  |                   |  |               |  |                                     |  |
| SECTION                                                              |  | Blessed Virgin    |  | ROW           |  | LOT                                 |  |
|                                                                      |  |                   |  |               |  | 68                                  |  |
|                                                                      |  |                   |  |               |  | GRAVE                               |  |
|                                                                      |  |                   |  |               |  | 9                                   |  |
| CHURCH                                                               |  | FUNERAL DIRECTOR  |  |               |  | TYPE VAULT                          |  |
|                                                                      |  |                   |  |               |  |                                     |  |
| CHURCH PERMIT No.                                                    |  | HEALTH PERMIT No. |  |               |  |                                     |  |
|                                                                      |  |                   |  |               |  |                                     |  |
| REMARKS: No record of this interment in the original interment book. |  |                   |  |               |  |                                     |  |
| Pencilled note on original lot card reads" about 1888" Either this   |  |                   |  |               |  |                                     |  |
| interment was missed in the original book, or it was a removal from  |  |                   |  |               |  |                                     |  |
| old cemetery.                                                        |  |                   |  |               |  |                                     |  |



FAMILY NAME: WHITE  
GIVEN NAME: JAMES  
INTERMENT NUMBER: 00134

|                            |  |                                           |  |                  |  |                          |  |                          |  |
|----------------------------|--|-------------------------------------------|--|------------------|--|--------------------------|--|--------------------------|--|
| NAME                       |  | WHITE, James                              |  | INTERMENT No.    |  | 134                      |  |                          |  |
| ADDRESS                    |  | High St., Steubenville, Ohio              |  |                  |  |                          |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                                           |  |                  |  |                          |  |                          |  |
| AGE                        |  | RACE                                      |  | SEX              |  | MARRIED                  |  | SINGLE                   |  |
| 66                         |  | W                                         |  | M                |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  | CAUSE OF DEATH                            |  | liver complaint  |  | Jan. 27, 1886            |  |                          |  |
| DATE OF DEATH              |  | CAUSE OF DEATH                            |  | liver complaint  |  | DATE OF BURIAL           |  |                          |  |
| SECTION                    |  | Blessed Virgin                            |  | ROW              |  | LOT                      |  | GRAVE                    |  |
| 68                         |  | 11                                        |  |                  |  |                          |  |                          |  |
| CHURCH                     |  | St. Peters                                |  | FUNERAL DIRECTOR |  | TYPE VAULT               |  |                          |  |
| M.M.A. Hartnedy            |  |                                           |  |                  |  |                          |  |                          |  |
| CHURCH PERMIT No.          |  | HEALTH PERMIT No.                         |  |                  |  |                          |  |                          |  |
| REMARKS:                   |  | Survived by son, James White, (Lot owner) |  |                  |  |                          |  |                          |  |
|                            |  |                                           |  |                  |  |                          |  |                          |  |
|                            |  |                                           |  |                  |  |                          |  |                          |  |
|                            |  |                                           |  |                  |  |                          |  |                          |  |
|                            |  |                                           |  |                  |  |                          |  |                          |  |

FAMILY NAME: WHITE  
GIVEN NAME: JAMES  
INTERMENT NUMBER: 10069

|                                     |  |                              |  |                          |  |                                  |  |
|-------------------------------------|--|------------------------------|--|--------------------------|--|----------------------------------|--|
| NAME                                |  | WHITE, James                 |  | INTERMENT No.            |  | 10069                            |  |
| ADDRESS                             |  | Steubenville, Ohio           |  |                          |  |                                  |  |
| PERSON RESPONSIBLE ADDRESS          |  |                              |  |                          |  |                                  |  |
| AGE 80-                             |  | RACE W                       |  | SEX M                    |  | MARRIED <input type="checkbox"/> |  |
|                                     |  |                              |  |                          |  | SINGLE <input type="checkbox"/>  |  |
| DATE OF DEATH                       |  | CAUSE OF DEATH Organic heart |  |                          |  | DATE OF BURIAL Nov. 28, '41      |  |
| SECTION Blessed Virgin              |  |                              |  | ROW                      |  | LOT 68 GRAVE 11                  |  |
| CHURCH St. Peters                   |  |                              |  | FUNERAL DIRECTOR Shannon |  | TYPE VAULT                       |  |
| CHURCH Fr. Connors                  |  |                              |  | Dist. 654                |  |                                  |  |
| PERMIT No.                          |  |                              |  | HEALTH PERMIT No. 613    |  |                                  |  |
| REMARKS:                            |  |                              |  |                          |  |                                  |  |
| James White (11/27/86) shown in 11. |  |                              |  |                          |  |                                  |  |
|                                     |  |                              |  |                          |  |                                  |  |
|                                     |  |                              |  |                          |  |                                  |  |
|                                     |  |                              |  |                          |  |                                  |  |

FAMILY NAME: WHITE  
GIVEN NAME: JOHN  
INTERMENT NUMBER: 06372

|                            |  |             |         |                          |                   |                |  |      |         |            |  |                |  |                          |  |        |  |        |  |                          |  |
|----------------------------|--|-------------|---------|--------------------------|-------------------|----------------|--|------|---------|------------|--|----------------|--|--------------------------|--|--------|--|--------|--|--------------------------|--|
| NAME                       |  | WHITE, John |         | (Infant)                 |                   | INTERMENT No.  |  | 6372 |         |            |  |                |  |                          |  |        |  |        |  |                          |  |
| ADDRESS                    |  |             |         |                          |                   |                |  |      |         |            |  |                |  |                          |  |        |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |             |         |                          |                   |                |  |      |         |            |  |                |  |                          |  |        |  |        |  |                          |  |
| AGE                        |  | 2 yrs       |         | RACE                     |                   | W              |  | SEX  |         | M          |  | MARRIED        |  | <input type="checkbox"/> |  | infant |  | SINGLE |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  |             | May 24, |                          |                   | CAUSE OF DEATH |  |      | Toxemia |            |  | DATE OF BURIAL |  |                          |  |        |  |        |  |                          |  |
| SECTION                    |  |             |         | Holy Innocents, Div. III |                   |                |  | ROW  |         | 8          |  | LOT            |  |                          |  | GRAVE  |  | 23     |  |                          |  |
| CHURCH                     |  |             |         |                          | FUNERAL DIRECTOR  |                |  |      |         | TYPE VAULT |  |                |  |                          |  |        |  |        |  |                          |  |
| CHURCH PERMIT No.          |  |             |         |                          | HEALTH PERMIT No. |                |  |      |         |            |  |                |  |                          |  |        |  |        |  |                          |  |
| REMARKS:                   |  |             |         |                          |                   |                |  |      |         |            |  |                |  |                          |  |        |  |        |  |                          |  |
|                            |  |             |         |                          |                   |                |  |      |         |            |  |                |  |                          |  |        |  |        |  |                          |  |
|                            |  |             |         |                          |                   |                |  |      |         |            |  |                |  |                          |  |        |  |        |  |                          |  |
|                            |  |             |         |                          |                   |                |  |      |         |            |  |                |  |                          |  |        |  |        |  |                          |  |
|                            |  |             |         |                          |                   |                |  |      |         |            |  |                |  |                          |  |        |  |        |  |                          |  |

FAMILY NAME: WHITE  
GIVEN NAME: MARTIN  
INTERMENT NUMBER: R248

|                                     |  |                   |  |               |  |                                  |  |
|-------------------------------------|--|-------------------|--|---------------|--|----------------------------------|--|
| NAME                                |  | WHITE, Martin     |  | INTERMENT No. |  | R-248                            |  |
| ADDRESS                             |  |                   |  |               |  |                                  |  |
| PERSON RESPONSIBLE ADDRESS          |  |                   |  |               |  |                                  |  |
| 1862                                |  | RACE W            |  | SEX M         |  | MARRIED <input type="checkbox"/> |  |
| AGE 18                              |  |                   |  |               |  | SINGLE <input type="checkbox"/>  |  |
| DATE OF DEATH 1880                  |  | CAUSE OF DEATH    |  |               |  | DATE OF BURIAL                   |  |
| SECTION All Saints                  |  |                   |  | ROW           |  | LOT 65 GRAVE 9                   |  |
| CHURCH St. Peters                   |  | FUNERAL DIRECTOR  |  |               |  | TYPE VAULT                       |  |
| CHURCH PERMIT No.                   |  | HEALTH PERMIT No. |  |               |  |                                  |  |
| REMARKS: Removed from old cemetery. |  |                   |  |               |  |                                  |  |
|                                     |  |                   |  |               |  |                                  |  |
|                                     |  |                   |  |               |  |                                  |  |
|                                     |  |                   |  |               |  |                                  |  |
|                                     |  |                   |  |               |  |                                  |  |

FAMILY NAME: WHITE

GIVEN NAME: MARY

INTERMENT NUMBER: RX075

|                                                                                                                                                                                                                           |  |                   |  |               |  |                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|---------------|--|----------------------------------|--|
| NAME                                                                                                                                                                                                                      |  | WHITE, Mary       |  | INTERMENT No. |  | RX-75                            |  |
| ADDRESS                                                                                                                                                                                                                   |  |                   |  |               |  |                                  |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                |  |                   |  |               |  |                                  |  |
| AGE                                                                                                                                                                                                                       |  | RACE W            |  | SEX F         |  | MARRIED <input type="checkbox"/> |  |
|                                                                                                                                                                                                                           |  |                   |  |               |  | SINGLE <input type="checkbox"/>  |  |
| DATE OF DEATH                                                                                                                                                                                                             |  | CAUSE OF DEATH    |  |               |  | DATE OF BURIAL                   |  |
| SECTION                                                                                                                                                                                                                   |  | Blessed Virgin    |  | ROW           |  | LOT 68 GRAVE 10                  |  |
| CHURCH                                                                                                                                                                                                                    |  | FUNERAL DIRECTOR  |  |               |  | TYPE VAULT                       |  |
| CHURCH PERMIT No.                                                                                                                                                                                                         |  | HEALTH PERMIT No. |  |               |  |                                  |  |
| REMARKS: No record of this interment in original interment book. Pencil ed not on original lot card reads " about 1886". Either this interment was not recorded in original nbook, or it was a removal from old cemetery. |  |                   |  |               |  |                                  |  |



FAMILY NAME: WHITEHOUSE  
GIVEN NAME: ALBERT GEORGE  
INTERMENT NUMBER: 14747

|                            |  |                                                                                                                                                                                                                                                                       |  |                                                                                                  |  |
|----------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------|--|
| NAME                       |  | WHITEHOUSE, Albert George                                                                                                                                                                                                                                             |  | INTERMENT No. 14747                                                                              |  |
| ADDRESS                    |  | Wilhelm Nursing Home, Sarasota, Florida.                                                                                                                                                                                                                              |  |                                                                                                  |  |
| PERSON RESPONSIBLE ADDRESS |  | McClave Funeral Home                                                                                                                                                                                                                                                  |  |                                                                                                  |  |
| Mar. 11, 1892              |  | AGE 76-7-25                                                                                                                                                                                                                                                           |  | RACE W SEX M MARRIED <input checked="" type="checkbox"/> widower SINGLE <input type="checkbox"/> |  |
| Nov. 5, 1968               |  | DATE OF DEATH                                                                                                                                                                                                                                                         |  | Not stated on Florida burial permit                                                              |  |
| Nov. 9, 1968               |  | DATE OF BURIAL                                                                                                                                                                                                                                                        |  |                                                                                                  |  |
| SECTION All Souls          |  | ROW                                                                                                                                                                                                                                                                   |  | LOT 16 GRAVE 9                                                                                   |  |
| St. Martha, Sarasota, Flo  |  | CHURCH St. Peters-here                                                                                                                                                                                                                                                |  | FUNERAL DIRECTOR McClave-here                                                                    |  |
| Msg. Cronin Malloy.        |  | Florida, HEALTH PERMIT No. 2073                                                                                                                                                                                                                                       |  | 3-6" X 1-0" X 1-6" dble memorial.                                                                |  |
| REMARKS:                   |  | Born in Wheeling, W. Va., of Jos. & Eliz. Hilton Whitehouse                                                                                                                                                                                                           |  |                                                                                                  |  |
|                            |  | Retired owner of a construction Co., and Architect. Survived by a daughter, Mrs. Jean McDermott (Walnut Creek Calif.) a son, Robert Whitehouse; a brother, Joseph Whitehouse; a sister, Mrs. Geo. W. (Theima) Stark, and 7 grandchildren. Died at the Wilhelm Nursing |  |                                                                                                  |  |

Home, Sarasota, Flo.

FAMILY NAME: WHITEHOUSE

GIVEN NAME: ALBERTA

INTERMENT NUMBER: 08677

|                            |  |                            |  |                  |  |                                 |  |
|----------------------------|--|----------------------------|--|------------------|--|---------------------------------|--|
| NAME                       |  | WHITEHOUSE, Infant Alberta |  | INTERMENT NO.    |  | 8677                            |  |
| ADDRESS                    |  | Steubenville, Ohio         |  |                  |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS |  |                            |  |                  |  |                                 |  |
| AGE                        |  | 1 da                       |  | RACE             |  | W                               |  |
|                            |  | SEX                        |  | MARRIED          |  | <input type="checkbox"/> infant |  |
|                            |  |                            |  | SINGLE           |  | <input type="checkbox"/>        |  |
| DATE OF DEATH              |  | CAUSE OF DEATH             |  | Oct. 22, 1931    |  |                                 |  |
|                            |  |                            |  | DATE OF BURIAL   |  |                                 |  |
| SECTION                    |  | Holy Innocents VI          |  | ROW              |  | 4                               |  |
|                            |  |                            |  | LOT              |  | GRAVE 15                        |  |
| CHURCH                     |  | Holy Name                  |  | FUNERAL DIRECTOR |  | TYPE VAULT                      |  |
|                            |  | E.A.Gilbert                |  |                  |  |                                 |  |
| CHURCH PERMIT NO.          |  | HEALTH PERMIT NO.          |  |                  |  |                                 |  |
| REMARKS:                   |  |                            |  |                  |  |                                 |  |
|                            |  |                            |  |                  |  |                                 |  |
|                            |  |                            |  |                  |  |                                 |  |
|                            |  |                            |  |                  |  |                                 |  |
|                            |  |                            |  |                  |  |                                 |  |

FAMILY NAME: WHITEHOUSE

GIVEN NAME: ERNEST

INTERMENT NUMBER: 09296

|                            |    |                    |   |                   |     |                |                          |
|----------------------------|----|--------------------|---|-------------------|-----|----------------|--------------------------|
| NAME                       |    | WHITEHOUSE, Ernest |   | INTERMENT No.     |     | 9296           |                          |
| ADDRESS                    |    | Steubenville, Ohio |   |                   |     |                |                          |
| PERSON RESPONSIBLE ADDRESS |    |                    |   |                   |     |                |                          |
| AGE                        | 63 | RACE               | W | SEX               | M   | MARRIED        | <input type="checkbox"/> |
|                            |    |                    |   |                   |     | SINGLE         | <input type="checkbox"/> |
| DATE OF DEATH              |    | CAUSE OF DEATH     |   |                   |     | DATE OF BURIAL |                          |
|                            |    |                    |   |                   |     | Mar. 26, 1936  |                          |
| SECTION                    |    | Poor Souls         |   | ROW               | LOT |                | 34                       |
|                            |    |                    |   | GRAVE             |     | 9              |                          |
| CHURCH                     |    | Holy Name          |   | FUNERAL DIRECTOR  |     | TYPE VAULT     |                          |
| CHURCH PERMIT No.          |    | E.A.Gilbert        |   | HEALTH PERMIT No. |     |                |                          |
| REMARKS:                   |    |                    |   |                   |     |                |                          |
|                            |    |                    |   |                   |     |                |                          |
|                            |    |                    |   |                   |     |                |                          |
|                            |    |                    |   |                   |     |                |                          |
|                            |    |                    |   |                   |     |                |                          |

FAMILY NAME: WHITEHOUSE  
GIVEN NAME: ERNESTINE M. MRS.  
INTERMENT NUMBER: 13432

|                                                                                                                                                                                                                                                                                          |  |                                                           |        |                                             |                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|--------|---------------------------------------------|---------------------------------|
| NAME                                                                                                                                                                                                                                                                                     |  | WHITEHOUSE, Mrs. Ernestine M.                             |        | INTERMENT No. 13432                         |                                 |
| ADDRESS                                                                                                                                                                                                                                                                                  |  | 1252 Sunrise Drive, North Fort Myers, Florida             |        |                                             |                                 |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                               |  | McClave Funeral Home                                      |        |                                             |                                 |
| AGE 66-1896                                                                                                                                                                                                                                                                              |  | RACE W                                                    | SEX F  | MARRIED <input checked="" type="checkbox"/> | SINGLE <input type="checkbox"/> |
| DATE OF DEATH Mar. 18, 1962                                                                                                                                                                                                                                                              |  | CAUSE OF DEATH (heart attack) not shown on Florida permit |        | DATE OF BURIAL March 22, 1962               |                                 |
| SECTION All Souls                                                                                                                                                                                                                                                                        |  | ROW                                                       | LOT 16 | GRAVE 10                                    |                                 |
| CHURCH Holy Name - here                                                                                                                                                                                                                                                                  |  | Cy J. Cass, Ft. Lauderdale                                |        | Guardian # 9                                |                                 |
| Msgr. Regis Urig                                                                                                                                                                                                                                                                         |  | Broward Co. Flo.                                          |        | 3-6" X 1-0" X 1-6" dble                     |                                 |
| CHURCH PERMIT No.                                                                                                                                                                                                                                                                        |  | HEALTH PERMIT No. 62-835                                  |        | memorial.                                   |                                 |
| REMARKS:                                                                                                                                                                                                                                                                                 |  |                                                           |        |                                             |                                 |
| Survived by her husband Albert G. Whitehouse, 2 sons, Robert R., and Charles; 1 daughter, Mrs. Jean McDermott; 3 sisters, Mrs. T. F. (Mary) Stine Ft. Lauderdale, (with whom she was visiting when stricken) Mrs. Clyde (Annie) Bletso and Mrs. Jeanette McKenzie; 3 brothers, Nicholas, |  |                                                           |        |                                             |                                 |

Frank and Ralph Wagner; 7 grandchildren and 1 great-grandchild. Died at Ft. Lauderdale, Florida.

FAMILY NAME: WHITEHOUSE

GIVEN NAME: FLOYD E.

INTERMENT NUMBER: 10241

|                            |  |                      |  |                  |  |                   |  |                                                              |  |                    |  |                    |  |         |  |                                     |  |        |  |                          |  |
|----------------------------|--|----------------------|--|------------------|--|-------------------|--|--------------------------------------------------------------|--|--------------------|--|--------------------|--|---------|--|-------------------------------------|--|--------|--|--------------------------|--|
| NAME                       |  | WHITEHOUSE, Floyd E. |  | INTERMENT No.    |  | 10241             |  |                                                              |  |                    |  |                    |  |         |  |                                     |  |        |  |                          |  |
| ADDRESS                    |  | Sewickley, Pa.,      |  |                  |  |                   |  |                                                              |  |                    |  |                    |  |         |  |                                     |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                      |  |                  |  |                   |  |                                                              |  |                    |  |                    |  |         |  |                                     |  |        |  |                          |  |
| Mar. 16, 1918              |  | AGE                  |  | 24-11-19 da      |  | RACE              |  | W                                                            |  | SEX                |  | M                  |  | MARRIED |  | <input checked="" type="checkbox"/> |  | SINGLE |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  | Mar 5, 1943          |  | CAUSE OF DEATH   |  | pneumonia         |  | DATE OF BURIAL                                               |  | Mar. 9, 1943       |  |                    |  |         |  |                                     |  |        |  |                          |  |
| SECTION                    |  | All Souls            |  | ROW              |  | LOT               |  | 16                                                           |  | GRAVE              |  | 7                  |  |         |  |                                     |  |        |  |                          |  |
| CHURCH                     |  | Holy Name            |  | FUNERAL DIRECTOR |  | McClave           |  | TYPE VAULT                                                   |  |                    |  |                    |  |         |  |                                     |  |        |  |                          |  |
| CHURCH PERMIT No.          |  | Fr. Maloney          |  | 0240 Dist.       |  | HEALTH PERMIT No. |  | 64                                                           |  | 3-6" X 1-0" (Dble) |  | Marker-Archer-1943 |  |         |  |                                     |  |        |  |                          |  |
| REMARKS:                   |  |                      |  |                  |  |                   |  | Born, Steubenville of A. C. & Ernestine Wahner Whitehouse.   |  |                    |  |                    |  |         |  |                                     |  |        |  |                          |  |
|                            |  |                      |  |                  |  |                   |  | Died, Sewickley Hosp., Sewickley, Pa., Occupation, Engineer. |  |                    |  |                    |  |         |  |                                     |  |        |  |                          |  |
|                            |  |                      |  |                  |  |                   |  | Survived by wife, Ruth, parents, brother Charles.            |  |                    |  |                    |  |         |  |                                     |  |        |  |                          |  |
|                            |  |                      |  |                  |  |                   |  |                                                              |  |                    |  |                    |  |         |  |                                     |  |        |  |                          |  |
|                            |  |                      |  |                  |  |                   |  |                                                              |  |                    |  |                    |  |         |  |                                     |  |        |  |                          |  |
|                            |  |                      |  |                  |  |                   |  |                                                              |  |                    |  |                    |  |         |  |                                     |  |        |  |                          |  |



FAMILY NAME: WHITEHOUSE

GIVEN NAME: LAUREN MARIE

INTERMENT NUMBER: 20435

|                            |  |                          |  |                   |  |                                  |  |
|----------------------------|--|--------------------------|--|-------------------|--|----------------------------------|--|
| NAME                       |  | Whitehouse, Lauren Marie |  | INTERMENT No.     |  | 20435                            |  |
| ADDRESS                    |  | Columbus, Ohio           |  |                   |  |                                  |  |
| PERSON RESPONSIBLE ADDRESS |  | Everhart Funeral Home    |  |                   |  |                                  |  |
| AGE                        |  | 1 day                    |  | RACE              |  | W                                |  |
|                            |  | SEX                      |  | F                 |  | MARRIED <input type="checkbox"/> |  |
|                            |  |                          |  | SINGLE            |  | <input type="checkbox"/>         |  |
| DATE OF DEATH              |  | CAUSE OF DEATH           |  | DATE OF BURIAL    |  | 4-5-1999                         |  |
|                            |  | Prematurity              |  |                   |  |                                  |  |
| SECTION                    |  | Queen of Heaven          |  | ROW               |  | LOT 190                          |  |
|                            |  |                          |  |                   |  | GRAVE 4                          |  |
| CHURCH                     |  | Msgr. Gerald             |  | FUNERAL DIRECTOR  |  | Everhart                         |  |
|                            |  |                          |  |                   |  | casket/                          |  |
| CHURCH PERMIT              |  | Calovini                 |  | HEALTH PERMIT No. |  | Franklin Co. Ohio                |  |
| REMARKS:                   |  |                          |  |                   |  |                                  |  |
|                            |  |                          |  |                   |  |                                  |  |
|                            |  |                          |  |                   |  |                                  |  |
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|                            |  |                          |  |                   |  |                                  |  |
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FAMILY NAME: WHITEHOUSE  
GIVEN NAME: MARY HERRIEK MRS.  
INTERMENT NUMBER: 10860

|                                                                                                                                                                                                                                                  |  |                                    |  |                       |  |                                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|--|-----------------------|--|-----------------------------------------------------------------------------|--|
| NAME                                                                                                                                                                                                                                             |  | WHITEHOUSE, Mrs. Mary Herriek      |  | INTERMENT No.         |  | 10860                                                                       |  |
| ADDRESS                                                                                                                                                                                                                                          |  | 1816 Mary Ave., Steubenville, Ohio |  |                       |  |                                                                             |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                       |  |                                    |  |                       |  |                                                                             |  |
| Nov. 25, 1904                                                                                                                                                                                                                                    |  |                                    |  |                       |  |                                                                             |  |
| AGE 42-4-2 da                                                                                                                                                                                                                                    |  | RACE W                             |  | SEX F                 |  | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH Mar. 27, 1947                                                                                                                                                                                                                      |  | CAUSE OF DEATH broncho-pneumonia   |  |                       |  | DATE OF BURIAL Mar. 31, 1947                                                |  |
| SECTION Door Souls                                                                                                                                                                                                                               |  | ROW                                |  | LOT 34                |  | GRAVE 8                                                                     |  |
| CHURCH Holy Name                                                                                                                                                                                                                                 |  | FUNERAL DIRECTOR McClave           |  | TYPE VAULT            |  |                                                                             |  |
| CHURCH PERMIT No. E.A.Gilbert                                                                                                                                                                                                                    |  | Dist. 654-                         |  | 4-0" X 1-0" X 1-6"    |  |                                                                             |  |
|                                                                                                                                                                                                                                                  |  | HEALTH PERMIT No. 174              |  | dble memorial. Archer |  |                                                                             |  |
| REMARKS: Born, Pittsburgh, Pa. of Michael & Tresa Feder Herrick 4/65                                                                                                                                                                             |  |                                    |  |                       |  |                                                                             |  |
| Died, Ohio Valley Hosp., Steubenville, Ohio Survived by husband, William G. Whitehouse and 6 children, William, John James, Raymond, Carol and Sandra; also parents and 3 sisters, Mrs. Andrew Shavinsky Mrs. George Conroy and Pauline Herrick. |  |                                    |  |                       |  |                                                                             |  |

FAMILY NAME: WHITEHOUSE

GIVEN NAME: ROSE MRS.

INTERMENT NUMBER: 10331

|                            |      |                                                         |         |                                |          |                          |                      |
|----------------------------|------|---------------------------------------------------------|---------|--------------------------------|----------|--------------------------|----------------------|
| NAME                       |      | WHITEHOUSE, Mrs. Rose                                   |         | INTERMENT NO.                  |          | 10331                    |                      |
| ADDRESS                    |      | 721 Lincoln Ave., Steubenville, Ohio                    |         |                                |          |                          |                      |
| PERSON RESPONSIBLE ADDRESS |      |                                                         |         |                                |          |                          |                      |
| AGE                        | RACE | SEX                                                     | MARRIED | <input type="checkbox"/> widow | SINGLE   | <input type="checkbox"/> |                      |
| April 1869                 |      | DATE OF DEATH                                           |         |                                | 74-6 mo- |                          | CAUSE OF DEATH       |
|                            |      |                                                         |         |                                |          |                          | Cerebral homorrhage. |
|                            |      |                                                         |         |                                |          |                          | Oct. 23, 1943        |
|                            |      |                                                         |         |                                |          |                          | DATE OF BURIAL       |
| SECTION                    |      | Poor Souls                                              |         | ROW                            | LOT      | 34                       | GRAVE 10             |
| CHURCH                     |      | Holy Name                                               |         | FUNERAL DIRECTOR               | Shannon  |                          | TYPE VAULT           |
| FR.. MALONEY               |      | Dist. 654,                                              |         | 4-6" X 1-6" double             |          |                          |                      |
| CHURCH PERMIT NO.          |      | HEALTH PERMIT NO. 496                                   |         | memorial.                      |          |                          |                      |
| REMARKS:                   |      | Born, Wheeling W. Va., of William and Catherine McEtee. |         |                                |          |                          |                      |
|                            |      |                                                         |         |                                |          |                          |                      |
|                            |      |                                                         |         |                                |          |                          |                      |
|                            |      |                                                         |         |                                |          |                          |                      |
|                            |      |                                                         |         |                                |          |                          |                      |

FAMILY NAME: WHITEHOUSE

GIVEN NAME: WILLIAM G.

INTERMENT NUMBER: 15029

|                                                                                                                                                                                                                              |  |                                        |  |                              |  |                        |  |                                                   |  |                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|------------------------------|--|------------------------|--|---------------------------------------------------|--|---------------------------------|--|
| NAME                                                                                                                                                                                                                         |  | WHITEHOUSE, William G.                 |  | INTERMENT No.                |  | 15029                  |  |                                                   |  |                                 |  |
| ADDRESS                                                                                                                                                                                                                      |  | 163 Shirley Circle, Steubenville, Ohio |  |                              |  |                        |  |                                                   |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                   |  | McClave Funeral Home                   |  |                              |  |                        |  |                                                   |  |                                 |  |
| Mar. 1, 1904                                                                                                                                                                                                                 |  | AGE 66-2-30d                           |  | RACE W                       |  | SEX M                  |  | MARRIED <input checked="" type="checkbox"/> twice |  | SINGLE <input type="checkbox"/> |  |
| May 30, 1970                                                                                                                                                                                                                 |  | DATE OF DEATH                          |  | Malignant Neoplasm of rectum |  |                        |  | June 2, 1970                                      |  | DATE OF BURIAL                  |  |
| SECTION                                                                                                                                                                                                                      |  | Poor Souls                             |  | ROW                          |  | LOT 34                 |  | GRAVE 7                                           |  |                                 |  |
| CHURCH                                                                                                                                                                                                                       |  | Holy Name                              |  | FUNERAL DIRECTOR             |  | McClave                |  | Eagle triplex 1-6                                 |  | TYPE VAULT conc.                |  |
| Msgr. Regis Urig.                                                                                                                                                                                                            |  | CHURCH PERMIT                          |  | Dist. 30 -                   |  | HEALTH PERMIT No. 2587 |  | 4-0" X 1-0" X 1-6" dble                           |  | memorial. Archer '65            |  |
| REMARKS: Born in Steubenville of Ernest and Rose McAtee Whitehouse.                                                                                                                                                          |  |                                        |  |                              |  |                        |  |                                                   |  |                                 |  |
| Survived by his (2nd) wife Anna Ellis Whitehou <sup>se</sup> ; 6 children, William John, James, Raymond, Carol and Sandra; 2 sisters, Mrs. May Beamish and Mrs. Harry (Marg't Trainer and 12 grandchildren. Died at Cambirid |  |                                        |  |                              |  |                        |  |                                                   |  |                                 |  |

State Hospital, Cambridge, Ohio.

FAMILY NAME: WHITER

GIVEN NAME: MOLLIE

INTERMENT NUMBER: 09972

|                                |  |                    |  |                          |  |                                  |  |                                 |  |
|--------------------------------|--|--------------------|--|--------------------------|--|----------------------------------|--|---------------------------------|--|
| NAME                           |  | WHITER, Mollie     |  | INTERMENT No.            |  | 9972                             |  |                                 |  |
| ADDRESS                        |  | Steubenville, Ohio |  |                          |  |                                  |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS     |  |                    |  |                          |  |                                  |  |                                 |  |
| AGE 69                         |  | RACE W             |  | SEX F                    |  | MARRIED <input type="checkbox"/> |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                  |  | CAUSE OF DEATH     |  |                          |  | DATE OF BURIAL                   |  | Feb.10, '41                     |  |
| SECTION Blessed Virgin         |  |                    |  | ROW                      |  | LOT 69                           |  | GRAVE 8                         |  |
| CHURCH Holy Name               |  |                    |  | FUNERAL DIRECTOR Shannon |  |                                  |  | TYPE VAULT                      |  |
| CHURCH PERMIT No. E.A. Gilbert |  |                    |  | HEALTH PERMIT No.        |  |                                  |  |                                 |  |
| REMARKS:                       |  |                    |  |                          |  |                                  |  |                                 |  |
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|                                |  |                    |  |                          |  |                                  |  |                                 |  |



FAMILY NAME: WHYTE  
GIVEN NAME: AARON  
INTERMENT NUMBER: 16068

|                                                                                                                                                                                                                                    |  |                                       |  |                                            |  |                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|--------------------------------------------|--|----------------------------------|--|
| NAME                                                                                                                                                                                                                               |  | WHYTE, Aaron                          |  | INTERMENT No.                              |  | 16068                            |  |
| ADDRESS 142 Fern Grove Place Steubenville, Ohio                                                                                                                                                                                    |  |                                       |  |                                            |  |                                  |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                         |  | Peter Whyte (father)                  |  |                                            |  |                                  |  |
| Jan. 15, 1971                                                                                                                                                                                                                      |  | RACE W                                |  | SEX M                                      |  | MARRIED <input type="checkbox"/> |  |
| AGE 5                                                                                                                                                                                                                              |  |                                       |  | SINGLE <input checked="" type="checkbox"/> |  | infant                           |  |
| Mar. 3, 1976                                                                                                                                                                                                                       |  | not stated on provisional certificate |  | DATE OF BURIAL                             |  | 3/6/1976                         |  |
| DATE OF DEATH                                                                                                                                                                                                                      |  | CAUSE OF DEATH                        |  |                                            |  |                                  |  |
| SECTION Assumption                                                                                                                                                                                                                 |  |                                       |  | ROW                                        |  | LOT 176                          |  |
| GRAVE 2                                                                                                                                                                                                                            |  |                                       |  |                                            |  |                                  |  |
| CHURCH St. Pius X                                                                                                                                                                                                                  |  | FUNERAL DIRECTOR Mosti                |  | TYPE VAULT #5 topseal                      |  |                                  |  |
| CHURCH PERMIT R. Mascolino                                                                                                                                                                                                         |  | 4101 - 160                            |  | 2-Ox0-10 slant marker 4/1/76 (Kurtz)       |  |                                  |  |
| HEALTH PERMIT No.                                                                                                                                                                                                                  |  |                                       |  |                                            |  |                                  |  |
| REMARKS: Died at St. John Medical Center where he had been a patient for 5 days. Surviving are his parents Peter and Judith Ann VanDine Whyte, a brother Michael Scott Whyte paternal grandmother Mrs. Ruth Whyte of Steubenville, |  |                                       |  |                                            |  |                                  |  |

Maternal grandmother Mrs. Katheryn (Lolly) VanDine of Steubenville, and maternal grandfather James VanDine of Miami Fla. He was born in Steubenville, he was preceded in death by his paternal grandfather James (Scotty) Whyte.

FAMILY NAME: WHYTE  
GIVEN NAME: JAMES D.  
INTERMENT NUMBER: 14387

|                                                                       |  |                                       |  |                                     |  |                   |  |                                             |  |                                 |  |                 |  |
|-----------------------------------------------------------------------|--|---------------------------------------|--|-------------------------------------|--|-------------------|--|---------------------------------------------|--|---------------------------------|--|-----------------|--|
| NAME                                                                  |  | WHYTE, James D.                       |  | INTERMENT No.                       |  | 14387             |  |                                             |  |                                 |  |                 |  |
| ADDRESS                                                               |  | 536 Woodland Ave., Steubenville, Ohio |  |                                     |  |                   |  |                                             |  |                                 |  |                 |  |
| PERSON RESPONSIBLE ADDRESS                                            |  | Mc Clave Funeral Home                 |  |                                     |  |                   |  |                                             |  |                                 |  |                 |  |
| Oct. 2, 1907                                                          |  | AGE 59-3-8da                          |  | RACE W                              |  | SEX M             |  | MARRIED <input checked="" type="checkbox"/> |  | SINGLE <input type="checkbox"/> |  |                 |  |
| Jan. 9, 1967                                                          |  | DATE OF DEATH                         |  | currhosis of liver- cerebral edemia |  |                   |  | CAUSE OF DEATH                              |  | Jan. 12, 1967                   |  | DATE OF BURIAL  |  |
| SECTION                                                               |  | All Souls                             |  | ROW                                 |  | LOT               |  | 116                                         |  | GRAVE                           |  | 13              |  |
| Blessing service                                                      |  | CHURCH                                |  | St. Peters                          |  | FUNERAL DIRECTOR  |  | McClave                                     |  | # 9 falcon top-                 |  | TYPE seal conc. |  |
| Fr. Jos. A. Sands                                                     |  | CHURCH PERMIT No.                     |  | Dist. 4101 -                        |  | HEALTH PERMIT No. |  | 19                                          |  | 2-0" X 1-0" X 11-6" marker.     |  | MAS 3/13/67     |  |
| REMARKS: Born in Montrose, Scotland of Edw. & Marg't Beattie Whyte.   |  |                                       |  |                                     |  |                   |  |                                             |  |                                 |  |                 |  |
| Retired employee of Weirton Steel Corp., 54" Strip Steel Dept.,       |  |                                       |  |                                     |  |                   |  |                                             |  |                                 |  |                 |  |
| Survived by his wife, Mrs. Ruth Zimmerman Whyte; 2 daughters Barbara  |  |                                       |  |                                     |  |                   |  |                                             |  |                                 |  |                 |  |
| Whyte; and Mrs. David (Margaret) Strosky; 3 sons, Michael, Joseph and |  |                                       |  |                                     |  |                   |  |                                             |  |                                 |  |                 |  |
| Peter Whyte; also a brother, Alfred Whyte. DOA, Ohio Valley Hospital  |  |                                       |  |                                     |  |                   |  |                                             |  |                                 |  |                 |  |

Steubenville.

FAMILY NAME: WHYTE  
GIVEN NAME: MICHAEL EDWARD "MICKEY"  
INTERMENT NUMBER: 20233

|                                                                                                                                                                                                                                      |  |                                             |  |                                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--|------------------------------------|--|
| NAME                                                                                                                                                                                                                                 |  | Whyte, Michael "Mickey" Edward              |  | INTERMENT No. 20233                |  |
| ADDRESS                                                                                                                                                                                                                              |  | 228 Eleanor St., Mingo Junction, Ohio       |  |                                    |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                           |  | Wheeler Funeral Home                        |  |                                    |  |
| 8-31-1937                                                                                                                                                                                                                            |  | RACE W                                      |  | SEX M                              |  |
| AGE 60                                                                                                                                                                                                                               |  | MARRIED <input checked="" type="checkbox"/> |  | SINGLE <input type="checkbox"/>    |  |
| 3-2-1998                                                                                                                                                                                                                             |  | DATE OF DEATH                               |  | CAUSE OF DEATH Lung Cancer         |  |
| 3-5-1998                                                                                                                                                                                                                             |  | DATE OF BURIAL                              |  |                                    |  |
| SECTION Assumption                                                                                                                                                                                                                   |  | ROW                                         |  | LOT 422 GRAVE 3                    |  |
| CHURCH Annunciation                                                                                                                                                                                                                  |  | FUNERAL DIRECTOR Wheeler                    |  | TYPE VAULT #9                      |  |
| CHURCH PERMIT Msgr. Lewis Gaetano                                                                                                                                                                                                    |  | HEALTH PERMIT No. 4101-142                  |  | 3-0x0-10 Archer 3/28/1998 dbl.mem. |  |
| REMARKS: Surviving are his wife, Joyce Connors Whyte, two brothers, Pete of Steubenville, and Joseph of Thornville; two sisters, Mrs. William (Barbara) Kaufmann of Mingo Jct., and Mrs. Dane (Margaret) Strosky of Westerville; and |  |                                             |  |                                    |  |

several nieces and nephews. He was born in Steubenville, a son of the late James and Ruth Zimmerman Whyte. He was also preceded in death by a nephew Aaron. He retired in 1991 from Weirton Steel Corp. He was a member of Annunciation Catholic Church. Weirton Steel 25 Year club and was a veteran of the U.S. Army.



FAMILY NAME: WHYTE  
GIVEN NAME: RUTH  
INTERMENT NUMBER: 17586

|                                                                                                                                                                                                                                                   |                                                      |                        |                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------|-----------------------------------------------------------------------------|
| NAME Whyte, Ruth                                                                                                                                                                                                                                  |                                                      | INTERMENT No. 17586    |                                                                             |
| ADDRESS 536 Woodland Ave. Steubenville, Ohio                                                                                                                                                                                                      |                                                      |                        |                                                                             |
| PERSON RESPONSIBLE ADDRESS Mr. Peter Whyte, 142 Ferngrove Pl. Steub. Ohio                                                                                                                                                                         |                                                      |                        |                                                                             |
| 4-16-1915                                                                                                                                                                                                                                         |                                                      | widow                  |                                                                             |
| AGE 69                                                                                                                                                                                                                                            | RACE W                                               | SEX F                  | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH 5-22-1984                                                                                                                                                                                                                           | Not stated on provisional CAUSE OF DEATH certificate |                        | DATE OF BURIAL 5-25-1984                                                    |
| SECTION All Souls                                                                                                                                                                                                                                 | ROW                                                  | LOT 116                | GRAVE 14                                                                    |
| CHURCH St. Peter's                                                                                                                                                                                                                                | McClave-Chandler FUNERAL DIRECTOR Mills              |                        | #9 topseal TYPE VAULT                                                       |
| CHURCH PERMIT Msgr. Lawrence Luciana                                                                                                                                                                                                              | HEALTH PERMIT No. 4101-0308                          | 2-0x1-0 Kurtz 8/3/1984 |                                                                             |
| REMARKS: Surviving are three sons, Michael of Mingo Junction, Peter of Steubenville and Joseph of Newark; a brother, Joseph Zimmerman of Steubenville, and five grandchildren. She was born in Los Angeles, a daughter of the late James and Mary |                                                      |                        |                                                                             |

Westmeyer Zimmerman. She was preceded in death by her husband , James D. Whyte. She was a member of St. Peters Roman Catholic Church and an employee of Treasure Island.

FAMILY NAME: WICKHAM

GIVEN NAME: PATRICK

INTERMENT NUMBER: 00036

|                            |  |                                              |  |                |  |                                  |  |
|----------------------------|--|----------------------------------------------|--|----------------|--|----------------------------------|--|
| NAME                       |  | WICKHAM, Patrick                             |  | INTERMENT No.  |  | 36                               |  |
| ADDRESS                    |  | Jefferson County Infirmary, Steubenville, O. |  |                |  |                                  |  |
| PERSON RESPONSIBLE ADDRESS |  |                                              |  |                |  |                                  |  |
| AGE                        |  | 75                                           |  | RACE           |  | W                                |  |
|                            |  | SEX                                          |  | M              |  | MARRIED <input type="checkbox"/> |  |
|                            |  |                                              |  |                |  | SINGLE <input type="checkbox"/>  |  |
| DATE OF DEATH              |  | CAUSE OF DEATH                               |  | July 19, 1884  |  |                                  |  |
|                            |  |                                              |  | DATE OF BURIAL |  |                                  |  |
| SECTION                    |  | ROW                                          |  | LOT            |  | GRAVE                            |  |
| CHURCH                     |  | FUNERAL DIRECTOR                             |  | TYPE VAULT     |  |                                  |  |
| CHURCH PERMIT No.          |  | HEALTH PERMIT No.                            |  |                |  |                                  |  |
| REMARKS:                   |  | Interment book shows "Single Grave Section"  |  |                |  |                                  |  |
|                            |  |                                              |  |                |  |                                  |  |
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FAMILY NAME: WIERZBICKA

GIVEN NAME: ALEXANDRA

INTERMENT NUMBER: 03569

|                            |  |                          |  |                   |  |                          |  |                |  |
|----------------------------|--|--------------------------|--|-------------------|--|--------------------------|--|----------------|--|
| NAME                       |  | WIRZBICKA, Alexandra     |  | (Infant)          |  | INTERMENT No.            |  | 3569           |  |
| ADDRESS                    |  | Steubenville, Ohio       |  |                   |  |                          |  |                |  |
| PERSON RESPONSIBLE ADDRESS |  |                          |  |                   |  |                          |  |                |  |
| AGE                        |  | 1 mo                     |  | RACE              |  | W                        |  | SEX            |  |
|                            |  |                          |  | MARRIED           |  | <input type="checkbox"/> |  | infant         |  |
| SINGLE                     |  | <input type="checkbox"/> |  |                   |  |                          |  |                |  |
| DATE OF DEATH              |  | Apr. 3, 1914             |  | CAUSE OF DEATH    |  |                          |  | DATE OF BURIAL |  |
| SECTION                    |  | Holy Innocents, Div. II  |  | ROW               |  | 5                        |  | LOT            |  |
| GRAVE                      |  | 13                       |  |                   |  |                          |  |                |  |
| CHURCH                     |  | St. Stanislaus           |  | FUNERAL DIRECTOR  |  |                          |  | TYPE VAULT     |  |
| CHURCH PERMIT No.          |  | Casmir Smogor            |  | HEALTH PERMIT No. |  |                          |  |                |  |
| REMARKS:                   |  |                          |  |                   |  |                          |  |                |  |
|                            |  |                          |  |                   |  |                          |  |                |  |
|                            |  |                          |  |                   |  |                          |  |                |  |
|                            |  |                          |  |                   |  |                          |  |                |  |
|                            |  |                          |  |                   |  |                          |  |                |  |

FAMILY NAME: WIERZBICKA

GIVEN NAME: HELEN

INTERMENT NUMBER: 18121

CREMATION

|                                                                                                                                                                                                                             |                                          |                              |                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------|-----------------------------------------------------------------------------|
| NAME Wierzbicka, Helen                                                                                                                                                                                                      |                                          | INTERMENT No. 18121          |                                                                             |
| ADDRESS 5432 Franklin Ave. Apt.#209, Hollywood, Calif.                                                                                                                                                                      |                                          |                              |                                                                             |
| PERSON RESPONSIBLE ADDRESS Mosti Funeral Home                                                                                                                                                                               |                                          |                              |                                                                             |
| 8-14-1910                                                                                                                                                                                                                   |                                          |                              |                                                                             |
| AGE 76                                                                                                                                                                                                                      | RACE W                                   | SEX F                        | MARRIED <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> |
| DATE OF DEATH 5-11-1987                                                                                                                                                                                                     | CAUSE OF DEATH Cerebro-Vascular Accident |                              | DATE OF BURIAL 5-26-1987                                                    |
| SECTION St. Peter                                                                                                                                                                                                           | ROW                                      | LOT 64                       | GRAVE 11                                                                    |
| CHURCH St. Stanislaus                                                                                                                                                                                                       | FUNERAL DIRECTOR Mosti                   | cremation/TYPE VAULT urn     |                                                                             |
| CHURCH PERMIT Fr. Chester Szymanski                                                                                                                                                                                         | HEALTH PERMIT No. Los Angeles Calif.     | 4-0x1-0x0-6 Hayslip 6/1/1987 |                                                                             |
| REMARKS: She was preceded in death by a brother, Thomas Wierzbicka, two sisters, Lottie Masterlasco and Stella Mizicka. She was employed as a housekeeper, and was a member of Blessed Sacrament Catholic Church, Hollywood |                                          |                              |                                                                             |

Calif. Surviving are four sisters, Betty Stanko, and Sophia Tarr, both of Steubenville, Mrs. Melvin (Hilda) Kotur of Albuquerque, N.M., Kay Wierzbicka at home. She was the daughter of Frank Wierzbicki and Alexandria Siemion Wierzbicki. She was born in Steubenville,

FAMILY NAME: WIERZBICKA

GIVEN NAME: VICTORIA

INTERMENT NUMBER: 01871

|                            |  |                      |  |                   |  |               |  |      |  |   |  |         |  |                          |  |        |  |        |  |                          |  |
|----------------------------|--|----------------------|--|-------------------|--|---------------|--|------|--|---|--|---------|--|--------------------------|--|--------|--|--------|--|--------------------------|--|
| NAME                       |  | WIRZBICKA, Victoria  |  | (Infant)          |  | INTERMENT No. |  | 1871 |  |   |  |         |  |                          |  |        |  |        |  |                          |  |
| ADDRESS                    |  | Steubenville, Ohio   |  |                   |  |               |  |      |  |   |  |         |  |                          |  |        |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                      |  |                   |  |               |  |      |  |   |  |         |  |                          |  |        |  |        |  |                          |  |
| AGE                        |  | 1-6 mo               |  | RACE              |  | W             |  | SEX  |  | F |  | MARRIED |  | <input type="checkbox"/> |  | infant |  | SINGLE |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  | Oct. 17, 1905        |  | CAUSE OF DEATH    |  |               |  |      |  |   |  |         |  | DATE OF BURIAL           |  |        |  |        |  |                          |  |
| SECTION                    |  | Holy Innocents "A"   |  | ROW               |  | 12            |  | LOT  |  |   |  | GRAVE   |  | 3                        |  |        |  |        |  |                          |  |
| CHURCH                     |  | St. Stanislaus       |  | FUNERAL DIRECTOR  |  |               |  |      |  |   |  |         |  | TYPE VAULT               |  |        |  |        |  |                          |  |
| CHURCH PERMIT No.          |  | Fr. Smoger.          |  | HEALTH PERMIT No. |  |               |  |      |  |   |  |         |  |                          |  |        |  |        |  |                          |  |
| REMARKS:                   |  | Survived by father . |  |                   |  |               |  |      |  |   |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                      |  |                   |  |               |  |      |  |   |  |         |  |                          |  |        |  |        |  |                          |  |
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|                            |  |                      |  |                   |  |               |  |      |  |   |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                      |  |                   |  |               |  |      |  |   |  |         |  |                          |  |        |  |        |  |                          |  |

FAMILY NAME: WIERZBICKI  
GIVEN NAME: ALEXANDRA SIEMINSKI MRS.  
INTERMENT NUMBER: 09209

|                                                                                     |                                  |                                      |                                             |                                 |  |
|-------------------------------------------------------------------------------------|----------------------------------|--------------------------------------|---------------------------------------------|---------------------------------|--|
| NAME                                                                                |                                  | WIERZBICKI, Mrs. Alexandra Sieminski |                                             | INTERMENT No. 9209              |  |
| ADDRESS                                                                             |                                  | 243 N. 8th St., Steubenville, Ohio   |                                             |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                          |                                  |                                      |                                             |                                 |  |
| AGE 40                                                                              | RACE W                           | SEX F                                | MARRIED <input checked="" type="checkbox"/> | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                                                                       | CAUSE OF DEATH Delierium Tremens |                                      | Aug. 12, 1935<br>DATE OF BURIAL             |                                 |  |
| SECTION St. Peters                                                                  | ROW                              | LOT 64                               | GRAVE 10                                    |                                 |  |
| CHURCH St. Stanislaus                                                               | FUNERAL DIRECTOR                 |                                      | TYPE VAULT                                  |                                 |  |
| Fr. Casimir Smogor                                                                  | HEALTH PERMIT No.                |                                      | 4-6" X 1-2" triple memorial. MAS 5/59       |                                 |  |
| REMARKS: Born in Poland. Survived by husband, Frank J., <del>and</del> 7 daughters. |                                  |                                      |                                             |                                 |  |
|                                                                                     |                                  |                                      |                                             |                                 |  |
|                                                                                     |                                  |                                      |                                             |                                 |  |
|                                                                                     |                                  |                                      |                                             |                                 |  |

FAMILY NAME: WIERZBICKI  
GIVEN NAME: FRANK JOSEPH  
INTERMENT NUMBER: 13207

|                                                                                                                                                                                                                                                                                                                                                              |  |                                          |  |                   |  |                                |  |                                                    |  |                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|--|-------------------|--|--------------------------------|--|----------------------------------------------------|--|---------------------------------|--|
| NAME                                                                                                                                                                                                                                                                                                                                                         |  | WIERZBICKI, Frank Joseph                 |  | INTERMENT No.     |  | 13207                          |  |                                                    |  |                                 |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                      |  | 243 North 8th Street, Steubenville, Ohio |  |                   |  |                                |  |                                                    |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                                                                                                   |  | Mosti Funeral Home                       |  |                   |  |                                |  |                                                    |  |                                 |  |
| Feb. 2, 1869                                                                                                                                                                                                                                                                                                                                                 |  | AGE 91-11-23 da                          |  | RACE W            |  | SEX M                          |  | MARRIED <input checked="" type="checkbox"/> X wife |  | SINGLE <input type="checkbox"/> |  |
| Jan. 23, 1961                                                                                                                                                                                                                                                                                                                                                |  | DATE OF DEATH                            |  | CAUSE OF DEATH    |  | arteriosclerotic heart disease |  | Jan. 26, 1961                                      |  | DATE OF BURIAL                  |  |
| SECTION                                                                                                                                                                                                                                                                                                                                                      |  | St. Peters                               |  | ROW               |  | LOT                            |  | 64                                                 |  | GRAVE 9                         |  |
| CHURCH                                                                                                                                                                                                                                                                                                                                                       |  | St. Stanislaus                           |  | FUNERAL DIRECTOR  |  | Mosti                          |  | Guardian # 9                                       |  | TYPE VAULT conc.                |  |
| Fr. Chester Szymanski                                                                                                                                                                                                                                                                                                                                        |  | Dist. 4101 -                             |  | HEALTH PERMIT No. |  | 35                             |  | 4-6" X 1-2" triple memorial. MAS 5/59              |  |                                 |  |
| REMARKS: Born in Tajno, Poland of Anna and Thomas Wierzbicki. To U.S. and Steubenville 1891. Married Alexandra Sieminski 1899, Retired PRR employee. Survived by 7 daughters, Mrs. Jolin (Stella) Mizicki, Mrs. John (Betty) Stanko, Mrs. Jos. (Lottie) Masterlasco, Mrs. Melvin (Hilda) Kotur, Mrs. Sophia Tarr, and Miss Helen and Katherine Wierzbicki; 1 |  |                                          |  |                   |  |                                |  |                                                    |  |                                 |  |

brother, Matthew; 18 grandchildren and 12 great-grandchildren. Died at Gill Memorial Hospital, Steubenville, Ohio



FAMILY NAME: WIERZBICKI

GIVEN NAME: THOMAS

INTERMENT NUMBER: 08088

|                            |    |                                                                                                           |   |                   |   |                                           |                          |        |                                     |
|----------------------------|----|-----------------------------------------------------------------------------------------------------------|---|-------------------|---|-------------------------------------------|--------------------------|--------|-------------------------------------|
| NAME                       |    | WIERZBICKI, Thomas                                                                                        |   | INTERMENT No.     |   | 8088                                      |                          |        |                                     |
| ADDRESS                    |    | Steubenville, Ohio                                                                                        |   |                   |   |                                           |                          |        |                                     |
| PERSON RESPONSIBLE ADDRESS |    |                                                                                                           |   |                   |   |                                           |                          |        |                                     |
| AGE                        | 18 | RACE                                                                                                      | W | SEX               | M | MARRIED                                   | <input type="checkbox"/> | SINGLE | <input checked="" type="checkbox"/> |
| DATE OF DEATH              |    | Oct. 12, 1927                                                                                             |   | CAUSE OF DEATH    |   | DATE OF BURIAL                            |                          |        |                                     |
| SECTION                    |    | St. Peters                                                                                                |   | ROW               |   | LOT                                       | 64                       | GRAVE  | 8                                   |
| CHURCH                     |    | St. Stanislaus                                                                                            |   | FUNERAL DIRECTOR  |   | TYPE VAULT                                |                          |        |                                     |
| CHURCH PERMIT No.          |    | Casmir Smoger                                                                                             |   | HEALTH PERMIT No. |   | 4-6" X 1-2" triple Memorial. Memorial Art |                          |        |                                     |
| REMARKS:                   |    | Son of lot owner. Survived by parents, Frank J. and Alexandra Sieminski Wierzbicki; brothers and sisters. |   |                   |   |                                           |                          |        |                                     |
|                            |    |                                                                                                           |   |                   |   |                                           |                          |        |                                     |
|                            |    |                                                                                                           |   |                   |   |                                           |                          |        |                                     |
|                            |    |                                                                                                           |   |                   |   |                                           |                          |        |                                     |

FAMILY NAME: WIERZOREK

GIVEN NAME: JOHN

INTERMENT NUMBER: 09158

|                            |  |                          |  |                   |  |                          |  |
|----------------------------|--|--------------------------|--|-------------------|--|--------------------------|--|
| NAME                       |  | WIERZOREK, John          |  | INTERMENT No.     |  | 9158                     |  |
| ADDRESS                    |  | Steubenv lle, Ohio       |  |                   |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                          |  |                   |  |                          |  |
| AGE                        |  | 46                       |  | RACE              |  | W                        |  |
| SEX                        |  | M                        |  | MARRIED           |  | <input type="checkbox"/> |  |
| SINGLE                     |  | <input type="checkbox"/> |  |                   |  |                          |  |
| DATE OF DEATH              |  | CAUSE OF DEATH           |  |                   |  | DATE OF BURIAL           |  |
|                            |  |                          |  |                   |  | Apr.25, '35              |  |
| SECTION                    |  | Pottersfield             |  | ROW               |  | 7                        |  |
| LOT                        |  |                          |  | GRAVE             |  | 10                       |  |
| CHURCH                     |  | St. Stanislaus           |  | FUNERAL DIRECTOR  |  | TYPE VAULT               |  |
| CHURCH PERMIT No.          |  | Casmir Smogor            |  | HEALTH PERMIT No. |  |                          |  |
| REMARKS:                   |  |                          |  |                   |  |                          |  |
|                            |  |                          |  |                   |  |                          |  |
|                            |  |                          |  |                   |  |                          |  |
|                            |  |                          |  |                   |  |                          |  |
|                            |  |                          |  |                   |  |                          |  |

FAMILY NAME: WILKERSON  
GIVEN NAME: JAMES CHAMBERS  
INTERMENT NUMBER: 13289

|                                                                                                                                                                                                                                            |  |                                       |  |                         |  |                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|-------------------------|--|-------------------------------------|--|
| NAME                                                                                                                                                                                                                                       |  | WILKERSON, James Chambers             |  | INTERMENT NO.           |  | 13289                               |  |
| ADDRESS                                                                                                                                                                                                                                    |  | 1024 Lincoln Ave., Steubenville, Ohio |  |                         |  |                                     |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                 |  | Cole Brothers Funeral Home            |  |                         |  |                                     |  |
| Nov. 24, 1904                                                                                                                                                                                                                              |  | RACE                                  |  | SEX                     |  | MARRIED                             |  |
| AGE 56-7-23da                                                                                                                                                                                                                              |  | W                                     |  | M                       |  | <input type="checkbox"/>            |  |
| July 15, 1961                                                                                                                                                                                                                              |  | DATE OF DEATH                         |  | CAUSE OF DEATH          |  | Coronary thrombosis                 |  |
| July 18, 1961                                                                                                                                                                                                                              |  | DATE OF BURIAL                        |  | SINGLE                  |  | <input checked="" type="checkbox"/> |  |
| SECTION                                                                                                                                                                                                                                    |  | Mausoleum                             |  | ROW                     |  | 4                                   |  |
| LOT                                                                                                                                                                                                                                        |  | GRAVE                                 |  | 5                       |  | 5                                   |  |
| CHURCH                                                                                                                                                                                                                                     |  | Holy Name                             |  | FUNERAL DIRECTOR        |  | Cole Bros                           |  |
| Msgr. Regis Urig.                                                                                                                                                                                                                          |  | Dist. 4101 -                          |  | Sectional               |  | TYPE VAULT conc.                    |  |
| CHURCH PERMIT NO.                                                                                                                                                                                                                          |  | 340                                   |  | 4-0" X 1-0" triple flus |  | marker. S. White 5/6 2              |  |
| REMARKS: Born in Steubenville of Edward and Margaret Kessler, Chambers Wilkerson. Survived by three aunts, Miss Eva Kessler, Mrs. Robert (Annie) Bell and Mrs. George (Helen) Green. Died at the Ohio Valley Hospital, Steubenville, Ohio. |  |                                       |  |                         |  |                                     |  |

FAMILY NAME: WILKERSON  
GIVEN NAME: MARGARET MRS.  
INTERMENT NUMBER: 13275

|                                                                      |        |                                |                                                                                   |
|----------------------------------------------------------------------|--------|--------------------------------|-----------------------------------------------------------------------------------|
| Sub-Standard Rate                                                    |        |                                |                                                                                   |
| NAME                                                                 |        | WILKERSON, Mrs. Margaret       |                                                                                   |
|                                                                      |        | INTERMENT NO. 13275            |                                                                                   |
| ADDRESS 1024 Lincoln Ave., Steubenville, Ohio                        |        |                                |                                                                                   |
| PERSON RESPONSIBLE ADDRESS Cole Brothers.                            |        |                                |                                                                                   |
| March 30, 1880                                                       |        | (twice)                        |                                                                                   |
| AGE 81-2-1 da                                                        | RACE W | SEX F                          | MARRIED <input checked="" type="checkbox"/> widow SINGLE <input type="checkbox"/> |
| May 30, 1961                                                         |        | June 3, 1961                   |                                                                                   |
| DATE OF DEATH                                                        |        | CAUSE OF DEATH cancer of liver |                                                                                   |
| DATE OF BURIAL                                                       |        |                                |                                                                                   |
| SECTION Mausoleum                                                    |        | ROW 4                          | LOT                                                                               |
|                                                                      |        | GRAVE 6                        |                                                                                   |
| CHURCH Holy Name                                                     |        | FUNERAL DIRECTOR Cole Brothers |                                                                                   |
|                                                                      |        | Sectional conc.                |                                                                                   |
| Magr. Regis Urig.                                                    |        | TYPE VAULT                     |                                                                                   |
| CHURCH PERMIT NO.                                                    |        | Dist. 4101- 4-0" X 1-0" triple |                                                                                   |
|                                                                      |        | 257 flush marker White's       |                                                                                   |
| REMARKS: Born in Steubenville of John and Rose Castner Kessler. 5/62 |        |                                |                                                                                   |
| Widow of Edward Wilkerson (buried elsewhere) Survived by son, James, |        |                                |                                                                                   |
| 3 sisters, Mrs. Robert (Anna) Bell, Miss Eva Kessler, and Mrs. Geo.  |        |                                |                                                                                   |
| (Helen Green. Died at Ohio Valley Hospital, Steubenville, Ohio       |        |                                |                                                                                   |
| (First husband's name, "Chambers)                                    |        |                                |                                                                                   |

FAMILY NAME: WILKINSON  
GIVEN NAME: CHERYL A.  
INTERMENT NUMBER: 20998

|                                                                                                                                                                                                                                                                                   |  |                                                      |  |                                       |  |                                                                                                    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|---------------------------------------|--|----------------------------------------------------------------------------------------------------|--|
| NAME                                                                                                                                                                                                                                                                              |  | WILKINSON, Cheryl A.                                 |  | INTERMENT No.                         |  | 20998                                                                                              |  |
| ADDRESS                                                                                                                                                                                                                                                                           |  | East Liverpool Ohio                                  |  |                                       |  |                                                                                                    |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                        |  | Daniel T. Wilkinson 1723 Wooster Ave. East Liverpool |  |                                       |  | 43920                                                                                              |  |
| May 21, 1948                                                                                                                                                                                                                                                                      |  | AGE 53                                               |  | RACE W SEX F                          |  | MARRIED <input type="checkbox"/> divorced <input type="checkbox"/> SINGLE <input type="checkbox"/> |  |
| Dec. 6, 2001                                                                                                                                                                                                                                                                      |  | DATE OF DEATH                                        |  | not stated on provisional certificate |  | Dec. 10, 2001                                                                                      |  |
| DATE OF DEATH                                                                                                                                                                                                                                                                     |  | CAUSE OF DEATH                                       |  | DATE OF BURIAL                        |  |                                                                                                    |  |
| SECTION                                                                                                                                                                                                                                                                           |  | Poor Souls Rows                                      |  | ROW 38                                |  | LOT GRAVE 24                                                                                       |  |
| CHURCH                                                                                                                                                                                                                                                                            |  | from funeral home                                    |  | Dawson East Liverpool                 |  | #7                                                                                                 |  |
| CHURCH PERMIT                                                                                                                                                                                                                                                                     |  | Monsignor Kenneth Uram (here)                        |  | 1501-340                              |  | TYPE VAULT gauge                                                                                   |  |
| HEALTH PERMIT No.                                                                                                                                                                                                                                                                 |  |                                                      |  |                                       |  |                                                                                                    |  |
| REMARKSDied in emergency room of East Liverpool City Hospital Following a lengthy illness. She was born in Steubenville, the daughter of the late Louis and Margaret Gibson Ballarin. A 21 year employee of the Hollywood Plaza Kroger Store. Survivors include a daughter Maggie |  |                                                      |  |                                       |  |                                                                                                    |  |

Wilkinson of East Liverpool; a sister Mrs. Dennis ( Teresa Ballarin) Sudimack of Manchester, Ohio two nephews Vincent and Mark Sudimack as well as her former husband Dan Wilkinson of East Liverpool. She was preceded in death by a daughter Mary Lou Wilkinson.



FAMILY NAME: WILKINSON  
GIVEN NAME: MARY LOU  
INTERMENT NUMBER: 17108

|                                                                                                                                                                                                                                        |                                                                 |                            |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| NAME WILKINSON, Infant Mary Lou                                                                                                                                                                                                        |                                                                 | INTERMENT No. 17108        |                                                                                    |
| ADDRESS 1723 Wooster Avenue                                                                                                                                                                                                            |                                                                 | East Liverpool, Ohio 43920 |                                                                                    |
| PERSON RESPONSIBLE ADDRESS Mr. Daniel T. Wilkinson as above                                                                                                                                                                            |                                                                 |                            |                                                                                    |
| 12-5-1981                                                                                                                                                                                                                              |                                                                 |                            |                                                                                    |
| AGE 0                                                                                                                                                                                                                                  | RACE W                                                          | SEX F                      | MARRIED <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> Infant |
| DATE OF DEATH 12-5-1981                                                                                                                                                                                                                | CAUSE OF DEATH Anoxia--interuterine due to placental separation |                            | DATE OF BURIAL 12-8-1981                                                           |
| SECTION All Souls                                                                                                                                                                                                                      | ROW                                                             | LOT 17                     | GRAVE 5                                                                            |
| CHURCH from funeral home                                                                                                                                                                                                               |                                                                 | FUNERAL DIRECTOR Mosti     | foot of 23x11x7 1/2 inf. box                                                       |
| CHURCH PERMIT Fr. K. Uram                                                                                                                                                                                                              | HEALTH PERMIT No. 4101-0009                                     |                            |                                                                                    |
| REMARKS: Infant daughter of Daniel T. and Cheryl Ann Ballarin Wilkinson of East Liverpool, Ohio. The infant died at birth at Ohio Valley Hospital. Surviving in addition to her parents are her paternal grandfather, Thomas Wilkinson |                                                                 |                            |                                                                                    |

of Wellsville; paternal grandmother, Dorothy Edwards of East Liverpool; maternal grandparents, Mrs. and Mrs. Louis Ballarin of Richmond; paternal great-grandfather, Norman Wilkinson of Columbiana, and a half-sister, Trisha Daugherty of East Liverpool

FAMILY NAME: WILLIAMS  
GIVEN NAME: ANGELINA C.  
INTERMENT NUMBER: 20005

|                                                                                                                                                                                                                                            |  |                                    |  |                   |  |                                       |  |            |  |                |  |                                |  |        |  |                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|--|-------------------|--|---------------------------------------|--|------------|--|----------------|--|--------------------------------|--|--------|--|--------------------------|--|
| NAME                                                                                                                                                                                                                                       |  | Williams, Angelina C.              |  | INTERMENT No.     |  | 20005                                 |  |            |  |                |  |                                |  |        |  |                          |  |
| ADDRESS                                                                                                                                                                                                                                    |  | 512 Mears Ave., Steubenville, Ohio |  |                   |  |                                       |  |            |  |                |  |                                |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                 |  | Mosti Funeral Home                 |  |                   |  |                                       |  |            |  |                |  |                                |  |        |  |                          |  |
| 4-23-1908                                                                                                                                                                                                                                  |  | RACE                               |  | W                 |  | SEX                                   |  | F          |  | MARRIED        |  | <input type="checkbox"/> widow |  | SINGLE |  | <input type="checkbox"/> |  |
| AGE                                                                                                                                                                                                                                        |  | 88                                 |  |                   |  |                                       |  |            |  |                |  |                                |  |        |  |                          |  |
| DATE OF DEATH                                                                                                                                                                                                                              |  | 1-12-1997                          |  | CAUSE OF DEATH    |  | Not stated on provisional certificate |  | 1-17-1997  |  | DATE OF BURIAL |  |                                |  |        |  |                          |  |
| SECTION                                                                                                                                                                                                                                    |  | Holy Rosary                        |  | ROW               |  |                                       |  | LOT        |  | 50             |  | GRAVE                          |  | 4      |  |                          |  |
| CHURCH                                                                                                                                                                                                                                     |  | St. Anthony                        |  | FUNERAL DIRECTOR  |  | Mosti                                 |  | TYPE VAULT |  | eagle triplex  |  |                                |  |        |  |                          |  |
| CHURCH PERMIT                                                                                                                                                                                                                              |  | Fr. Tim Shannon<br>Fr. E.Stabene   |  | HEALTH PERMIT No. |  | 4101-25                               |  |            |  |                |  |                                |  |        |  |                          |  |
| REMARKS: Surviving are three sons, Alex of Phoenix, Raymond of Fontana, Calif and Daniel of Lakewood, Calif., a daughter Jean Leoni of Wintersville; a brother Samuel Gaylord of Steubenville, 19 grandchildren and 17 great grandchildren |  |                                    |  |                   |  |                                       |  |            |  |                |  |                                |  |        |  |                          |  |

She was born in Corapolis, Pa., a daughter of the late Thomas and Concetta Cortese Gaylord. She was also preceded in death by her husband, Pete in 1987; a son. Ronald in 1959, two sisters, Virginia Gaylord and Theresa Garvey; and a granddaughter. She was a member of St. Anthony's Catholic Church, Catholic Womans Club, Legion of Mary and Altar and Rosary Society of St. Stanislaus Catholic Church.

FAMILY NAME: WILLIAMS  
GIVEN NAME: CATHERINE  
INTERMENT NUMBER: 17689

|                                                                                                                                                                                                                                  |                                                      |                                 |                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------|
| NAME Williams, Catherine                                                                                                                                                                                                         |                                                      | INTERMENT No. 17689             |                                                                             |
| ADDRESS                                                                                                                                                                                                                          |                                                      |                                 |                                                                             |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                       |                                                      | Kelley Archer (Attorney at Law) |                                                                             |
| AGE 87                                                                                                                                                                                                                           | RACE W                                               | SEX F                           | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH 12-20-1984                                                                                                                                                                                                         | CAUSE OF DEATH Not stated on provisional certificate |                                 | DATE OF BURIAL 12-24-84                                                     |
| SECTION Resurrection Mausoleum                                                                                                                                                                                                   | CRYPT 503-D                                          | ROW                             | LOT GRAVE                                                                   |
| CHURCH St. John                                                                                                                                                                                                                  | FUNERAL DIRECTOR Bauknecht                           | TYPE VAULT not required         |                                                                             |
| CHURCH PERMIT                                                                                                                                                                                                                    | HEALTH PERMIT No. 0702                               |                                 |                                                                             |
| REMARKS: She was an employee of the former Herzberg Dept. Store and a member of St. John's Catholic Church. She was preceded in death by a son, Jack D., in 1983. Surviving are two nieces, Anna Marie Greenwood of Bellaire and |                                                      |                                 |                                                                             |

Eileen Bedortha of Allen Park, Michigan



FAMILY NAME: WILLIAMS  
GIVEN NAME: FLOYD MARTIN  
INTERMENT NUMBER: 14112

|                                                                                                                                                                                                                                                                                                                                                  |  |                                                         |                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|----------------------------------------------------|
| NAME WILLIAMS, Floyd Martin                                                                                                                                                                                                                                                                                                                      |  | INTERMENT No. 14112                                     |                                                    |
| ADDRESS 1474 Parkview Circle, Steubenville, Ohio                                                                                                                                                                                                                                                                                                 |  |                                                         |                                                    |
| PERSON RESPONSIBLE ADDRESS Mosti Funeral Home                                                                                                                                                                                                                                                                                                    |  |                                                         |                                                    |
| Sept. 6, 1932<br>AGE 33-24 da.                                                                                                                                                                                                                                                                                                                   |  | RACE W                                                  | SEX M                                              |
| MARRIED <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                      |  | SINGLE <input type="checkbox"/>                         |                                                    |
| Oct. 1, 1965<br>DATE OF DEATH                                                                                                                                                                                                                                                                                                                    |  | Not stated on provisional certificate<br>CAUSE OF DEATH |                                                    |
| Oct. 5, 1965<br>DATE OF BURIAL                                                                                                                                                                                                                                                                                                                   |  |                                                         |                                                    |
| SECTION Sacred Heart Div. I                                                                                                                                                                                                                                                                                                                      |  | ROW 6                                                   | LOT                                                |
| GRAVE 19                                                                                                                                                                                                                                                                                                                                         |  |                                                         |                                                    |
| CHURCH St. Peters                                                                                                                                                                                                                                                                                                                                |  | FUNERAL DIRECTOR Mosti                                  | falcon topseal<br>TYPE conc.<br>VAULT              |
| Msgr. Cronin Malloy.<br>CHURCH PERMIT No.                                                                                                                                                                                                                                                                                                        |  | Dist. 4101 - 614                                        | 4-0" X 1-2" X 2-2" dble<br>memorial. Hayslip 10/65 |
| REMARKS: Born in Chester, W. Va., of Harry and Edna Farus Williams<br>Employed as a Gas line Walker, Wheeling Steel Corp., Survived by his wife, Mrs. Lana Portoccaro; his mother, Mrs. Edna Williams Nonemaker and step-father, Elmer Nonemaker; a son, Robert; 2 daughters, Patricia Ann and Tina Marie Williams; 3 brothers, Robert Williams, |  |                                                         |                                                    |

James McAnulty, and William Kirkpatrick; 2 sisters, Mrs. Dorothy P//earce and Mrs. John (Audry) Pump; 5 step-brothers; Gerald Nonemaker; Blaine Nonemaker, Kenneth Nonemaker, Hubert Nonemaker, Howard Nonemaker; a step-sister, Mrs. Donald (Ruth) Burton; also his step-grandmother, Mts. Annie Nonemaker.DOA at Ohio Valley Hoppital, Steub.

FAMILY NAME: WILLIAMS

GIVEN NAME: HUGH T.

INTERMENT NUMBER: 18250

|                                                                                                                                                                                                                                 |                                       |                     |                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------|-------------------------------------------------------------------------------------|
| NAME Williams, Hugh T.                                                                                                                                                                                                          |                                       | INTERMENT No. 18250 |                                                                                     |
| ADDRESS R.D.# 1, Toronto, Ohio                                                                                                                                                                                                  |                                       |                     |                                                                                     |
| PERSON RESPONSIBLE ADDRESS McClave-Chandler-Mills Funeral Home                                                                                                                                                                  |                                       |                     |                                                                                     |
| 9-26-1893                                                                                                                                                                                                                       |                                       |                     |                                                                                     |
| AGE 94                                                                                                                                                                                                                          | RACE W                                | SEX M               | MARRIED <input checked="" type="checkbox"/> widower SINGLE <input type="checkbox"/> |
| 1-16-1988                                                                                                                                                                                                                       | Not stated on provisional certificate |                     | 1-20-1988                                                                           |
| DATE OF DEATH                                                                                                                                                                                                                   | CAUSE OF DEATH                        |                     | DATE OF BURIAL                                                                      |
| SECTION Assumption                                                                                                                                                                                                              | ROW                                   | LOT 121             | GRAVE 2                                                                             |
| Our Lady of North                                                                                                                                                                                                               | McClave Chandler                      |                     |                                                                                     |
| CHURCH American Martyrs                                                                                                                                                                                                         | FUNERAL DIRECTOR Mills                | TYPE VAULT          | #9                                                                                  |
| CHURCH PERMIT Fr. Gene Mullett                                                                                                                                                                                                  | HEALTH PERMIT No. 4101-0049           |                     |                                                                                     |
| REMARKS: Surviving are two daughters, Ann M. Zmuda of Toronto, and Mrs, Walter (Helen) Burchfield of Garfield Heights; five sons, Lawrence Williams of cadiz, Leonard Kolopajlo of Maple Heights, Adam Kolopajlo of Mingo Jct., |                                       |                     |                                                                                     |

Walter Kolopajlo of Zanesville, and Paul Kolopajlo of Toronto; 34 grandchildren and 48 great grandchildren; and one great great grandchild. He was born in Carnegie Pa. a son of the late William and Anna M. Dolan Williams. He was also preceded in death by his wife, Mary Kolopajl Williams in 1980; a son, Hugh Williams Jr.; and a daughter, Margaret Bednar. He was an Army veteran of W.W.I, and a member of North American Martyrs Catholic Church and the Mingo American Legion.

feb.13, 1988 Flat bronze veteran marker ordered.  
March 25, 1988 flat bronze marker received.



FAMILY NAME: WILLIAMS

GIVEN NAME: INFANT

INTERMENT NUMBER: 02138

|                                                                                                                                     |              |                    |                   |               |     |                  |                                 |        |                          |   |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------|-------------------|---------------|-----|------------------|---------------------------------|--------|--------------------------|---|
| NAME                                                                                                                                |              | WILLIAMS, Infant   |                   | INTERMENT No. |     | 2138             |                                 |        |                          |   |
| ADDRESS                                                                                                                             |              | Steubenville, Ohio |                   |               |     |                  |                                 |        |                          |   |
| PERSON RESPONSIBLE ADDRESS                                                                                                          |              |                    |                   |               |     |                  |                                 |        |                          |   |
| AGE                                                                                                                                 | 1 da         | RACE               | W                 | SEX           |     | MARRIED          | <input type="checkbox"/> infant | SINGLE | <input type="checkbox"/> |   |
| DATE OF DEATH                                                                                                                       | Mar. 1, 1907 |                    | CAUSE OF DEATH    |               |     | pre-mature birth |                                 |        | DATE OF BURIAL           |   |
| SECTION                                                                                                                             | St. Patrick  |                    | ROW               |               | LOT | 69               | foot of GRAVE                   |        |                          | 6 |
| CHURCH                                                                                                                              | St. Peters   |                    | FUNERAL DIRECTOR  |               |     | TYPE VAULT       |                                 |        |                          |   |
| CHURCH PERMIT No.                                                                                                                   | T.A. Powers  |                    | HEALTH PERMIT No. |               |     |                  |                                 |        |                          |   |
| REMARKS: Grandchild of lot owner, James Maxwell. <del>Survived</del> James M. Maxwell later (June 27, 1915) interred in same grave. |              |                    |                   |               |     |                  |                                 |        |                          |   |
|                                                                                                                                     |              |                    |                   |               |     |                  |                                 |        |                          |   |
|                                                                                                                                     |              |                    |                   |               |     |                  |                                 |        |                          |   |
|                                                                                                                                     |              |                    |                   |               |     |                  |                                 |        |                          |   |

FAMILY NAME: WILLIAMS  
GIVEN NAME: JOHN (JACK)  
INTERMENT NUMBER: 17418

|                                                                                                                                                                                                                                                  |                                       |                                  |                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------|--------------------------------------------|
| NAME Williams, John (Jack)                                                                                                                                                                                                                       |                                       | INTERMENT No. 17418              |                                            |
| ADDRESS 215 Fernwood Rd. Wintersville, Ohio                                                                                                                                                                                                      |                                       |                                  |                                            |
| PERSON RESPONSIBLE ADDRESS Sam Shorac 619 Broadway Blvd. Steubenville                                                                                                                                                                            |                                       |                                  |                                            |
| Feb. 7, 1922                                                                                                                                                                                                                                     | AGE 61                                | RACE W                           | SEX M                                      |
|                                                                                                                                                                                                                                                  |                                       | MARRIED <input type="checkbox"/> | SINGLE <input checked="" type="checkbox"/> |
| DATE OF DEATH 7-28-1983                                                                                                                                                                                                                          | CAUSE OF DEATH Cardiopulmonary arrest |                                  | DATE OF BURIAL 8-2-1983                    |
| SECTION Resurrection Mausoleum                                                                                                                                                                                                                   |                                       | Crypt 501-D                      |                                            |
|                                                                                                                                                                                                                                                  |                                       | ROW                              | LOT                                        |
| CHURCH Blessed Sacrament                                                                                                                                                                                                                         |                                       | FUNERAL DIRECTOR Dunlope         | TYPE VAULT Not required                    |
| Fr. Frederick Pasquinelli                                                                                                                                                                                                                        |                                       | Alleg. County Pgh. Pa.           |                                            |
| CHURCH PERMIT                                                                                                                                                                                                                                    |                                       | HEALTH PERMIT No.                |                                            |
| REMARKS: He was a retired employee of the Ohio Power Co. and a partner in the Dunlope-Williams Funeral Home. He died in Presbyterian-University Hospital in Pittsburg. He was a graduate of the Pittsburg Institute of Mortuary Science in 1976. |                                       |                                  |                                            |

He was a member of the National, Ohio and Jefferson County funeral directors association. He was a member of Blessed Sacrament Catholic Church, Wellsburg Moose Lodge 1546, and was a Army veteran of W.W.II. He is survived by his mother Catherine C. Williams of Bellaire; and two sisters, Mrs. Hugo (Elizabeth) Rauch of Brooklyn New York and Anna Marie Williams of New York City. He was born in Bellaire . He was preceded in death by his father, Henry Williams.

FAMILY NAME: WILLIAMS

GIVEN NAME: MARY

INTERMENT NUMBER: 00025

|                                                                                       |  |                            |   |               |     |                |                          |
|---------------------------------------------------------------------------------------|--|----------------------------|---|---------------|-----|----------------|--------------------------|
| NAME                                                                                  |  | WILLIAMS, Mary (Infant)    |   | INTERMENT No. |     | 25             |                          |
| ADDRESS                                                                               |  |                            |   |               |     |                |                          |
| PERSON RESPONSIBLE ADDRESS                                                            |  |                            |   |               |     |                |                          |
| AGE                                                                                   |  | RACE                       | W | SEX           | F   | MARRIED        | <input type="checkbox"/> |
|                                                                                       |  |                            |   |               |     | SINGLE         | <input type="checkbox"/> |
| DATE OF DEATH                                                                         |  | CAUSE OF DEATH             |   |               |     | April 28, 1884 |                          |
|                                                                                       |  |                            |   |               |     | DATE OF BURIAL |                          |
| SECTION                                                                               |  | (presumed)<br>St. Joseph's |   | ROW           | LOT | 102            | GRAVE 2                  |
| CHURCH                                                                                |  | FUNERAL DIRECTOR           |   |               |     | TYPE VAULT     |                          |
| CHURCH PERMIT No.                                                                     |  | HEALTH PERMIT No.          |   |               |     |                |                          |
| REMARKS: Notation in original interment book: "Private Baptism"                       |  |                            |   |               |     |                |                          |
| Burial location is presumed: Mary Williams was niece of owner of lot, Thomas Elliott. |  |                            |   |               |     |                |                          |
|                                                                                       |  |                            |   |               |     |                |                          |
|                                                                                       |  |                            |   |               |     |                |                          |
|                                                                                       |  |                            |   |               |     |                |                          |

FAMILY NAME: WILLIAMS  
GIVEN NAME: MARY ELLEN  
INTERMENT NUMBER: 08816

|                                               |                   |                                 |                                                                         |
|-----------------------------------------------|-------------------|---------------------------------|-------------------------------------------------------------------------|
| NAME WILLIAMS, Mary Ellen (child)             |                   | INTERMENT No. 8816              |                                                                         |
| ADDRESS 833 Rosswell Ave., Steubenville, Ohio |                   |                                 |                                                                         |
| PERSON RESPONSIBLE ADDRESS                    |                   |                                 |                                                                         |
| AGE 3 yrs                                     | RACE W            | SEX F                           | MARRIED <input type="checkbox"/> infant SINGLE <input type="checkbox"/> |
| DATE OF DEATH                                 | CAUSE OF DEATH    | Sept 14, 1932<br>DATE OF BURIAL |                                                                         |
| SECTION St. Patrick's                         | ROW               | LOT 53                          | GRAVE 1                                                                 |
| CHURCH Holy Name                              | FUNERAL DIRECTOR  | TYPE VAULT                      |                                                                         |
| CHURCH PERMIT No. E.A. Gilbert                | HEALTH PERMIT No. |                                 |                                                                         |
| REMARKS:                                      |                   |                                 |                                                                         |
|                                               |                   |                                 |                                                                         |
|                                               |                   |                                 |                                                                         |
|                                               |                   |                                 |                                                                         |
|                                               |                   |                                 |                                                                         |



FAMILY NAME: WILLIAMS

GIVEN NAME: MARY T.

INTERMENT NUMBER: 16872

|                                                                                                                                                                                                                                         |                                                       |                        |                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------|-----------------------------------------------------------------------------|
| NAME WILLIAMS, Mary T.                                                                                                                                                                                                                  |                                                       | INTERMENT No. 16872    |                                                                             |
| ADDRESS R. D. # 1 Toronto, Ohio 43964                                                                                                                                                                                                   |                                                       |                        |                                                                             |
| PERSON RESPONSIBLE ADDRESS McClave-Chandler-Mills Funeral Home                                                                                                                                                                          |                                                       |                        |                                                                             |
| 9-11-1901                                                                                                                                                                                                                               |                                                       |                        |                                                                             |
| AGE 79                                                                                                                                                                                                                                  | RACE W                                                | SEX F                  | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH 9-13-1980                                                                                                                                                                                                                 | CAUSE OF DEATH Not stated on provisional certificate. |                        | DATE OF BURIAL 9-20-1980                                                    |
| SECTION Assumption                                                                                                                                                                                                                      |                                                       | ROW                    | LOT 121 GRAVE 3                                                             |
| Our Lady of North American Church Martyrs                                                                                                                                                                                               |                                                       | McClave-Chandler-Mills | #9 Falcon                                                                   |
| CHURCH PERMIT Fr. D. Huffman                                                                                                                                                                                                            |                                                       | FUNERAL DIRECTOR       | TYPE VAULT Topseal                                                          |
| CHURCH PERMIT No. 4101-0578                                                                                                                                                                                                             |                                                       | 4-0x0-10x1-4 Kurtz     |                                                                             |
| REMARKS Died at 2:30 p.m. at Ohio Valley Hospital. She was a member of Our Lady of North American Martyrs Roman Catholic Church. Surviving are her husband, Hugh T. Williams; three daughters, Mrs. Julius (Ann) Zmuda of Toronto, Mrs. |                                                       |                        |                                                                             |

Theodore (Margaret) Bednar of Upland, CA., and Mrs. Walter (Helen) Burchfield of Garfield Heights, Ohio; five sons, Lawrence Williams of Thronto, Ohio, Leonard Kolopajlo of Maple Heights, Adam Kolopajlo of Mingo Junction, Wlater Kolopajlo of Zanesville and Paul Kolopajlo of Toronto; two sisters, Mrs. Charles (Helen) Daniels of Rayland and Mrs. Anna Verhovec of Urichsville; five brothers, Stephen Forest of Novelty, Ohio, Albert Wszeborowski of Smithfield, and James, Thomas, and Florian Wezeborowski, all of Mingo Junction, Ohio and 31 grandchildren and 22 great-grandchildren. She was born September 11, 1901, in Pittsburgh, a daughter of the late Ignatz and Michelena Holling Wszeborowski. She was preceded in death by her first husband, Wlater Kolopajlo in 1931, and by a son, Hugh Williams, Jr., in 1970.



FAMILY NAME: WILLIAMS

GIVEN NAME: MIKE

INTERMENT NUMBER: 01510

|                                              |               |                            |                                  |                                 |                         |
|----------------------------------------------|---------------|----------------------------|----------------------------------|---------------------------------|-------------------------|
| NAME                                         |               | WILLIAMS, Mike             |                                  | INTERMENT No. 1510              |                         |
| ADDRESS                                      |               | Wheeling Junction, W. Va., |                                  |                                 |                         |
| PERSON RESPONSIBLE ADDRESS                   |               |                            |                                  |                                 |                         |
| AGE 18                                       | RACE W        | SEX M                      | MARRIED <input type="checkbox"/> | SINGLE <input type="checkbox"/> |                         |
| DATE OF DEATH                                | Sept 10, 1903 |                            | CAUSE OF DEATH                   |                                 | Killed by railroad eng. |
| SECTION                                      |               | Sacred Heart "A"           | ROW 12                           | LOT                             | GRAVE 5                 |
| CHURCH                                       | St. Peters    | FUNERAL DIRECTOR           | Mattenberger                     |                                 |                         |
| CHURCH PERMIT No.                            |               | M.M.A.Hartnedy             |                                  | TYPE VAULT                      |                         |
| HEALTH PERMIT No.                            |               |                            |                                  |                                 |                         |
| REMARKS: Survived by Bather, Angelo Williams |               |                            |                                  |                                 |                         |
|                                              |               |                            |                                  |                                 |                         |
|                                              |               |                            |                                  |                                 |                         |
|                                              |               |                            |                                  |                                 |                         |
|                                              |               |                            |                                  |                                 |                         |

FAMILY NAME: WILLIAMS

GIVEN NAME: PETE (GUGLIEMI)

INTERMENT NUMBER: 18164

NAME Williams, Pete (Gugliemi) INTERMENT No. 18164

ADDRESS 512 Mears Ave. Steubenville, Ohio

PERSON RESPONSIBLE ADDRESS Mosti Funeral Home

6-29-1898

AGE 89

RACE W

SEX M

MARRIED ☒

SINGLE ☐

DATE OF DEATH 7-29-1987

CAUSE OF DEATH Not stated on provisional certificate

DATE OF BURIAL 8-4-1987

SECTION Holy Rosary

ROW

LOT 50

GRAVE 3

CHURCH St. Anthony

FUNERAL DIRECTOR Mosti

TYPE VAULT eagle

CHURCH PERMIT Fr. Robert Mascolina

HEALTH PERMIT No. 4101-453

REMARKS: Surviving are his wife, Angelina Gaylord Williams, three sons, Alex Williams of Phoenix, Raymond of Fontana, Calif., and Daniel of Long Beach, Calif. a daughter, Mrs. William (Jean) Leoni of Steubenville; a sister of Italy

18 grandchildren and 8 great grandchildren. He was born in Rome, Italy, a son of the late Giovanni and Rosemarie Guglielmi. He was preceded in death by a son, Ronald Williams and three brothers and two sisters. He had been employed at Weirton Steel until his retirement in 1963. He was a member of St Anthony Catholic Church.

FAMILY NAME: WILLIAMS  
GIVEN NAME: RICHARD GREGG  
INTERMENT NUMBER: 09139

|                                                                                   |                          |                    |                                                                         |
|-----------------------------------------------------------------------------------|--------------------------|--------------------|-------------------------------------------------------------------------|
| NAME WILLIAMS, Richard Gregg                                                      |                          | INTERMENT No. 9139 |                                                                         |
| ADDRESS 515 Union Ave.,<br>Steubenville, Ohio                                     |                          |                    |                                                                         |
| PERSON RESPONSIBLE ADDRESS                                                        |                          |                    |                                                                         |
| May. 15, 1935                                                                     |                          |                    |                                                                         |
| AGE 10 mo                                                                         | RACE W                   | SEX M              | MARRIED <input type="checkbox"/> infant SINGLE <input type="checkbox"/> |
| DATE OF DEATH                                                                     | CAUSE OF DEATH           |                    | DATE OF BURIAL Mar. 25, '35                                             |
| SECTION Holy Name                                                                 | ROW                      | LOT 3              | GRAVE 6                                                                 |
| CHURCH Holy Name                                                                  | FUNERAL DIRECTOR McClave | TYPE VAULT         |                                                                         |
| CHURCH PERMIT No. E.A.Gilbert                                                     | HEALTH PERMIT No.        |                    |                                                                         |
| REMARKS: Born in Steubenville of Charles B. and Margaret M. Williams who survive. |                          |                    |                                                                         |
|                                                                                   |                          |                    |                                                                         |
|                                                                                   |                          |                    |                                                                         |
|                                                                                   |                          |                    |                                                                         |

FAMILY NAME: WILLIAMS  
GIVEN NAME: ROBERT H.  
INTERMENT NUMBER: 15601

|                                                                                                                                                                                                                                                                               |  |                                                    |  |                                                |                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|--|------------------------------------------------|---------------------------------------------|
| NAME                                                                                                                                                                                                                                                                          |  | WILLIAMS, Robert H.                                |  | INTERMENT No. 15601                            |                                             |
| ADDRESS                                                                                                                                                                                                                                                                       |  | 200 Woodmont Ave., Pottery ADD. Steubenville, Ohio |  |                                                |                                             |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                    |  | Mosti Funeral Home                                 |  |                                                |                                             |
| July 30, 1929                                                                                                                                                                                                                                                                 |  | RACE W                                             |  | SEX M                                          | MARRIED <input checked="" type="checkbox"/> |
| AGE 44-0-0                                                                                                                                                                                                                                                                    |  | SINGLE <input type="checkbox"/>                    |  |                                                |                                             |
| July 29, 1973                                                                                                                                                                                                                                                                 |  | DATE OF DEATH                                      |  | CAUSE OF DEATH Not stated on prov. certificate |                                             |
| Aug. 1, 1973                                                                                                                                                                                                                                                                  |  | DATE OF BURIAL                                     |  |                                                |                                             |
| SECTION Sacred Heart Division 1                                                                                                                                                                                                                                               |  | ROW 6                                              |  | LOT GRAVE 20                                   |                                             |
| Blessing service-Mosti Chapel                                                                                                                                                                                                                                                 |  | CHURCH Fr. Michael Campbell                        |  | FUNERAL DIRECTOR Mosti                         |                                             |
| St. Peters                                                                                                                                                                                                                                                                    |  | Dist. 4101 - 499                                   |  | 4-0" X 1-2" X 2-2" dble memorial.Hayslip       |                                             |
| CHURCH PERMIT                                                                                                                                                                                                                                                                 |  | HEALTH PERMIT No.                                  |  | falcon topseal conc.                           |                                             |
| REMARKS: Born of Harry and Edna Farus Williams in Chester, W. Va.,                                                                                                                                                                                                            |  |                                                    |  |                                                |                                             |
| Survived by his wife, Mrs. Lana Helen Portacarro Williams; step-father Elmer Nonemaker, 2 (step) sons Robert L. and Robert M. Williams, 3 daughters, Mrs. Kenneth (Patricia) Talamine, Mrs. Michael (Shawnee Lynn) Green, Miss Tina Marie Williams; 2 brothers, William Kirk- |  |                                                    |  |                                                |                                             |

patrick and James McNulty; 2 sisters, Mrs. Dorothy Pierce, and Mrs. Audrey Pump; 5 step brothers, Howard, Hubert, Blaine, Gerald, and Kenneth Monemaker; 1 step-sister, Mrs. Donald (Ruth) Burton and 2 grandchildren. D. O. A. at Ohio Valley Hospital, Steubenville. World War II Veteran Army Air Corp.,



FAMILY NAME: WILLIAMS  
GIVEN NAME: RONALD R.  
INTERMENT NUMBER: 12804

|                            |  |                                                                                                                                                                                                                                                                                                                                                  |  |                                     |  |                   |  |                                  |  |                                            |  |
|----------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|-------------------|--|----------------------------------|--|--------------------------------------------|--|
| NAME                       |  | WILLIAMS, Ronald R.                                                                                                                                                                                                                                                                                                                              |  | INTERMENT No.                       |  | 12804             |  |                                  |  |                                            |  |
| ADDRESS                    |  | 512 Mears Ave., Steubenville, Ohio                                                                                                                                                                                                                                                                                                               |  |                                     |  |                   |  |                                  |  |                                            |  |
| PERSON RESPONSIBLE ADDRESS |  | Pete Williams (father) for lot<br>Mosti Funeral Home for services.                                                                                                                                                                                                                                                                               |  |                                     |  |                   |  |                                  |  |                                            |  |
| Feb. 11, 1937              |  | AGE 21-10-29da                                                                                                                                                                                                                                                                                                                                   |  | RACE W                              |  | SEX M             |  | MARRIED <input type="checkbox"/> |  | SINGLE <input checked="" type="checkbox"/> |  |
| Jan. 8, 1959               |  | DATE OF DEATH                                                                                                                                                                                                                                                                                                                                    |  | injuries sustained in auto accident |  |                   |  | CAUSE OF DEATH                   |  | Jan. 14, 1959                              |  |
| SECTION                    |  | Holy Rosary                                                                                                                                                                                                                                                                                                                                      |  | ROW                                 |  | LOT 50            |  | GRAVE 5                          |  |                                            |  |
| CHURCH                     |  | St. Anthony                                                                                                                                                                                                                                                                                                                                      |  | L.G.Hutchison # 46                  |  | FUNERAL DIRECTOR  |  | Mosti - here                     |  | Guardian # 9                               |  |
| Fr. Jos. Saraceno          |  | CHURCH PERMIT No.                                                                                                                                                                                                                                                                                                                                |  | Santa Rosa, guadalupe               |  | HEALTH PERMIT No. |  | Co. N. Mexico                    |  | 2-0" X 1-0" Flat Gran                      |  |
| REMARKS:                   |  | Born in Steubenville of Pete and Angeline Gaylord Williams (Guglielmo) U.S. Navy Oct. 11, 1954, disch. Jan. 7, 1958. Student. Died as result of Auto accident between Santa Rosa and Tacumcari, N. Mexico. Survived by parents, 3 brothers, Alex, Raymond and Daniel; 1 sister, Mrs. William Leoni. Died at Guadalupe Hospital, Santa Rosa. N.M. |  |                                     |  |                   |  |                                  |  |                                            |  |



FAMILY NAME: WILLIAMS

GIVEN NAME: SANDRA LYNN

INTERMENT NUMBER: 11969

|                                                                                                                     |                        |                                          |                          |                      |                                 |
|---------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|--------------------------|----------------------|---------------------------------|
| NAME                                                                                                                |                        | WILLIAMS, Sandra Lynn (Infant)           |                          | INTERMENT No. 11969  |                                 |
| ADDRESS                                                                                                             |                        | 1433 Belleview Blvd., Steubenville, Ohio |                          |                      |                                 |
| PERSON RESPONSIBLE ADDRESS                                                                                          |                        |                                          |                          |                      |                                 |
| Dec. 26, 1953                                                                                                       |                        |                                          |                          |                      |                                 |
| AGE                                                                                                                 | 3mo, 10 da             | RACE                                     | W                        | SEX                  | F                               |
|                                                                                                                     |                        | MARRIED                                  | <input type="checkbox"/> | infant               | SINGLE <input type="checkbox"/> |
| Apr. 4, 1954                                                                                                        |                        | CAUSE OF DEATH                           |                          | Apr. 7, 1954         |                                 |
| DATE OF DEATH                                                                                                       |                        | broncho-pneumonia                        |                          | DATE OF BURIAL       |                                 |
| NOW: Holy "osary                                                                                                    |                        | 50                                       |                          | top left             |                                 |
| SECTION                                                                                                             | Original Souls Inf. II | ROW                                      | 14                       | LOT                  | 6 24                            |
| CHURCH                                                                                                              |                        | St. Anthony                              |                          | Wooden box.          |                                 |
| FUNERAL DIRECTOR                                                                                                    |                        | Mosti                                    |                          | TYPE VAULT           |                                 |
| Fr. Paul Richter.                                                                                                   |                        | Dist. 4101 -                             |                          | Fr. Jos. Saraceno at |                                 |
| CHURCH PERMIT No.                                                                                                   |                        | HEALTH PERMIT No. 154                    |                          | cemetery.            |                                 |
| REMARKS: Born in Steubenville of Raymond and Betty Lee Lucas Williams. Survived by parents and sister, Deborah Rae. |                        |                                          |                          |                      |                                 |
| Removed to Holy "osary, Lot 50 top left of Grave No. 6. 12/4/59                                                     |                        |                                          |                          |                      |                                 |
| Authority: Letter from Chancery dated May 11, 1959.                                                                 |                        |                                          |                          |                      |                                 |

FAMILY NAME: WILLIAMS

GIVEN NAME: SARAH MRS. (J. H.)

INTERMENT NUMBER: 07481

|                                   |               |                             |                                       |                    |                                 |
|-----------------------------------|---------------|-----------------------------|---------------------------------------|--------------------|---------------------------------|
| NAME                              |               | WILLIAMS, Mrs. Sarah (J.H.) |                                       | INTERMENT No. 7481 |                                 |
| ADDRESS                           |               | Steubenville, Ohio          |                                       |                    |                                 |
| PERSON RESPONSIBLE ADDRESS        |               |                             |                                       |                    |                                 |
| AGE                               | 46            | RACE                        | W                                     | SEX                | F                               |
|                                   |               | MARRIED                     | <input checked="" type="checkbox"/> X |                    | SINGLE <input type="checkbox"/> |
| DATE OF DEATH                     | Dec. 20, 1923 |                             | CAUSE OF DEATH                        | Cancer             |                                 |
| SECTION                           | St. Patrick   |                             | ROW                                   | LOT                | GRAVE                           |
|                                   |               |                             |                                       | 69                 | 2                               |
| CHURCH                            | St. Peters    |                             | FUNERAL DIRECTOR                      | Shannon            |                                 |
|                                   |               |                             |                                       | TYPE VAULT         |                                 |
| CHURCH PERMIT No.                 | T.A.Powers    |                             | HEALTH PERMIT No.                     | 2-0" X 1-0" X 1-6" |                                 |
| REMARKS: Wife of John H. Williams |               |                             | memorial. Archer 9/71 (replacement)   |                    |                                 |
|                                   |               |                             |                                       |                    |                                 |
|                                   |               |                             |                                       |                    |                                 |
|                                   |               |                             |                                       |                    |                                 |
|                                   |               |                             |                                       |                    |                                 |

FAMILY NAME: WILLIAMS  
GIVEN NAME: THOMAS GREGG  
INTERMENT NUMBER: 07773

|                            |               |                                 |                   |               |            |           |                                 |
|----------------------------|---------------|---------------------------------|-------------------|---------------|------------|-----------|---------------------------------|
| NAME                       |               | WILLIAMS, Thomas Gregg (Infant) |                   | INTERMENT No. |            | 7773      |                                 |
| ADDRESS                    |               | Steubenville, Ohio              |                   |               |            |           |                                 |
| PERSON RESPONSIBLE ADDRESS |               |                                 |                   |               |            |           |                                 |
| AGE                        | 1-1 mo        | RACE                            | W                 | SEX           | M          | MARRIED   | <input type="checkbox"/> infant |
|                            |               |                                 |                   |               |            | SINGLE    | <input type="checkbox"/>        |
| DATE OF DEATH              | Dec. 29, 1925 |                                 | CAUSE OF DEATH    |               | Burned     |           | DATE OF BURIAL                  |
| SECTION                    | Holy Name     |                                 | ROW               | LOT           |            | 3 part of |                                 |
|                            |               |                                 |                   | GRAVE         |            | 7         |                                 |
| CHURCH                     | Holy Name     |                                 | FUNERAL DIRECTOR  |               | TYPE VAULT |           |                                 |
| CHURCH PERMIT No.          | E.A. Gilbert  |                                 | HEALTH PERMIT No. |               |            |           |                                 |
| REMARKS:                   |               |                                 |                   |               |            |           |                                 |
|                            |               |                                 |                   |               |            |           |                                 |
|                            |               |                                 |                   |               |            |           |                                 |
|                            |               |                                 |                   |               |            |           |                                 |
|                            |               |                                 |                   |               |            |           |                                 |

FAMILY NAME: WILLIAMSON  
GIVEN NAME: ANNA MRS.  
INTERMENT NUMBER: 13043

|                                                                                                                                                                                                                                                                                                                                            |                                                       |                         |                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------|
| NAME WILLIAMSON, Mrs. Anna                                                                                                                                                                                                                                                                                                                 |                                                       | INTERMENT No. 13043     |                                                                                   |
| died at: 540 Parkview, Barberton, Ohio                                                                                                                                                                                                                                                                                                     |                                                       |                         |                                                                                   |
| ADDRESS 3316 West Street, Weirton, W. Va.,                                                                                                                                                                                                                                                                                                 |                                                       |                         |                                                                                   |
| PERSON RESPONSIBLE Son: Gilbert R. Williamson                                                                                                                                                                                                                                                                                              |                                                       |                         |                                                                                   |
| ADDRESS                                                                                                                                                                                                                                                                                                                                    |                                                       |                         |                                                                                   |
| Aug. 17, 1898                                                                                                                                                                                                                                                                                                                              |                                                       |                         |                                                                                   |
| AGE 61-7-12 da                                                                                                                                                                                                                                                                                                                             | RACE W                                                | SEX F                   | MARRIED <input checked="" type="checkbox"/> widow SINGLE <input type="checkbox"/> |
| Mar. 27, 1960                                                                                                                                                                                                                                                                                                                              | provisional certificate                               |                         | March 30, 1960                                                                    |
| DATE OF DEATH                                                                                                                                                                                                                                                                                                                              | CAUSE OF DEATH                                        |                         | DATE OF BURIAL                                                                    |
| SECTION Poor Souls                                                                                                                                                                                                                                                                                                                         | ROW 33                                                | LOT                     | GRAVE 14 73                                                                       |
| CHURCH St. Pauls-Weirton                                                                                                                                                                                                                                                                                                                   | FUNERAL DIRECTOR Steel-Wolfe, Weirton Biggs-Barberton | TYPE VAULT Clarke-metal |                                                                                   |
| Fr. Jos. Tague                                                                                                                                                                                                                                                                                                                             | 7702-Barberton, O.                                    | 4-0" X 0-11" dble       |                                                                                   |
| CHURCH PERMIT No.                                                                                                                                                                                                                                                                                                                          | HEALTH PERMIT No. 101                                 | Memorial. S. White' 60  |                                                                                   |
| REMARKS: Born in Naples Italy of Frank St. Lucia and Maria Domenica Calabrese Lucia. Husband Louis S. Williamson died Nov. '44, buried elsewhere. Resided with daughter, Mrs. Gloria A. Rondy; formerly employed a dispatcher for Weirton-Cove Cab Co., besides daughter, survived by three sons, Harry, Richard and Gilbert Williamson; 4 |                                                       |                         |                                                                                   |

brothers, Michael Musmanno, Justice of Supreme Court of Penna, Pasquale, Sam and Domenic Mussmano; 4 sisters, Mrs. Virginia Beradino, Mrs. Caroline Neville, Mrs. Catherine Guarino and Miss Madaline Musmanno. Died at Barberton, Ohio.

FAMILY NAME: WILLIAMSON  
GIVEN NAME: LOUIS SALVATORE  
INTERMENT NUMBER: 13088

|                                                                                                                                                                                                                                                       |                                                     |                               |                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------|
| REMOVAL FROM ST. PAUL'S CEMETERY, WEIRTON                                                                                                                                                                                                             |                                                     |                               |                                                                             |
| NAME WILLIAMSON, Lewis                                                                                                                                                                                                                                |                                                     | INTERMENT NO. 13088           |                                                                             |
| ADDRESS Weirton, W. Va.,                                                                                                                                                                                                                              |                                                     |                               |                                                                             |
| PERSON RESPONSIBLE ADDRESS Son: Gilbert Williamson, 3316 West St., Weirton,                                                                                                                                                                           |                                                     |                               |                                                                             |
| Jan. 17, 1891                                                                                                                                                                                                                                         |                                                     |                               |                                                                             |
| AGE 53-9-11da                                                                                                                                                                                                                                         | RACE W                                              | SEX M                         | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| Nov. 27, 1944                                                                                                                                                                                                                                         | coronary thrombosis                                 |                               | Re-interred June 21, '60                                                    |
| DATE OF DEATH                                                                                                                                                                                                                                         | CAUSE OF DEATH                                      | DATE OF BURIAL                |                                                                             |
| SECTION Poor Souls                                                                                                                                                                                                                                    | ROW 33                                              | LOT                           | GRAVE 13                                                                    |
| CHURCH St. Paul's Weirton                                                                                                                                                                                                                             | Steel-Wolf for FUNERAL DIRECTOR removal             | Guardian # 9 TYPE VAULT conc. |                                                                             |
| CHURCH PERMIT NO.                                                                                                                                                                                                                                     | New Cumberland, W.Va., 4-0" X 0-11" dble            |                               |                                                                             |
|                                                                                                                                                                                                                                                       | HEALTH PERMIT NO. Anna McNeil memorial.S. White '60 |                               |                                                                             |
| REMARKS: <del>Died at Weirton, W. Va.</del> , Born in Calabria, Italy of Phillip and Angeline Salvatore. Died at Baltimore, Maryland. Survived by wife, Mrs. Anna Lucia Williamson; 3 sons, Gilbert, Harry and Richard 1 daughter, Mrs. Gloria Bundy. |                                                     |                               |                                                                             |



FAMILY NAME: WILLIAMSON

GIVEN NAME: NORMA J.

INTERMENT NUMBER: 19242

|                                                                                                                                                                                                                                   |                                                      |                         |                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------|
| NAME Williamson, Norma J.                                                                                                                                                                                                         |                                                      | INTERMENT No. 19242     |                                                                             |
| ADDRESS 126 Alta Street, Weirton, W.Va.                                                                                                                                                                                           |                                                      |                         |                                                                             |
| PERSON RESPONSIBLE ADDRESS Mosti Funeral Home                                                                                                                                                                                     |                                                      |                         |                                                                             |
| 9-26-1933                                                                                                                                                                                                                         |                                                      |                         |                                                                             |
| AGE 59                                                                                                                                                                                                                            | RACE W                                               | SEX F                   | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH 2-27-1993                                                                                                                                                                                                           | CAUSE OF DEATH Not stated on provisional certificate |                         | DATE OF BURIAL 3-2-1993                                                     |
| SECTION Resurrection Mausoleum                                                                                                                                                                                                    | ROW                                                  | LOT CRYPT 514-B         | GRAVE                                                                       |
| CHURCH St. Anthony Fr. Edmund Stabene                                                                                                                                                                                             | FUNERAL DIRECTOR Mosti Brooke Co.                    | TYPE VAULT not required |                                                                             |
| CHURCH PERMIT Fr.Shiffer                                                                                                                                                                                                          | HEALTH PERMIT No. W.Va.                              |                         |                                                                             |
| REMARKS: Surviving are her husband, Robert, one son, Kevin Williamson of Weirton; one brother, Paul Crisorio of Steubenville; and two sisters, Mrs. Dominic (Helen) Pompa of Wintersville and Rose Patterson of Steubenville. She |                                                      |                         |                                                                             |

was born in Steubenville, a daughter of the late Charles and Josephine Petrella Crisorio. She was a member of St. Paul's Catholic Church, Christian Mothers, Christ Renews His Parish Retreat and Catholic Daughters of America, and the Four Seasons Senior Group. She died in Weirton Medical Center.

FAMILY NAME: WILLIAMSON

GIVEN NAME: ROBERT A.

INTERMENT NUMBER: 20547

|                                                                                                                                                                                                               |               |                                                |                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------|-----------------------------------------------------------------------------|
| NAME <i>Williamson, Robert A.</i>                                                                                                                                                                             |               | INTERMENT No. <i>20547</i>                     |                                                                             |
| ADDRESS <i>3932 Brightway Weirton, W.Va.</i>                                                                                                                                                                  |               |                                                |                                                                             |
| PERSON RESPONSIBLE ADDRESS <i>Greco-Hertnick Funeral Home</i>                                                                                                                                                 |               |                                                |                                                                             |
| 1-13-1927                                                                                                                                                                                                     |               | 10-13-1999                                     |                                                                             |
| AGE <i>72</i>                                                                                                                                                                                                 | RACE <i>W</i> | SEX <i>M</i>                                   | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH <i>10-11-1999</i>                                                                                                                                                                               |               | CAUSE OF DEATH <i>Intracerebral Hemorrhage</i> |                                                                             |
| SECTION <i>Resurrection Mausoleum</i>                                                                                                                                                                         |               | ROW                                            | CRYPT <i>514-B</i>                                                          |
| CHURCH <i>St. Paul</i>                                                                                                                                                                                        |               | FUNERAL DIRECTOR <i>Greco</i>                  | TYPE VAULT <i>not required</i>                                              |
| CHURCH PERMIT                                                                                                                                                                                                 |               | HEALTH PERMIT No. <i>Alleg. Co. PA.</i>        |                                                                             |
| REMARKS: <i>Surviving are his second wife, Elizabeth Bettie West Williamson of Weirton, a son, Kevin of Weirton one stepson, Scott Brney of New Jersey and one stepdaughter Alice A. Woods of Follansbee.</i> |               |                                                |                                                                             |

## Robert Williamson

WEIRTON — Robert Arden Williamson, 72, of Weirton died on Monday, Oct. 11, 1999, at West Penn Hospital in Pittsburgh.

He was born Jan. 13, 1927 in Wellsburg, the son of the late George T. and Naomi Brennan Williamson.

In addition to his parents, he was preceded in death by his first wife, Nora J. Crisorio Williamson.

He was retired from Weirton Steel Corp. as a pipefitter in the blast furnace department.

He was a Navy veteran of World War II and a member of the St. Paul Roman Catholic Church, Weirton Knights of Columbus Lodge 2734, New Cumberland Lodge 22, AF & AM, Scottish Rite of Free Masonry 32nd Degree, Osiris Temple A.A.O.N.M.S. of Weirton, Northern Panhandle Club, Knights Templar,

D.P.O. Elks Weirton Lodge 1801, Moose Lodge 688, Veterans of Foreign Wars Post 2716, Four Seasons Senior Group, and the West Virginia University Alumni Association.

Surviving is his second wife, Elizabeth Bettie West Williamson of Weirton, whom he married on July 11, 1994; a son, Kevin A. Williamson of Weirton; one stepson, Scott R. Barney of North Brunswick, NJ; one stepdaughter, Alice A. Woods of Follansbee; one brother, George Williamson of Wildwood, FL; one sister, Yvonne Williamson of Washington, PA; an aunt, Marcella Burgett Kraeer of Steubenville; and two grandchildren.

FAMILY NAME: WILLIS  
GIVEN NAME: MARY LOUISE  
INTERMENT NUMBER: 18727

|                                                                                                                         |  |                                   |  |                   |  |                                       |  |                                             |  |                                 |  |
|-------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|--|-------------------|--|---------------------------------------|--|---------------------------------------------|--|---------------------------------|--|
| NAME                                                                                                                    |  | Willis, Mary Louise               |  | INTERMENT No.     |  | 18727                                 |  |                                             |  |                                 |  |
| ADDRESS                                                                                                                 |  | 207 N. 7th St. Steubenville, Ohio |  |                   |  |                                       |  |                                             |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                              |  | William Willis -as above          |  |                   |  |                                       |  |                                             |  |                                 |  |
| 9-29-1920                                                                                                               |  | AGE 69                            |  | RACE W            |  | SEX F                                 |  | MARRIED <input checked="" type="checkbox"/> |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                                                                                                           |  | 6-17-1990                         |  | CAUSE OF DEATH    |  | Not stated on provisional certificate |  | DATE OF BURIAL                              |  | 6-20-1990                       |  |
| SECTION                                                                                                                 |  | Poor Souls Rows                   |  | ROW               |  | 40                                    |  | LOT                                         |  | GRAVE 9                         |  |
| CHURCH                                                                                                                  |  | St. Peter's                       |  | FUNERAL DIRECTOR  |  | Mosti                                 |  | TYPE VAULT                                  |  | eagle triplex                   |  |
| CHURCH PERMIT                                                                                                           |  | Brother Patrick                   |  | HEALTH PERMIT No. |  | 4101-370                              |  | 4-6x1-0 Kurtz                               |  | dbl.mem.8/18/1990               |  |
| REMARKS: Surviving are her husband, William W. Willis, three sons, Gary Griffith, and William S. Willis, both of Steub. |  |                                   |  |                   |  |                                       |  |                                             |  |                                 |  |
| and David Willis at home, three daughters, Mrs. Kevin (Carol) Smith of Steubenville, Mrs. Fouad (Louise) Hassan         |  |                                   |  |                   |  |                                       |  |                                             |  |                                 |  |

of Richmond, and Mrs. Gary (Vicky) Dalesio of Follansbee and nine grandchildren, She was born in Steubenville, a daughter of the late Joseph and Josephine DiBenedetto Marcino. She was also preceded in death by her first husband, Ellsworth Griffith in 1942, a brother Frank Marcino, in 1985 and four sisters. She was a member of St. Peter's Catholic Church.



FAMILY NAME: WILLIS  
GIVEN NAME: WILLIAM W.  
INTERMENT NUMBER: 20200

|                                                              |                                     |                     |                                                                                     |
|--------------------------------------------------------------|-------------------------------------|---------------------|-------------------------------------------------------------------------------------|
| NAME Willis, William W.                                      |                                     | INTERMENT No. 20200 |                                                                                     |
| ADDRESS 1333 Steele Ave., Steubenville, Ohio                 |                                     |                     |                                                                                     |
| PERSON RESPONSIBLE son-David Willis                          |                                     |                     |                                                                                     |
| ADDRESS                                                      |                                     |                     |                                                                                     |
| 2-17-1923                                                    | RACE W                              | SEX M               | MARRIED <input checked="" type="checkbox"/> widower SINGLE <input type="checkbox"/> |
| AGE 74                                                       |                                     |                     |                                                                                     |
| DATE 1-3-1997                                                | CAUSE OF DEATH Not stated on provi- |                     | 1-6-1998                                                                            |
| OF DEATH                                                     | sional certificate                  |                     | DATE OF BURIAL                                                                      |
| SECTION Poor Souls Rows                                      |                                     | ROW 40              | LOT GRAVE 8                                                                         |
| from funeral home                                            |                                     |                     |                                                                                     |
| CHURCH                                                       | FUNERAL DIRECTOR Mosti              | TYPE eagle sentinel |                                                                                     |
| CHURCH PERMIT                                                | Msgr. George Yontz                  | 4-6x1-0 Kurtz       |                                                                                     |
|                                                              | HEALTH PERMIT No. 4101-10           | dbl.mem. 8/18/1990  |                                                                                     |
| REMARKS: Surviving are three sons, Gary Griffith of Steuben- |                                     |                     |                                                                                     |
| ville, William S. of Tiltonsville and David at home; three   |                                     |                     |                                                                                     |
| daughters, Mrs. Kevin (Carol) Smith of Steuebnnville, Mrs.   |                                     |                     |                                                                                     |
| Fouad (Louise) Hassan of Richmond and Mrs. Gary (Vicky)      |                                     |                     |                                                                                     |

Dalesio of Follansbee; and two sisters, Lynn Bullard of Independence, KY. and Mildred Carter of Monroeville, Pa. nine grandchildren and two great grandchildren. He was born in New Martinsville, a son of the late Samuel Willis and Thelma Dunlap Willis Maine. He was also preceded in death by his wife, Mary Marcino Willis in 1990 and two brothers, Harold Willis and Dan Carter.

FAMILY NAME: WILSON

GIVEN NAME: ADELLA

INTERMENT NUMBER: 08500

|                            |  |                |  |                   |  |                                 |  |
|----------------------------|--|----------------|--|-------------------|--|---------------------------------|--|
| NAME                       |  | WILSON, Adella |  | INTERMENT No.     |  | 8500                            |  |
| ADDRESS                    |  |                |  |                   |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS |  |                |  |                   |  |                                 |  |
| AGE                        |  | RACE           |  | SEX               |  | MARRIED                         |  |
| 14-                        |  | W              |  | F                 |  | <input type="checkbox"/>        |  |
|                            |  |                |  |                   |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH              |  | CAUSE OF DEATH |  |                   |  | DATE OF BURIAL                  |  |
| Apr. 26, 1930              |  |                |  |                   |  | April 29, 1930                  |  |
| SECTION                    |  |                |  | ROW               |  | GRAVE                           |  |
| Poor Souls                 |  |                |  | 1                 |  | 20                              |  |
| CHURCH                     |  |                |  | FUNERAL DIRECTOR  |  | TYPE VAULT                      |  |
| CHURCH PERMIT No.          |  |                |  | HEALTH PERMIT No. |  | 1-4" X 0-8" granite marker      |  |
| REMARKS:                   |  |                |  |                   |  |                                 |  |
|                            |  |                |  |                   |  |                                 |  |
|                            |  |                |  |                   |  |                                 |  |
|                            |  |                |  |                   |  |                                 |  |
|                            |  |                |  |                   |  |                                 |  |



FAMILY NAME: WILSON  
GIVEN NAME: ALBERT ANTHONY  
INTERMENT NUMBER: 19166

|                                                                                                                                                                                                                                                                           |                        |                                      |                                     |                                       |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------|-------------------------------------|---------------------------------------|-------|
| NAME                                                                                                                                                                                                                                                                      |                        | Wilson, Albert Anthony               |                                     | INTERMENT No.                         | 19166 |
| ADDRESS                                                                                                                                                                                                                                                                   |                        | 608 Carnegie St., Steubenville, Ohio |                                     |                                       |       |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                |                        | Mosti Funeral Home                   |                                     |                                       |       |
| 6-8-1914                                                                                                                                                                                                                                                                  |                        | widower                              |                                     |                                       |       |
| AGE                                                                                                                                                                                                                                                                       | 78                     | RACE                                 | W                                   | SEX                                   | M     |
|                                                                                                                                                                                                                                                                           |                        | MARRIED                              | <input checked="" type="checkbox"/> |                                       |       |
|                                                                                                                                                                                                                                                                           |                        | SINGLE                               | <input type="checkbox"/>            |                                       |       |
| DATE OF DEATH                                                                                                                                                                                                                                                             | 9-23-1992              | CAUSE OF DEATH                       |                                     | Not stated on provisional certificate |       |
|                                                                                                                                                                                                                                                                           |                        | DATE OF BURIAL                       |                                     | 9-25-1992                             |       |
| SECTION                                                                                                                                                                                                                                                                   | Queen of Heaven        |                                      | ROW                                 | LOT                                   | 178   |
|                                                                                                                                                                                                                                                                           |                        | GRAVE                                |                                     | 1                                     |       |
| CHURCH                                                                                                                                                                                                                                                                    | St. Peters             |                                      | FUNERAL DIRECTOR                    | Mosti                                 |       |
|                                                                                                                                                                                                                                                                           |                        | TYPE VAULT                           |                                     | eagle triplex                         |       |
| CHURCH PERMIT                                                                                                                                                                                                                                                             | Msgr. Lawrence Luciana |                                      | HEALTH PERMIT No.                   | 4101-460                              |       |
|                                                                                                                                                                                                                                                                           |                        | 3-0x0-10 dbl.mem.                    |                                     | Steckman 8/9/1992                     |       |
| REMARKS: Surviving are a brother, Felix of Wintersville; and two sisters, A.E. Wilson of Steubenville and Mrs. Edward (Anna) Rice of Wintersville, He was born in Steubenville, a son of the late Sam and Eva Paulaski Wilson. He was also preceded in death by his wife, |                        |                                      |                                     |                                       |       |

Jane Maude Watson Wilson in 1990 and a sister. He was past president and a charter member of Steubenville Art Association and a member of St. Peters Catholic Church. He died in his home of natural causes.

Nov. 19,1992 Flat bronze veteran marker ordered.  
Jan. 13,1993 Flat bronze veteran marker received.

FAMILY NAME: WILSON  
GIVEN NAME: ANNA LOUISE  
INTERMENT NUMBER: 19446

|                                                                                                                                                                                                                                 |                                                      |                                  |                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------|
| NAME Wilson, Anna Louise                                                                                                                                                                                                        |                                                      | INTERMENT No. 19446              |                                                                             |
| ADDRESS 101 Parkdale Rd., Steubenville, Ohio                                                                                                                                                                                    |                                                      |                                  |                                                                             |
| PERSON RESPONSIBLE husband-Paul Wilson                                                                                                                                                                                          |                                                      |                                  |                                                                             |
| ADDRESS 8-3-1941                                                                                                                                                                                                                |                                                      |                                  |                                                                             |
| AGE 52                                                                                                                                                                                                                          | RACE W                                               | SEX F                            | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH 2-24-1994                                                                                                                                                                                                         | CAUSE OF DEATH Not stated on provisional certificate |                                  | DATE OF BURIAL 2-28-1994                                                    |
| SECTION Our Lady of Sorrows                                                                                                                                                                                                     | ROW                                                  | LOT 181                          | GRAVE 2                                                                     |
| CHURCH Holy Rosary                                                                                                                                                                                                              | FUNERAL DIRECTOR Mosti                               | TYPE VAULT #12 gauge             |                                                                             |
| CHURCH PERMIT Msgr. James Marshall                                                                                                                                                                                              | HEALTH PERMIT No. 4101-115                           | 4-6x1-2 dbl.mem. Valley 6/6/1994 |                                                                             |
| REMARKS: Surviving are her husband, Paul M. Wilson; a son, Paul II at home, a daughter, Mrs. Tim (Dawn) Mayer of Richmond; and three sisters, Mrs. Tom (Hazel) Murray of Steubenville, and Mrs. Rocco (Dolores) Castellucci and |                                                      |                                  |                                                                             |

Mrs. Terry (Polly) Birkhimer, both of Weirton. She was born in Steubenville, a daughter of the late Arley and Florence Brown Beard. She was a member of Holy Rosary Catholic Church and its Catholic Womans Club.. She died in St. John Medical Center.

FAMILY NAME: WILSON  
GIVEN NAME: ANNA MRS.  
INTERMENT NUMBER: 09477

|                                                   |  |                                        |  |                                   |  |                                             |  |
|---------------------------------------------------|--|----------------------------------------|--|-----------------------------------|--|---------------------------------------------|--|
| NAME                                              |  | WILSON, Anna Mrs.                      |  | INTERMENT No.                     |  | 9477                                        |  |
| ADDRESS                                           |  | 621 Linden Ave.,<br>Steubenville, Ohio |  |                                   |  |                                             |  |
| PERSON RESPONSIBLE ADDRESS                        |  |                                        |  |                                   |  |                                             |  |
| AGE 52-                                           |  | RACE W                                 |  | SEX F                             |  | MARRIED <input checked="" type="checkbox"/> |  |
|                                                   |  |                                        |  |                                   |  | SINGLE <input type="checkbox"/>             |  |
| DATE OF DEATH                                     |  | CAUSE OF DEATH                         |  |                                   |  | June 11, 1937<br>DATE OF BURIAL             |  |
| SECTION                                           |  | St. Peter's                            |  | ROW                               |  | LOT 119 GRAVE 10                            |  |
| CHURCH                                            |  | Holy Name                              |  | FUNERAL DIRECTOR                  |  | Shannon                                     |  |
|                                                   |  |                                        |  | TYPE VAULT                        |  |                                             |  |
| CHURCH PERMIT No.                                 |  | E.A. Gilbert                           |  | 4-6" X 1-6" X 2-2" dble memorial. |  |                                             |  |
| HEALTH PERMIT No.                                 |  |                                        |  |                                   |  |                                             |  |
| REMARKS: Survived by husband Anthong Wils on (Sr) |  |                                        |  |                                   |  |                                             |  |
|                                                   |  |                                        |  |                                   |  |                                             |  |
|                                                   |  |                                        |  |                                   |  |                                             |  |
|                                                   |  |                                        |  |                                   |  |                                             |  |
|                                                   |  |                                        |  |                                   |  |                                             |  |

FAMILY NAME: WILSON  
GIVEN NAME: ANTHONY SR.  
INTERMENT NUMBER: 10661

|                                                           |  |                                     |  |                          |  |                                                                         |  |
|-----------------------------------------------------------|--|-------------------------------------|--|--------------------------|--|-------------------------------------------------------------------------|--|
| NAME                                                      |  | WILSON, Anthony (Sr)                |  | INTERMENT No.            |  | 10661                                                                   |  |
| ADDRESS                                                   |  | 621 Linden Ave., Steubenville, Ohio |  |                          |  |                                                                         |  |
| PERSON RESPONSIBLE ADDRESS                                |  |                                     |  |                          |  |                                                                         |  |
| Aug. 24, 1872                                             |  |                                     |  |                          |  |                                                                         |  |
| AGE 73-2-26 da                                            |  | RACE W                              |  | SEX M                    |  | MARRIED <input type="checkbox"/> widowerSINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                                             |  | Nov. 19, 1945                       |  | CAUSE OF DEATH           |  | hyperstrophic prostate Nov. 23, 1945                                    |  |
| SECTION                                                   |  | St. Peter's                         |  | ROW 13                   |  | LOT 119 GRAVE 3                                                         |  |
| CHURCH                                                    |  | Holy Name                           |  | FUNERAL DIRECTOR Shannon |  | sectional                                                               |  |
| CHURCH PERMIT NO.                                         |  | Dist. 654-562                       |  | HEALTH PERMIT NO.        |  | 4-6" X 1-6" X 2-2"dbler memorial.                                       |  |
| REMARKS: Born, Lithuania. Occupation, Retired coal miner. |  |                                     |  |                          |  |                                                                         |  |
| Also known as Lot 119, Gr. 9.                             |  |                                     |  |                          |  |                                                                         |  |
|                                                           |  |                                     |  |                          |  |                                                                         |  |
|                                                           |  |                                     |  |                          |  |                                                                         |  |
|                                                           |  |                                     |  |                          |  |                                                                         |  |



FAMILY NAME: WILSON  
GIVEN NAME: CATHERINE M.  
INTERMENT NUMBER: 17231

|                                                                                                                                                                                                                                               |                                                       |                          |                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------|
| NAME WILSON, Catherine M.                                                                                                                                                                                                                     |                                                       | INTERMENT No. 17231      |                                                                             |
| ADDRESS 621 Linden Avenue Steubenville, Ohio 43952                                                                                                                                                                                            |                                                       |                          |                                                                             |
| PERSON RESPONSIBLE ADDRESS Mosti Funeral Home                                                                                                                                                                                                 |                                                       |                          |                                                                             |
| 8-13-1919                                                                                                                                                                                                                                     |                                                       |                          |                                                                             |
| AGE 63                                                                                                                                                                                                                                        | RACE W                                                | SEX F                    | MARRIED <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> |
| DATE OF DEATH 9-1-1982                                                                                                                                                                                                                        | CAUSE OF DEATH Not stated on provisional certificate. |                          | DATE OF BURIAL 9-4-1982                                                     |
| SECTION All Souls                                                                                                                                                                                                                             | ROW                                                   | LOT 77                   | GRAVE 13                                                                    |
| CHURCH Holy Name                                                                                                                                                                                                                              | FUNERAL DIRECTOR Mosti                                | TYPE Eagle VAULT Triplex |                                                                             |
| CHURCH PERMIT Fr. Kenneth Uram                                                                                                                                                                                                                | HEALTH PERMIT No. 4101-0498                           |                          |                                                                             |
| REMARKS: Died at 11:45 p.m. in Ohio Valley Hospital following an extended illness. She was a member of Holy Name Cathedral. Surviving are two brothers, John Wilson of Louisville, KY, and George Wilson of Beaver, PA; and a sister, Mary M. |                                                       |                          |                                                                             |

Rogers of Steubenville. She was born August 13, 1919 in Steubenville, a daughter of the late Anthony and Anna Peterson Wilson. She was also preceded in death by two brothers, Anthony Wilson of Detroit, MI, and Charles Wilson of Steubenville; and two sisters, Helen Scharfenberg and Anna Scharfenberg, both of Steubenville.



FAMILY NAME: WILSON  
GIVEN NAME: CECILIA DALY  
INTERMENT NUMBER: 08875

|                                                                                                                                                                     |                   |                                    |                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------|-----------------------------------------------------------------------------|
| NAME WILSON, Cecilia Daly                                                                                                                                           |                   | INTERMENT No. 8875                 |                                                                             |
| ADDRESS Steubenville, Ohio                                                                                                                                          |                   |                                    |                                                                             |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                          |                   |                                    |                                                                             |
| AGE 30-                                                                                                                                                             | RACE W            | SEX F                              | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH                                                                                                                                                       | CAUSE OF DEATH    | April 1, 1933<br>DATE OF BURIAL    |                                                                             |
| SECTION Poor Souls                                                                                                                                                  | ROW               | LOT 312                            | GRAVE 1                                                                     |
| CHURCH St. Peters                                                                                                                                                   | FUNERAL DIRECTOR  | TYPE VAULT                         |                                                                             |
| CHURCH PERMIT No. T.A.Powers                                                                                                                                        | HEALTH PERMIT No. | 3-6x1-0 Triple mon. S.White's 1975 |                                                                             |
| REMARKS: Born in Steubenville of Joh n and (Nora) Mary Daly. Survived by by her mother; 3 sisters, Margaret, Mary, Betty, Anna, Hannah and Helen; a brother Martin. |                   |                                    |                                                                             |

6/28/1972: Information under remarks obtained from John W. Daly, (grandson of John Daly, Lot 312, Gr. 2, Poor Souls) 259 Harvard Blvd., Steubenville, Ohio (FFP)

FAMILY NAME: WILSON  
GIVEN NAME: CHARLES J.  
INTERMENT NUMBER: 16662

|                                                                                                                                                                                                                                           |                                                      |                                       |                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------|
| NAME Wilson, Charles J.                                                                                                                                                                                                                   |                                                      | INTERMENT No. 16662                   |                                                                             |
| ADDRESS 621 Linden Avenue Steubenville, Ohio 43952                                                                                                                                                                                        |                                                      |                                       |                                                                             |
| PERSON RESPONSIBLE ADDRESS Mosti Funeral Home                                                                                                                                                                                             |                                                      |                                       |                                                                             |
| 1-7-1910                                                                                                                                                                                                                                  |                                                      |                                       |                                                                             |
| AGE 69                                                                                                                                                                                                                                    | RACE W                                               | SEX M                                 | MARRIED <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> |
| DATE OF DEATH 8-9-1979                                                                                                                                                                                                                    | CAUSE OF DEATH Not stated on provisional certificate |                                       | DATE OF BURIAL 8-13-79 19                                                   |
| SECTION All Souls                                                                                                                                                                                                                         | ROW                                                  | LOT 77                                | GRAVE 14                                                                    |
| CHURCH Holy Name                                                                                                                                                                                                                          | FUNERAL DIRECTOR Mosti                               | Eagle Triplex                         |                                                                             |
| CHURCH PERMIT Fr. J. Nugent                                                                                                                                                                                                               | HEALTH PERMIT No. 4101-477                           | 2-2x1-2x2-2 Archer single mem. 3-5-80 |                                                                             |
| REMARKS: He died at OVH where he had been a patient for 3 wks. He retired in 1974 form the 54-inch mill, annealing dept. of Weir. Steel Division. He was a member of the 25-Year Club of Weirton Steel and Holy Name Cathedral. Surviving |                                                      |                                       |                                                                             |

are two brothers, George P. Wilson of Beaver, Pa., and John J. Wilson of Louisville, Ky., and 3 sisters, Mrs. Helen Scharfenberg of Steubenville, Mrs. Mary Rodgers of Steubenville, and Miss Catherine Wilson of the home. He was born Jan. 7, 1910, in Edinburgh, Dalkirth County, Scotland, a son of the late Anthony L. and Anna Peterson Wilson. He was also preceded in death by a brother, Anthony F. Wilson of Detroit, and a sister Mrs. Ann Scharfenberg of Steubenville, Ohio.

FAMILY NAME: WILSON  
GIVEN NAME: DAISY GRACE  
INTERMENT NUMBER: 16659

|                                                                                                                                                                                                                                                                                         |                                         |                                |                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------|-----------------------------------------------------------------------------|
| NAME WILSON, Daisy Grace                                                                                                                                                                                                                                                                |                                         | INTERMENT No. 16659            |                                                                             |
| ADDRESS 327 Logan Street, Steubenville, Ohio 43952                                                                                                                                                                                                                                      |                                         |                                |                                                                             |
| PERSON RESPONSIBLE ADDRESS McClave- Chandler Mills                                                                                                                                                                                                                                      |                                         |                                |                                                                             |
| 10/25/1886                                                                                                                                                                                                                                                                              |                                         |                                |                                                                             |
| AGE 92                                                                                                                                                                                                                                                                                  | RACE W                                  | SEX F                          | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH 7/30/79                                                                                                                                                                                                                                                                   | CAUSE OF DEATH Pneumonia                |                                | DATE OF BURIAL 8/3/79                                                       |
| SECTION St. Stanislaus                                                                                                                                                                                                                                                                  | ROW                                     | LOT 48                         | GRAVE 10                                                                    |
| CHURCH Holy Name                                                                                                                                                                                                                                                                        | FUNERAL DIRECTOR McClave Chandler Mills | TYPE eagle triplex             |                                                                             |
| CHURCH PERMIT Msg. Nugent                                                                                                                                                                                                                                                               | HEALTH PERMIT No. Illinois 5029-450     | Archer Double Mem. 4-2x1-2x2-2 |                                                                             |
| REMARKS: She was a librarian at the North End branch of the Public Library of Steubenville and Jefferson County before retiring, a member of Holy Name Cathedral and the Catholic Woman's Club. Surviving is a sister, Mrs. Gladys Bougher Power of Cincinnati, and five grandchildren. |                                         |                                |                                                                             |

Born in Steubenville, a daughter of the late Wallace and Kathryn Hamilton Bougher. Preceded in death by her husband, Howard Wilson Sr., and her son, Howard Wilson Jr. Died 1:10 p.m. in Downers Grove, Ill., July 30, 1979.

FAMILY NAME: WILSON  
GIVEN NAME: EVA M. MRS.  
INTERMENT NUMBER: 15159

|                                                                                                                                                                                                         |                                        |                                        |                                                  |                                             |                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|--------------------------------------------------|---------------------------------------------|---------------------------------|
| NAME                                                                                                                                                                                                    |                                        | WILSON, Mrs. Eva M.                    |                                                  | INTERMENT No. 15159                         |                                 |
| ADDRESS                                                                                                                                                                                                 |                                        | 512 Spring Ave., Steubenville, Ohio    |                                                  |                                             |                                 |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                              |                                        | Mosti Funeral Home                     |                                                  |                                             |                                 |
| Dec. 8, 1891                                                                                                                                                                                            | AGE 79-2-21d                           | RACE W                                 | SEX F                                            | MARRIED <input checked="" type="checkbox"/> | SINGLE <input type="checkbox"/> |
| Feb. 25, 1971                                                                                                                                                                                           | DATE OF DEATH                          | Not stated on proviaional certificate. |                                                  | Mar. 1, 1971<br>DATE OF BURIAL              |                                 |
| SECTION Queen of Heaven                                                                                                                                                                                 |                                        | ROW                                    | LOT 177                                          | GRAVE 4                                     |                                 |
| CHURCH Holy Name                                                                                                                                                                                        | FUNERAL DIRECTOR Mosti                 |                                        | falcon topseal<br>TYPE VAULT conc.               |                                             |                                 |
| Msgr. Regis Urig.                                                                                                                                                                                       | Dist. 4101 -<br>HEALTH PERMIT No. none |                                        | 4-6" X 1-2" X 3-0" dble<br>memorial. Archer 8/71 |                                             |                                 |
| REMARKS: Born in Lithuania of Frank and Anna Poploski.                                                                                                                                                  |                                        |                                        |                                                  |                                             |                                 |
| Survived by her husband, Samuel Wilson, 2 sons, Albert and Felix Wilson; 2 daughters, Miss Alberta at home and Mrs. E. D. (Ann) Rice; also 9 grandchildren. Died at Ohio Valley Hospital, Steubenville, |                                        |                                        |                                                  |                                             |                                 |



FAMILY NAME: WILSON  
GIVEN NAME: FRANCES MRS.  
INTERMENT NUMBER: 09938

|                            |     |                      |   |                   |   |                |                          |            |                          |
|----------------------------|-----|----------------------|---|-------------------|---|----------------|--------------------------|------------|--------------------------|
| NAME                       |     | WILSON, Mrs. Frances |   | INTERMENT No.     |   | 9938           |                          |            |                          |
| ADDRESS                    |     | Toledo, Ohio         |   |                   |   |                |                          |            |                          |
| PERSON RESPONSIBLE ADDRESS |     |                      |   |                   |   |                |                          |            |                          |
| AGE                        | 80- | RACE                 | W | SEX               | F | MARRIED        | <input type="checkbox"/> | SINGLE     | <input type="checkbox"/> |
| DATE OF DEATH              |     | CAUSE OF DEATH       |   |                   |   | DATE OF BURIAL |                          |            | Dec. 11, '40             |
| SECTION                    |     | St. Stanislaus       |   | ROW               |   | LOT            | 48                       | GRAVE      | 8                        |
| CHURCH                     |     | Toledo               |   | FUNERAL DIRECTOR  |   | Shannon        |                          | TYPE VAULT |                          |
| CHURCH PERMIT No.          |     | Fr. Bernard E. Smith |   | HEALTH PERMIT No. |   |                |                          |            |                          |
| REMARKS:                   |     |                      |   |                   |   |                |                          |            |                          |
|                            |     |                      |   |                   |   |                |                          |            |                          |
|                            |     |                      |   |                   |   |                |                          |            |                          |
|                            |     |                      |   |                   |   |                |                          |            |                          |
|                            |     |                      |   |                   |   |                |                          |            |                          |



FAMILY NAME: WILSON  
GIVEN NAME: GLEN  
INTERMENT NUMBER: 16106

|                                                                                                                                                                                                                                          |  |                                                                         |  |                                       |  |                                                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|--|---------------------------------------|--|-----------------------------------------------------|--|
| NAME                                                                                                                                                                                                                                     |  | WILSON, Glen                                                            |  | INTERMENT No.                         |  | 16106                                               |  |
| ADDRESS                                                                                                                                                                                                                                  |  | RD 5 Box 760 DeLand Florida 32720                                       |  |                                       |  |                                                     |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                               |  | Mrs. Elizabeth Bordenkircher<br>344 Forestview Drive Wintersville, Ohio |  |                                       |  |                                                     |  |
| Feb. 12, 1910                                                                                                                                                                                                                            |  | RACE W                                                                  |  | SEX M                                 |  | MARRIED <input checked="" type="checkbox"/> widower |  |
| AGE 66                                                                                                                                                                                                                                   |  | SINGLE <input type="checkbox"/>                                         |  |                                       |  |                                                     |  |
| May 15, 1976                                                                                                                                                                                                                             |  | DATE OF DEATH                                                           |  | not stated on Provisional Certificate |  | May 19, 1976                                        |  |
| DATE OF DEATH                                                                                                                                                                                                                            |  | CAUSE OF DEATH                                                          |  | DATE OF BURIAL                        |  |                                                     |  |
| SECTION                                                                                                                                                                                                                                  |  | Assumption                                                              |  | ROW                                   |  | LOT 232 GRAVE 3                                     |  |
| blessing at funeral home                                                                                                                                                                                                                 |  | CHURCH                                                                  |  | FUNERAL DIRECTOR Dunlope              |  | falcon topseal                                      |  |
| CHURCH PERMIT C.J. Sargus                                                                                                                                                                                                                |  | Volusia Co. Deland                                                      |  | 3-0 x 1-0 gras mkr                    |  | 4/7/1978Hayslip                                     |  |
| HEALTH PERMIT No. 308                                                                                                                                                                                                                    |  | Fla.                                                                    |  |                                       |  |                                                     |  |
| REMARKS: Mr. Wilson died at West Volusia Memorail Hospital, in DeLand Florida. He retired from the open hearth dept. of Weirton Steel. He was a 25 year member of Weirton Steel. He was a veteran of WWII. Surviving is a brother Warren |  |                                                                         |  |                                       |  |                                                     |  |

Wilson of Steubenville. He was predeceased in death by his wife Mrs. Mary Maley Wilson. He was born Feb. 12, 1910 in New Somerset, Ohio a son of the late Harry B. and Sarah Warren Wilson.  
Flat Bronz Marker ordered June 4, 1976  
Flat Bronze Marker received June 28, 1 978

FAMILY NAME: WILSON  
GIVEN NAME: HOWARD  
INTERMENT NUMBER: 05010

|                                                                      |  |                                    |  |                                                   |  |                                             |  |
|----------------------------------------------------------------------|--|------------------------------------|--|---------------------------------------------------|--|---------------------------------------------|--|
| NAME                                                                 |  | WILSON, Howard                     |  | INTERMENT No.                                     |  | 5010                                        |  |
| ADDRESS                                                              |  | 512 S. 4th St., Steubenville, Ohio |  |                                                   |  |                                             |  |
| PERSON RESPONSIBLE ADDRESS                                           |  |                                    |  |                                                   |  |                                             |  |
| AGE 32                                                               |  | RACE W                             |  | SEX M                                             |  | MARRIED <input checked="" type="checkbox"/> |  |
|                                                                      |  |                                    |  |                                                   |  | SINGLE <input type="checkbox"/>             |  |
| DATE OF DEATH                                                        |  | CAUSE OF DEATH                     |  |                                                   |  | DATE OF BURIAL                              |  |
| April 26, 1916                                                       |  | Septsemia                          |  |                                                   |  | April 29, 1916                              |  |
| SECTION                                                              |  | St. Stanislaus                     |  | ROW                                               |  | LOT 48 GRAVE 9                              |  |
| CHURCH                                                               |  | Holy Name                          |  | Shannon (local)<br>FUNERAL DIRECTOR M.T.Crowley-- |  | TYPE VAULT                                  |  |
| CHURCH PERMIT NO.                                                    |  | J.A.Weigand                        |  | HEALTH PERMIT NO.                                 |  | 4-2x1-2x2-2 dble<br>Archer 7-75             |  |
| REMARKS: Died in Charleroi, Pa., Survived by wife Mrs. Daisy Wilson. |  |                                    |  |                                                   |  |                                             |  |
|                                                                      |  |                                    |  |                                                   |  |                                             |  |
|                                                                      |  |                                    |  |                                                   |  |                                             |  |
|                                                                      |  |                                    |  |                                                   |  |                                             |  |
|                                                                      |  |                                    |  |                                                   |  |                                             |  |

FAMILY NAME: WILSON

GIVEN NAME: JANE

INTERMENT NUMBER: 18754

|                                                           |                             |                           |                                             |                                 |       |
|-----------------------------------------------------------|-----------------------------|---------------------------|---------------------------------------------|---------------------------------|-------|
| CREMATION                                                 |                             |                           |                                             | INTERMENT<br>No.                | 18754 |
| NAME Wilson, Jane                                         |                             |                           |                                             |                                 |       |
| ADDRESS 608 Carnegie Street, Steubenville, Ohio           |                             |                           |                                             |                                 |       |
| PERSON RESPONSIBLE<br>ADDRESS Mosti Funeral Home          |                             |                           |                                             |                                 |       |
| 6-17-1896                                                 |                             |                           |                                             |                                 |       |
| AGE 94                                                    | RACE W                      | SEX F                     | MARRIED <input checked="" type="checkbox"/> | SINGLE <input type="checkbox"/> |       |
| DATE<br>OF DEATH 8-30-1990                                | CAUSE OF<br>DEATH Pneumonia |                           |                                             | 9-4-1990<br>DATE OF<br>BURIAL   |       |
| SECTION Queen of Heaven                                   |                             | ROW                       | LOT 178                                     | GRAVE 2                         |       |
| from funeral home                                         |                             |                           |                                             | cremation                       |       |
| CHURCH service here                                       |                             | FUNERAL<br>DIRECTOR Mosti | TYPE<br>VAULT urn                           |                                 |       |
| CHURCH<br>PERMIT Msgr. Lawrence<br>Luciana                |                             | HEALTH<br>PERMIT No.      | 3-0x0-10 dbl.mem.<br>Steckman 8/19/1992     |                                 |       |
| REMARKS: Surviving are her husband, Albert A. Wilson. She |                             |                           |                                             |                                 |       |
| was born in South Shields, England, a daughter of the     |                             |                           |                                             |                                 |       |
| late Alfred and Grace Summerbell Watson. She was also     |                             |                           |                                             |                                 |       |
| preceded in death by two sisters. She died in Ohio Valley |                             |                           |                                             |                                 |       |

Hospital after a brief illness. She was an Episcopalian by faith and a member of the british War brides Club.

FAMILY NAME: WILSON  
GIVEN NAME: JOHN  
INTERMENT NUMBER: 15118

|                                                                     |  |                                      |  |                                        |  |                             |  |                                                   |  |                                 |  |
|---------------------------------------------------------------------|--|--------------------------------------|--|----------------------------------------|--|-----------------------------|--|---------------------------------------------------|--|---------------------------------|--|
| NAME                                                                |  | WILSON, John                         |  | INTERMENT No.                          |  | 15118                       |  |                                                   |  |                                 |  |
| ADDRESS                                                             |  | 321 Terrace Ave., Steubenville, Ohio |  |                                        |  |                             |  |                                                   |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                          |  | Mosti Funeral Home                   |  |                                        |  |                             |  |                                                   |  |                                 |  |
| Mar. 15, 1889                                                       |  | AGE 81-8-11 da                       |  | RACE W                                 |  | SEX M                       |  | MARRIED <input checked="" type="checkbox"/> twice |  | SINGLE <input type="checkbox"/> |  |
| Nov. 25, 1970                                                       |  | DATE OF DEATH                        |  | Not stated on provisional certificate. |  | CAUSE OF DEATH              |  | Nov. 28, 1970                                     |  | DATE OF BURIAL                  |  |
| SECTION                                                             |  | All Souls                            |  | ROW                                    |  | LOT 6                       |  | GRAVE 3                                           |  |                                 |  |
| CHURCH                                                              |  | Holy Name                            |  | FUNERAL DIRECTOR                       |  | Mosti                       |  | falcon topseal                                    |  | TYPE VAULT conc.                |  |
| Msgr. Regis Urig.                                                   |  | CHURCH PERMIT                        |  | Dist. 4101 -                           |  | HEALTH PERMIT No. no number |  | 4-0" X 1-0" X 1-6" dble                           |  | memorial.                       |  |
| REMARKS: Born in Lithuania of Joseph & Anna Barancinkas Wilson.     |  |                                      |  |                                        |  |                             |  |                                                   |  |                                 |  |
| Retired employee of Whg-Pgh Steel Corp., 60" Mill. Survived by his  |  |                                      |  |                                        |  |                             |  |                                                   |  |                                 |  |
| (second wife Mrs. Mary Kulvinskas Tonsky Wilson; a son Bernard; 3   |  |                                      |  |                                        |  |                             |  |                                                   |  |                                 |  |
| daughters, Sr. Agnes Kathryn, Franciscan Order, Mrs. Ruth Bell, and |  |                                      |  |                                        |  |                             |  |                                                   |  |                                 |  |
| Mrs. Emil (Lavina) Slivka; 2 step-sons, John and Andrew Tonsky; 2   |  |                                      |  |                                        |  |                             |  |                                                   |  |                                 |  |

step-daughters, Mrs. Arthur (Helen) Chili and Mrs. Adam (Ann) Kaneski  
a brother Sam. Wilson; 11 grandchildren and 11 great-grandchildren.  
Died at Ohio Valley Hospital, Steubenville, Ohio.



FAMILY NAME: WILSON  
GIVEN NAME: MARY CELESTINE  
INTERMENT NUMBER: 16086

|                                                                                                                                                                                                                               |                          |                                                  |                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------|-----------------------------------------------------------------------------|
| NAME WILSON, MARY CELESTINE                                                                                                                                                                                                   |                          | INTERMENT No. 16086                              |                                                                             |
| ADDRESS Rt 5, Box 760 De Land Florida 32720                                                                                                                                                                                   |                          |                                                  |                                                                             |
| PERSON RESPONSIBLE ADDRESS Glen Wilson (husband-same address)                                                                                                                                                                 |                          |                                                  |                                                                             |
| June 26, 1910                                                                                                                                                                                                                 |                          |                                                  |                                                                             |
| AGE 65                                                                                                                                                                                                                        | RACE W                   | SEX F                                            | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| April 1, 1976                                                                                                                                                                                                                 | nothing on burial permit |                                                  | April 5, 1976                                                               |
| DATE OF DEATH                                                                                                                                                                                                                 | CAUSE OF DEATH           |                                                  | DATE OF BURIAL                                                              |
| SECTION Assumption                                                                                                                                                                                                            |                          | ROW                                              | LOT 232 GRAVE 4                                                             |
| Holy Rosary CHURCH <del>St. Mary's</del>                                                                                                                                                                                      |                          | FUNERAL DIRECTOR Dunlope                         | falcon topseal TYPE VAULT                                                   |
| Fr. Sargus CHURCH PERMIT <del>Rex Maxwell</del>                                                                                                                                                                               |                          | DeLand, Florida HEALTH PERMIT No. Volusia Co 215 | 3-Ox1-Ograss maker 4/7/78 hayslip                                           |
| REMARKS Mrs. Wilson wife of Glen Wilson died Thursday in West Volusia Memorial hospital. Surviving besides her husband , are two sisters, Mrs. Kidder of Wintersville and Mrs. Gertrude Harris of Steubenville; twobrothers , |                          |                                                  |                                                                             |

Robert L. Maley Of Wintersville and James L. Maley Jr. Steubenville,. Mrs. Wilson was born in Steubenville, a daughter of the late James A, and Gertrude Owesney Maley. She was preceded in death by a brother ~~xxxxx~~ Charles Maley and a sister, Mrs. Edna Millard. She was a member of Blessed Sacrement Church.



FAMILY NAME: WILSON  
GIVEN NAME: MARY MRS.  
INTERMENT NUMBER: 15129

|                                                                        |  |                                      |  |                                                                                   |  |
|------------------------------------------------------------------------|--|--------------------------------------|--|-----------------------------------------------------------------------------------|--|
| NAME                                                                   |  | WILSON, Mrs. Mary                    |  | INTERMENT No. 15129                                                               |  |
| ADDRESS                                                                |  | 321 Terrace Ave., Steubenville, Ohio |  |                                                                                   |  |
| PERSON RESPONSIBLE ADDRESS                                             |  | Mosti Funeral Home                   |  |                                                                                   |  |
| July 21, 1891                                                          |  | AGE 79-5-6d                          |  | RACE W SEX F                                                                      |  |
|                                                                        |  | twice                                |  | MARRIED <input checked="" type="checkbox"/> widow SINGLE <input type="checkbox"/> |  |
| Dec. 26, 1970                                                          |  | DATE OF DEATH                        |  | Not stated on prov. certificate.                                                  |  |
|                                                                        |  | CAUSE OF DEATH                       |  | Dec. 29, 1970                                                                     |  |
|                                                                        |  | DATE OF BURIAL                       |  |                                                                                   |  |
| SECTION                                                                |  | All Souls                            |  | ROW                                                                               |  |
|                                                                        |  | LOT 108                              |  | GRAVE 6                                                                           |  |
| CHURCH Holy Name                                                       |  | FUNERAL DIRECTOR Mosti               |  | falcon topseal                                                                    |  |
|                                                                        |  |                                      |  | TYPE VAULT conc.                                                                  |  |
| Msgr. Regis Urig.                                                      |  | Dist. 4101 -                         |  | 4-6" X 1-2" X 3-0"                                                                |  |
| CHURCH PERMIT                                                          |  | HEALTH PERMIT No. no number.         |  | ctr. Memorial.                                                                    |  |
| REMARKS: Born in Lithuania of Casimir and Mary Cenckyte Kulvinakas.    |  |                                      |  |                                                                                   |  |
| Proceded in death by 1st husband, Hohn Tonski; 2nd hisband John Wilson |  |                                      |  |                                                                                   |  |
| (buried All Souls, Lot 6, Gr. 3-11/25/70) Survived by 2 sons, John and |  |                                      |  |                                                                                   |  |
| Andrew Tonski; 2 daughters, Mrs. Arthur (Helen) Chill and Mrs. Adam    |  |                                      |  |                                                                                   |  |
| (Ann) Kaneski; a step-son, Bernard Wilson; 3 step-daughters, Sr. Agnes |  |                                      |  |                                                                                   |  |

Kathryn (Francisan Order) Mrs. Ruth Bell, and Mrs. Emil (Iavina) Slivka; a sister, Mrs. Anna Verbella; 14 grandchildren and 15 great-grandchildren. Died at Ohio Valley Hospital, Steubenville, Ohio.

FAMILY NAME: WILSON  
GIVEN NAME: MARY SLATNISKE MRS.  
INTERMENT NUMBER: 13808

|                                                                    |  |                                                                   |  |                                                   |  |
|--------------------------------------------------------------------|--|-------------------------------------------------------------------|--|---------------------------------------------------|--|
| NAME                                                               |  | WILSON, Mrs. Mary Slatniske                                       |  | INTERMENT No. 13808                               |  |
| ADDRESS                                                            |  | Cambridge State Hospital, Cambridge, Ohio<br>Mingo Junction, Ohio |  |                                                   |  |
| PERSON RESPONSIBLE ADDRESS                                         |  | Murphy Funeral Home                                               |  |                                                   |  |
| Jan. 25, 1908                                                      |  | AGE 55-1-21da                                                     |  | RACE W                                            |  |
|                                                                    |  | SEX F                                                             |  | MARRIED <input checked="" type="checkbox"/> widow |  |
|                                                                    |  |                                                                   |  | SINGLE <input type="checkbox"/>                   |  |
| Mar. 13, 1964                                                      |  | Coronary thrombosis                                               |  | Mar. 16, 1964                                     |  |
| DATE OF DEATH                                                      |  | CAUSE OF DEATH aortic insufficiency                               |  | DATE OF BURIAL                                    |  |
| SECTION                                                            |  | Poor Souls                                                        |  | ROW 25                                            |  |
|                                                                    |  | LOT                                                               |  | GRAVE 35                                          |  |
| CHURCH                                                             |  | St. Agnes,                                                        |  | FUNERAL DIRECTOR Murphy                           |  |
|                                                                    |  | Fr. Wm. M. Young.                                                 |  | falcon topseal                                    |  |
| CHURCH PERMIT No.                                                  |  | Dist. 30 Cambridge                                                |  | TYPE VAULT conc.                                  |  |
|                                                                    |  | HEALTH PERMIT No. 1061                                            |  | 1-6" X 0-10" X 0-8"                               |  |
|                                                                    |  |                                                                   |  | memorial. Hayslip 8/65                            |  |
| REMARKS: Born in Mingo Junction of John & Eliz                     |  |                                                                   |  |                                                   |  |
| Born in Mingo Junction, Ohio of-- - John Elizabeth Lizina Slatnisk |  |                                                                   |  |                                                   |  |
| Survived by a daughter Mrs. Betty Thress; 3 brothers, Joseph, John |  |                                                                   |  |                                                   |  |
| and Michael Slatniske, Died at Cambridge, Ohio                     |  |                                                                   |  |                                                   |  |

FAMILY NAME: WILSON

GIVEN NAME: OKEY

INTERMENT NUMBER: 17411

|                                                                                                                                                                                                                                                      |                                           |                                 |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|--------------------------|
| NAME Wilson, Okey                                                                                                                                                                                                                                    |                                           | INTERMENT No. 17411             |                          |
| ADDRESS R.D. #1 Richmond, Ohio                                                                                                                                                                                                                       |                                           |                                 |                          |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                           |                                           | Everhart Funeral Home           |                          |
| 4-15, 1919                                                                                                                                                                                                                                           | AGE 64                                    | RACE W                          | SEX M                    |
| MARRIED <input checked="" type="checkbox"/>                                                                                                                                                                                                          |                                           | SINGLE <input type="checkbox"/> |                          |
| DATE OF DEATH 7-12-1983                                                                                                                                                                                                                              | CAUSE OF DEATH Oat Cell Carcinoma of Lung |                                 | DATE OF BURIAL 7-15-1983 |
| SECTION St. Joseph                                                                                                                                                                                                                                   | ROW                                       | LOT 118                         | GRAVE 5                  |
| CHURCH St. John Fisher                                                                                                                                                                                                                               | FUNERAL DIRECTOR Everhart                 | TYPE VAULT airseal              |                          |
| Rev. Kenneth Uram                                                                                                                                                                                                                                    | 4100-2                                    | 3-0x0-10 Kurtz                  |                          |
| CHURCH PERMIT Rev M. Gromczewski                                                                                                                                                                                                                     | HEALTH PERMIT No.                         | 8/25/1984                       |                          |
| REMARKS: Surviving are his wife, Catherine Haynes Wilson; three daughters, Mrs. George (Pat) Scott and Mrs. Richard (Virginia) Stimpert, both of Toronto and Mrs. David (Darlene) Dees of New Cumberland; four sons, Robert Stewart and David Wilson |                                           |                                 |                          |

both of Houston, Texas, Larry Wilson of Bloomington and James Wilson at home; five sisters, Mrs. Homer (Celeste) Nutter of Wyoming, Mrs. Jessie (Betty) Turner of Florida, Mrs. Richard (Mary) Meredith of West Virginia and Mrs. Joseph (Lucille) Cahoon and Mrs. Jessie (Cora) Males, both of Siasconset, Mass.; a brother, Roscoe Wilson of Chester 17 grandchildren and 18 great grandchildren. He was born in LeRoy, W. Va. a son of the late Ira and Lulu Sanders Wilson. He was preceded in death by a sister and three brothers. He was a 27 year member of Carpenter Local 186, a veteran of W.W.II and a member of St. John Fisher Roman Catholic Church and American Legion Post 86, Toronto

Sept. 11, 1984 Flat bronze marker received.

FAMILY NAME: WILSON  
GIVEN NAME: ROZELLA MRS.  
INTERMENT NUMBER: 09568

|                                                              |  |                      |  |                                   |  |                                 |  |
|--------------------------------------------------------------|--|----------------------|--|-----------------------------------|--|---------------------------------|--|
| NAME                                                         |  | WILSON, Rozella Mrs. |  | INTERMENT No.                     |  | 9568                            |  |
| ADDRESS                                                      |  |                      |  |                                   |  |                                 |  |
| Steubenville, Ohio                                           |  |                      |  |                                   |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                   |  |                      |  |                                   |  |                                 |  |
| AGE                                                          |  | RACE                 |  | SEX                               |  | MARRIED                         |  |
| 44                                                           |  | W                    |  | F                                 |  | <input type="checkbox"/> XX     |  |
|                                                              |  |                      |  |                                   |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                                                |  | CAUSE OF DEATH       |  |                                   |  | DATE OF BURIAL                  |  |
|                                                              |  |                      |  |                                   |  | Jan. 12, '38                    |  |
| SECTION                                                      |  |                      |  | ROW                               |  | LOT                             |  |
| All Souls                                                    |  |                      |  |                                   |  | 6                               |  |
| CHURCH                                                       |  |                      |  | FUNERAL DIRECTOR                  |  | TYPE VAULT                      |  |
| Holy Name                                                    |  |                      |  | Shannon                           |  | concrete topseal                |  |
| CHURCH PERMIT No.                                            |  | HEALTH PERMIT No.    |  | 4-0" X 1-0" X 1-6" dble memorial. |  |                                 |  |
| E.A. Gilbert                                                 |  |                      |  |                                   |  |                                 |  |
| REMARKS: Maiden name 'Sitkavich.                             |  |                      |  |                                   |  |                                 |  |
| Survived by husband, John Wilson, a son Bernard 3 daughters, |  |                      |  |                                   |  |                                 |  |
|                                                              |  |                      |  |                                   |  |                                 |  |
|                                                              |  |                      |  |                                   |  |                                 |  |
|                                                              |  |                      |  |                                   |  |                                 |  |



FAMILY NAME: WILSON

GIVEN NAME: SAM

INTERMENT NUMBER: 16485

|                                                                                                                                                                                                                                          |  |                                      |  |                                             |  |                                       |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--|---------------------------------------------|--|---------------------------------------|--|
| NAME                                                                                                                                                                                                                                     |  | WILSON, Sam                          |  | INTERMENT No.                               |  | 16485                                 |  |
| ADDRESS                                                                                                                                                                                                                                  |  | 512 Spring Avenue Steubenville, Ohio |  |                                             |  |                                       |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                               |  | Mosti Funeral Home                   |  |                                             |  |                                       |  |
| 6-20-1891                                                                                                                                                                                                                                |  | AGE                                  |  | 86                                          |  | RACE                                  |  |
|                                                                                                                                                                                                                                          |  | W                                    |  | SEX                                         |  | M                                     |  |
|                                                                                                                                                                                                                                          |  | MARRIED                              |  | <input checked="" type="checkbox"/> widower |  | SINGLE <input type="checkbox"/>       |  |
| DATE OF DEATH                                                                                                                                                                                                                            |  | June 4, 1978                         |  | CAUSE OF DEATH                              |  | not stated on provisional certificate |  |
|                                                                                                                                                                                                                                          |  |                                      |  | DATE OF BURIAL                              |  | June 7, 1978                          |  |
| SECTION                                                                                                                                                                                                                                  |  | Queen of Heaven                      |  | ROW                                         |  | LOT 177 GRAVE 3                       |  |
| CHURCH                                                                                                                                                                                                                                   |  | Holy Name                            |  | FUNERAL DIRECTOR                            |  | Mosti                                 |  |
|                                                                                                                                                                                                                                          |  |                                      |  | TYPE VAULT                                  |  | falcon topseal                        |  |
| CHURCH PERMIT                                                                                                                                                                                                                            |  | J. Nugent                            |  | HEALTH PERMIT No.                           |  | 4101-0384                             |  |
|                                                                                                                                                                                                                                          |  |                                      |  |                                             |  | 4-6x1-2x3-0 dble. Archer 8/71.        |  |
| REMARKS: Sam Wilson died Sunday at Ohio Valley Hospital. He was a retired employee of Wheeling-Pittsburgh Steel Corp. and a member of the Holy Name Cathedral. He was preceded in death by his wife, Eva Poploski Wilson, in 1971. Surv- |  |                                      |  |                                             |  |                                       |  |

iving are two sons, Albert A. and Felix J. Both of Steubenville; two daugfters, A. E. Wilson, at home and Mrs. Edward (Anna) Rice, Wintersville, nine grandchildren and three great grandchildren.



FAMILY NAME: WILSON  
GIVEN NAME: WILHELMINA  
INTERMENT NUMBER: 12860

|                                                                                                                                                                          |  |                                      |  |                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--|--------------------------------------------|--|
| NAME                                                                                                                                                                     |  | WILSON, Wilhelmina                   |  | INTERMENT No. 12860                        |  |
| ADDRESS                                                                                                                                                                  |  | 920 Collins Ave., Toledo, Ohio       |  |                                            |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                               |  | 1855 Collingwood Blvd., Toledo, Ohio |  |                                            |  |
| 1883                                                                                                                                                                     |  | RACE W                               |  | SEX F                                      |  |
| AGE 75-                                                                                                                                                                  |  | MARRIED <input type="checkbox"/>     |  | SINGLE <input checked="" type="checkbox"/> |  |
| DATE OF DEATH April 16, 1959                                                                                                                                             |  | CAUSE OF DEATH Miliary tuberculosis  |  | DATE OF BURIAL April 19, 1959              |  |
| SECTION St. Stanislaus                                                                                                                                                   |  | ROW                                  |  | LOT 48                                     |  |
| Holy Rosary Cathedral Toledo, Ohio                                                                                                                                       |  | Murphy-Roach, Toledo, Ohio           |  | Airseal conc.                              |  |
| CHURCH                                                                                                                                                                   |  | FUNERAL DIRECTOR Collingswood Ave    |  | TYPE VAULT                                 |  |
| Fr. Bernard E. Smith.                                                                                                                                                    |  | Dist. 48                             |  | 2-0" X 1-0" marker on base                 |  |
| CHURCH PERMIT No.                                                                                                                                                        |  | HEALTH PERMIT No. 11466              |  |                                            |  |
| REMARKS: Born in New Brighton, Pa., of Frances Smoger and William W. Wilson. Survived by sister, Mrs. Daisy Wilson. Died at Maumee Valley General Hospital, Toledo, Ohio |  |                                      |  |                                            |  |

FAMILY NAME: WINKALNOSKI

GIVEN NAME: LUCIAN

INTERMENT NUMBER: 02967

|                            |    |                                   |   |                   |   |            |                          |                |                          |
|----------------------------|----|-----------------------------------|---|-------------------|---|------------|--------------------------|----------------|--------------------------|
| NAME                       |    | WINKALNOSKI, Lucian               |   | INTERMENT No.     |   | 2967       |                          |                |                          |
| ADDRESS                    |    | Steubenville, Ohio                |   |                   |   |            |                          |                |                          |
| PERSON RESPONSIBLE ADDRESS |    |                                   |   |                   |   |            |                          |                |                          |
| AGE                        | 23 | RACE                              | W | SEX               | M | MARRIED    | <input type="checkbox"/> | SINGLE         | <input type="checkbox"/> |
| DATE OF DEATH              |    | Apr. 18, 1911                     |   | CAUSE OF DEATH    |   | Accident   |                          | DATE OF BURIAL |                          |
| SECTION                    |    | Sacred Heart "A"                  |   | ROW               | 5 | LOT        |                          | GRAVE          | 1                        |
| CHURCH                     |    | Holy Name                         |   | FUNERAL DIRECTOR  |   | TYPE VAULT |                          |                |                          |
| CHURCH PERMIT No.          |    | T.A. Powers                       |   | HEALTH PERMIT No. |   |            |                          |                |                          |
| REMARKS:                   |    | Spelled "VENGELESIC" on Row CARD. |   |                   |   |            |                          |                |                          |
|                            |    |                                   |   |                   |   |            |                          |                |                          |
|                            |    |                                   |   |                   |   |            |                          |                |                          |
|                            |    |                                   |   |                   |   |            |                          |                |                          |
|                            |    |                                   |   |                   |   |            |                          |                |                          |

FAMILY NAME: WINLAND

GIVEN NAME: THERESA A. MRS.

INTERMENT NUMBER: 11240

|                                                                                          |                                     |                     |                                                                             |
|------------------------------------------------------------------------------------------|-------------------------------------|---------------------|-----------------------------------------------------------------------------|
| NAME WINLAND, Mrs. Theresa A.                                                            |                                     | INTERMENT No. 11240 |                                                                             |
| ADDRESS Yorkville, Ohio                                                                  |                                     |                     |                                                                             |
| PERSON RESPONSIBLE ADDRESS                                                               |                                     |                     |                                                                             |
| July 7, 1925                                                                             |                                     |                     |                                                                             |
| AGE 24-1-0 da                                                                            | RACE W                              | SEX F               | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH Aug. 7, 1949                                                               | CAUSE OF DEATH Hemorrhage, placenta |                     | DATE OF BURIAL Aug. 10, 1949                                                |
| SECTION St. Peter's                                                                      | ROW                                 | LOT 25              | GRAVE 9                                                                     |
| St. Hedwick's,                                                                           | FUNERAL DIRECTOR Burford            |                     | TYPE VAULT                                                                  |
| CHURCH Toledo, Ohio                                                                      | Toledo, Ohio Dist. 769              |                     |                                                                             |
| CHURCH PERMIT NO. Connie Superfisky Tiltonsville                                         | HEALTH PERMIT NO. 207               |                     |                                                                             |
| REMARKS: Born, Tiltonsville, Ohio, Died, Toledo, Ohio. Parents, William & Eva Cozoloski. |                                     |                     |                                                                             |
|                                                                                          |                                     |                     |                                                                             |
|                                                                                          |                                     |                     |                                                                             |
|                                                                                          |                                     |                     |                                                                             |

FAMILY NAME: WINNE  
GIVEN NAME: MERRILL G. K.  
INTERMENT NUMBER: 13879

|                            |  |                                                                                                                                                                                                                                                                                                                                                |  |                         |  |                     |  |                        |  |               |  |                |  |         |  |                                     |  |        |  |                          |  |
|----------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--|---------------------|--|------------------------|--|---------------|--|----------------|--|---------|--|-------------------------------------|--|--------|--|--------------------------|--|
| NAME                       |  | WINNE, Merrill G. K.                                                                                                                                                                                                                                                                                                                           |  | INTERMENT NO.           |  | 13879               |  |                        |  |               |  |                |  |         |  |                                     |  |        |  |                          |  |
| ADDRESS                    |  | 165 Stardust Drive. Wintersville, Ohio                                                                                                                                                                                                                                                                                                         |  |                         |  |                     |  |                        |  |               |  |                |  |         |  |                                     |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  | Mrs.                                                                                                                                                                                                                                                                                                                                           |  |                         |  |                     |  |                        |  |               |  |                |  |         |  |                                     |  |        |  |                          |  |
| April 27, 1913             |  | AGE                                                                                                                                                                                                                                                                                                                                            |  | 51-2-15da               |  | RACE                |  | W                      |  | SEX           |  | M              |  | MARRIED |  | <input checked="" type="checkbox"/> |  | SINGLE |  | <input type="checkbox"/> |  |
| July 12, 1964              |  | DATE OF DEATH                                                                                                                                                                                                                                                                                                                                  |  | Apparent skull fracture |  | CAUSE OF DEATH      |  | (Not stated on permit) |  | July 15, 1964 |  | DATE OF BURIAL |  |         |  |                                     |  |        |  |                          |  |
| SECTION                    |  | Holy Rosary                                                                                                                                                                                                                                                                                                                                    |  | ROW                     |  | LOT                 |  | 271                    |  | GRAVE         |  | 1              |  |         |  |                                     |  |        |  |                          |  |
| CHURCH                     |  | Blessed Sacrament.                                                                                                                                                                                                                                                                                                                             |  | FUNERAL DIRECTOR        |  | Dunlope             |  | falcon topseal         |  | TYPE VAULT    |  | conc.          |  |         |  |                                     |  |        |  |                          |  |
| Fr. Chas. J. Sargus.       |  | CHURCH PERMIT NO.                                                                                                                                                                                                                                                                                                                              |  | Dist. Wheeling, W.Va.,  |  | 1-8" X 0-10" X 0-4" |  | marker. Hayslip 4/65   |  |               |  |                |  |         |  |                                     |  |        |  |                          |  |
| REMARKS:                   |  | Born at Albany, N. Y. of Dr. Chas. & Sarah Merrill Winne<br>Technical Director, Kepper's Plant, and lecturer at College of Steubenville. Survived by his wife, Mrs. Blythe Thompson Winne; 2 daughters Mary Eliz and Carol Winne; a son Larry; a brother John F. Winne and a sister, Mrs. Jas. (Elizabeth) Malseed. Died at wheeling Hospital, |  |                         |  |                     |  |                        |  |               |  |                |  |         |  |                                     |  |        |  |                          |  |

Wheeling, W. Va., Scoutmaster of Blessed Sacrament Scout Troop, was escorting 8 boys on a bicycle hike to a camp when accident threw him from bike, causing head and face injuries.

FAMILY NAME: WINNIEWSKI

GIVEN NAME: INFANT

INTERMENT NUMBER: 05079

|                                                                                                                                                |                |                    |                  |                   |            |        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------|------------------|-------------------|------------|--------|--|
| NAME                                                                                                                                           |                | WINNIEWSKI, Infant |                  | INTERMENT No.     |            | 5079   |  |
| ADDRESS                                                                                                                                        |                | Steubenville, Ohio |                  |                   |            |        |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                     |                |                    |                  |                   |            |        |  |
| AGE                                                                                                                                            | RACE           | SEX                | MARRIED          | infant            |            | SINGLE |  |
| DATE OF DEATH                                                                                                                                  |                | CAUSE OF DEATH     |                  | DATE OF BURIAL    |            |        |  |
| July 26, 1916                                                                                                                                  |                | Stillborn          |                  |                   |            |        |  |
| SECTION                                                                                                                                        | Unbaptized **  |                    | ROW              | LOT               | GRAVE      |        |  |
| CHURCH                                                                                                                                         | St. Stanislaus |                    | FUNERAL DIRECTOR |                   | TYPE VAULT |        |  |
| CHURCH PERMIT No.                                                                                                                              |                | Casmir Smogor      |                  | HEALTH PERMIT No. |            |        |  |
| REMARKS: Child of Anthony Winniewski. ** Prior to Oct. 1926, no record was kept of the exact location of interments in the Unbaptized Section. |                |                    |                  |                   |            |        |  |



FAMILY NAME: WINSTEL

GIVEN NAME: ANNA MARY MRS.

INTERMENT NUMBER: 11310

|                                                                                                                                                           |  |                                   |  |               |  |                                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|--|---------------|--|-----------------------------------------------------------------------------|--|
| NAME                                                                                                                                                      |  | WINSTEL, Mrs. Anna Mary           |  | INTERMENT No. |  | 11310                                                                       |  |
| ADDRESS 431 S. 5th St., Steubenville, Ohio                                                                                                                |  |                                   |  |               |  |                                                                             |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                |  |                                   |  |               |  |                                                                             |  |
| Aug. 5, 1885                                                                                                                                              |  |                                   |  |               |  |                                                                             |  |
| AGE 63-5-19 da                                                                                                                                            |  | RACE W                            |  | SEX F         |  | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH Jan. 24, 1950                                                                                                                               |  | CAUSE OF DEATH myocardial failure |  |               |  | DATE OF BURIAL Jan. 28, 1950                                                |  |
| SECTION Poor Souls,                                                                                                                                       |  |                                   |  | ROW           |  | LOT 226 part of GRAVE 5&6                                                   |  |
| CHURCH Noly Name                                                                                                                                          |  | FUNERAL DIRECTOR Shannon          |  | TYPE VAULT    |  |                                                                             |  |
| CHURCH PERMIT No. E.A. Gilbert                                                                                                                            |  | Dist. 654-                        |  |               |  |                                                                             |  |
|                                                                                                                                                           |  | HEALTH PERMIT No. 47              |  |               |  |                                                                             |  |
| REMARKS: Born, Steubenville, Ohio of John & Anna Helmes. Died, Ohio Valley Hosp., Steub. O. Survived by husband, Ralph J., and 1 daughter Mrs. Paul Lamb. |  |                                   |  |               |  |                                                                             |  |
|                                                                                                                                                           |  |                                   |  |               |  |                                                                             |  |
|                                                                                                                                                           |  |                                   |  |               |  |                                                                             |  |
|                                                                                                                                                           |  |                                   |  |               |  |                                                                             |  |

FAMILY NAME: WINSTEL

GIVEN NAME: CHARLES R.

INTERMENT NUMBER: 06341

|                                                         |  |                              |        |                                         |                                 |
|---------------------------------------------------------|--|------------------------------|--------|-----------------------------------------|---------------------------------|
| NAME                                                    |  | WINSTEL, Charles R. (Infant) |        | INTERMENT No. 6341                      |                                 |
| ADDRESS                                                 |  |                              |        |                                         |                                 |
| PERSON RESPONSIBLE ADDRESS                              |  |                              |        |                                         |                                 |
| AGE 7 wks                                               |  | RACE W                       | SEX M  | MARRIED <input type="checkbox"/> infant | SINGLE <input type="checkbox"/> |
| DATE OF DEATH April 3, 1918                             |  | CAUSE OF DEATH Pneumonia     |        | DATE OF BURIAL                          |                                 |
| SECTION St. Joseph -                                    |  | ROW                          | LOT 97 | Part of GRAVE 21                        |                                 |
| CHURCH                                                  |  | FUNERAL DIRECTOR             |        | TYPE VAULT                              |                                 |
| CHURCH PERMIT No.                                       |  | HEALTH PERMIT No.            |        |                                         |                                 |
| REMARKS: Originally interred in Holy Innocents Section. |  |                              |        |                                         |                                 |
|                                                         |  |                              |        |                                         |                                 |
|                                                         |  |                              |        |                                         |                                 |
|                                                         |  |                              |        |                                         |                                 |
|                                                         |  |                              |        |                                         |                                 |

FAMILY NAME: WINSTEL  
GIVEN NAME: EDWARD J.  
INTERMENT NUMBER: 17206

|                                                                                                                                                                                                                                           |  |                                          |  |                                   |                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|--|-----------------------------------|---------------------------------------------|
| CREMATED REMAINS OF                                                                                                                                                                                                                       |  | INTERMENT No.                            |  | 17206                             |                                             |
| NAME Winstel, Edward, J.                                                                                                                                                                                                                  |  |                                          |  |                                   |                                             |
| ADDRESS 815 North Sixth Street                                                                                                                                                                                                            |  | Steubenville, Ohio                       |  | 43952                             |                                             |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                |  | McClave-Chandler-Mills Funeral Home      |  |                                   |                                             |
| 10-12-1902                                                                                                                                                                                                                                |  | RACE W                                   |  | SEX M                             | MARRIED <input checked="" type="checkbox"/> |
| AGE 79                                                                                                                                                                                                                                    |  | SINGLE <input type="checkbox"/>          |  |                                   |                                             |
| DATE OF DEATH 7-4-1982                                                                                                                                                                                                                    |  | CAUSE OF DEATH                           |  | Not stated on burial certificate. |                                             |
| DATE OF BURIAL 7-17-1982                                                                                                                                                                                                                  |  |                                          |  |                                   |                                             |
| SECTION St. Peter's                                                                                                                                                                                                                       |  | ROW                                      |  | LOT 84                            | GRAVE 8                                     |
| CHURCH St. Peter's                                                                                                                                                                                                                        |  | McClave-Chandler-FUNERAL DIRECTOR Mills  |  | Not re-quired.                    |                                             |
| CHURCH PERMIT Fr. John M. Campbell                                                                                                                                                                                                        |  | Allegheny County-HEALTH PERMIT NO. C-244 |  |                                   |                                             |
| REMARKS: Died in St. John Medical Center. He was a retired employee of Ohio Valley Hospital and a member of St. Peter Catholic Church. Surviving are his wife, Beatrice Davison Winstel; a son, Robert of Larendale, CA; three daughters, |  |                                          |  |                                   |                                             |

Regina Kobielnicky of Katy, Texas, Shirley Febo of Redondo Beach, CA, and Martha Herrick of Houston, Texas; a sister, Elizabeth Devilbiss of Chicago, IL; and 11 grandchildren. He was born in Steubenville, Ohio of the late Ralph and Elizabeth Shramm Winstel.

Cremation was made at Allegheny Cemetery  
4734 Butler Street  
Pittsburgh, PA 15201

FAMILY NAME: WINSTEL

GIVEN NAME: FLORENCE MRS.

INTERMENT NUMBER: 08123

|                                                                                    |        |                        |                                             |                                 |  |
|------------------------------------------------------------------------------------|--------|------------------------|---------------------------------------------|---------------------------------|--|
| NAME                                                                               |        | WINSTEL, Mrs. Florence |                                             | INTERMENT No. 8123              |  |
| ADDRESS Steubenville, Ohio                                                         |        |                        |                                             |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                         |        |                        |                                             |                                 |  |
| AGE                                                                                | RACE W | SEX F                  | MARRIED <input checked="" type="checkbox"/> | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH Jan. 2, 1928                                                         |        | CAUSE OF DEATH         |                                             | DATE OF BURIAL                  |  |
| SECTION St. Joseph                                                                 |        | ROW                    | LOT 97                                      | GRAVE 3                         |  |
| CHURCH Holy Name                                                                   |        | FUNERAL DIRECTOR       |                                             | TYPE VAULT                      |  |
| CHURCH PERMIT No. E.A.Gilbert                                                      |        | HEALTH PERMIT No.      |                                             | 2-0" X 1-0" marker              |  |
| REMARKS: Interred in same grave with infant, same date.<br>Wife of George Winstel. |        |                        |                                             |                                 |  |
|                                                                                    |        |                        |                                             |                                 |  |
|                                                                                    |        |                        |                                             |                                 |  |
|                                                                                    |        |                        |                                             |                                 |  |

FAMILY NAME: WINSTEL

GIVEN NAME: GEORGE

INTERMENT NUMBER: 08111

|                                           |               |                    |                   |               |   |            |                                  |        |                          |
|-------------------------------------------|---------------|--------------------|-------------------|---------------|---|------------|----------------------------------|--------|--------------------------|
| NAME                                      |               | WINSTEL, George    |                   | INTERMENT No. |   | 8111       |                                  |        |                          |
| ADDRESS                                   |               | Steubenville, Ohio |                   |               |   |            |                                  |        |                          |
| PERSON RESPONSIBLE ADDRESS                |               |                    |                   |               |   |            |                                  |        |                          |
| AGE                                       | 68            | RACE               | W                 | SEX           | M | MARRIED    | <input type="checkbox"/> widower | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH                             | Nov. 26, 1927 |                    | CAUSE OF DEATH    |               |   | Accident   |                                  |        | DATE OF BURIAL           |
| SECTION                                   | St. Peters    |                    |                   | ROW           |   | LOT        | 84                               | GRAVE  | 7                        |
| CHURCH                                    | St. Peters    |                    | FUNERAL DIRECTOR  |               |   | TYPE VAULT |                                  |        |                          |
| CHURCH PERMIT No.                         | T.A.Powers    |                    | HEALTH PERMIT No. |               |   |            |                                  |        |                          |
| REMARKS: Husband of Mary A. Winstel (dec) |               |                    |                   |               |   |            |                                  |        |                          |
|                                           |               |                    |                   |               |   |            |                                  |        |                          |
|                                           |               |                    |                   |               |   |            |                                  |        |                          |
|                                           |               |                    |                   |               |   |            |                                  |        |                          |
|                                           |               |                    |                   |               |   |            |                                  |        |                          |



FAMILY NAME: WINSTEL

GIVEN NAME: GEORGE

INTERMENT NUMBER: 12510

|                            |  |                                                                                                                |  |                                             |  |                                 |  |
|----------------------------|--|----------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--|---------------------------------|--|
| NAME                       |  | WINSTEL , George                                                                                               |  | INTERMENT No.                               |  | 12510                           |  |
| ADDRESS                    |  | Pima County, Tucson, Arizona                                                                                   |  |                                             |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS |  | Shannon Funeral Home                                                                                           |  |                                             |  |                                 |  |
| May 15, 1890               |  | AGE                                                                                                            |  | 66-11-20 da                                 |  | RACE                            |  |
|                            |  | W                                                                                                              |  | SEX                                         |  | M                               |  |
|                            |  | MARRIED                                                                                                        |  | <input checked="" type="checkbox"/> widower |  | SINGLE <input type="checkbox"/> |  |
| May 3, 1957                |  | DATE OF DEATH                                                                                                  |  | not shown on permit                         |  | CAUSE OF DEATH                  |  |
|                            |  |                                                                                                                |  | May 9, 1957                                 |  | DATE OF BURIAL                  |  |
| SECTION                    |  | St. Joseph                                                                                                     |  | ROW                                         |  | LOT 97                          |  |
|                            |  |                                                                                                                |  |                                             |  | GRAVE 4                         |  |
| CHURCH                     |  | St. Peters-here                                                                                                |  | V.E.Yocum-Tucson, Ariz.                     |  | Wheatley # 9                    |  |
|                            |  |                                                                                                                |  | FUNERAL DIRECTOR Shannon - here             |  | TYPE VAULT conc.                |  |
| Msgr. H. J. Grigsby        |  | No number-signed by                                                                                            |  | 2-0" X 1-0" marker                          |  |                                 |  |
| CHURCH PERMIT No.          |  | HEALTH PERMIT No. M.Classon MD                                                                                 |  | S. White Sons-5/57                          |  |                                 |  |
| REMARKS:                   |  | Born in Steubenville of George and Mary Schram Winstel. Survived by (second) wife, Margaret Flannigan Winstel. |  |                                             |  |                                 |  |
|                            |  |                                                                                                                |  |                                             |  |                                 |  |
|                            |  |                                                                                                                |  |                                             |  |                                 |  |
|                            |  |                                                                                                                |  |                                             |  |                                 |  |
|                            |  |                                                                                                                |  |                                             |  |                                 |  |

FAMILY NAME: WINSTEL  
GIVEN NAME: GEORGE R. JR.  
INTERMENT NUMBER: 06570

|                            |  |                                   |  |                          |  |                          |  |
|----------------------------|--|-----------------------------------|--|--------------------------|--|--------------------------|--|
| NAME                       |  | WINSTEL, George R. Jr. (Infant)   |  | INTERMENT NO.            |  | 6570                     |  |
| ADDRESS                    |  | Steubenville, Ohio                |  |                          |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                                   |  |                          |  |                          |  |
| AGE                        |  | 3 yrs                             |  | RACE                     |  | W                        |  |
| SEX                        |  | M                                 |  | MARRIED                  |  | <input type="checkbox"/> |  |
| infant                     |  | SINGLE                            |  | <input type="checkbox"/> |  |                          |  |
| DATE OF DEATH              |  | Nov. 23, 1918                     |  | CAUSE OF DEATH           |  | Influe nza               |  |
| DATE OF BURIAL             |  |                                   |  | SECTION                  |  | St. Joseph               |  |
| ROW                        |  |                                   |  | LOT                      |  | 97                       |  |
| GRAVE                      |  |                                   |  | 2                        |  |                          |  |
| CHURCH                     |  | St. Peters                        |  | FUNERAL DIRECTOR         |  | TYPE VAULT               |  |
| CHURCH PERMIT NO.          |  | T.A.Powers                        |  | HEALTH PERMIT NO.        |  |                          |  |
| REMARKS:                   |  | Son of lot owner, George Winstel. |  |                          |  |                          |  |
|                            |  |                                   |  |                          |  |                          |  |
|                            |  |                                   |  |                          |  |                          |  |
|                            |  |                                   |  |                          |  |                          |  |
|                            |  |                                   |  |                          |  |                          |  |

FAMILY NAME: WINSTEL

GIVEN NAME: INFANT

INTERMENT NUMBER: 08123A

|                                                                                     |              |                    |                                  |                      |                                 |
|-------------------------------------------------------------------------------------|--------------|--------------------|----------------------------------|----------------------|---------------------------------|
| NAME                                                                                |              | WINSTEL, Infant    |                                  | INTERMENT No. 8123-A |                                 |
| ADDRESS                                                                             |              | Steubenville, Ohio |                                  |                      |                                 |
| PERSON RESPONSIBLE ADDRESS                                                          |              |                    |                                  |                      |                                 |
| AGE                                                                                 | RACE W       | SEX                | MARRIED <input type="checkbox"/> | infant               | SINGLE <input type="checkbox"/> |
| DATE OF DEATH                                                                       | Jan. 2, 1928 |                    |                                  | DATE OF BURIAL       |                                 |
| SECTION                                                                             | St. Joseph   |                    | ROW                              | LOT 97               | GRAVE 3*                        |
| CHURCH                                                                              | Holy Name    |                    | FUNERAL DIRECTOR                 | TYPE VAULT           |                                 |
| CHURCH PERMIT No.                                                                   | E.A.Gilbert  |                    | HEALTH PERMIT No.                |                      |                                 |
| REMARKS: Shown on lot card only."Mrs. George (Florence) Winstel and Infant" 1/2/28) |              |                    |                                  |                      |                                 |
|                                                                                     |              |                    |                                  |                      |                                 |
|                                                                                     |              |                    |                                  |                      |                                 |
|                                                                                     |              |                    |                                  |                      |                                 |

FAMILY NAME: WINSTEL

GIVEN NAME: JENNIE

INTERMENT NUMBER: 17106

|                                                                                                                                                                                                                                          |                                            |                                    |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------|--------------------------|
| NAME WINSTEL, Jennie                                                                                                                                                                                                                     |                                            | INTERMENT No. 17106                |                          |
| ADDRESS 213 Earl Drive Steubenville, Ohio 43952                                                                                                                                                                                          |                                            |                                    |                          |
| PERSON RESPONSIBLE ADDRESS McClave-Chandler-Mills Funeral Home                                                                                                                                                                           |                                            |                                    |                          |
| 10-15-1904                                                                                                                                                                                                                               | AGE 77                                     | RACE W                             | SEX F                    |
| MARRIED <input checked="" type="checkbox"/> Widow                                                                                                                                                                                        |                                            | SINGLE <input type="checkbox"/>    |                          |
| DATE OF DEATH 12-2-1981                                                                                                                                                                                                                  | CAUSE OF DEATH Acute myocardial infarction |                                    | DATE OF BURIAL 12-4-1981 |
| SECTION All Souls                                                                                                                                                                                                                        | ROW                                        | LOT 90                             | GRAVE 14                 |
| CHURCH St. Peter's                                                                                                                                                                                                                       | McClave-Chandler-FUNERAL DIRECTOR Mills    | Eagle TYPE VAULT Triplex           |                          |
| CHURCH PERMIT Msgr. C.T. Molloy                                                                                                                                                                                                          | HEALTH PERMIT No. 4101-0723                | 4-4x1-2x3-0 Whites dble mem 7-1973 |                          |
| REMARKS: Died at 8:25 a.m. in St. John Medical Center. She was a member of St. Peter's Roman Catholic Church, and St. Pius X Woman's Club. Surviving are three daughters, Mrs. Betty Ann Trainor, and Mrs. Frank (Renee) Cortez, both of |                                            |                                    |                          |

Steubenville, and Mrs. William (Eleanor Lee) Glikes of Pittsburgh; two sisters, Mrs. Bridget Aspiot of Weirton, and Sarah Blackam of Belfast, Ireland; eight grandchildren and two great-grandchildren. She was born October 15, 1904 in Belfast, Ireland, a daughter of the late John and Jane McQuillen Blackam and was preceded in death by her husband, Richard A. Winstel in 1972.

FAMILY NAME: WINSTEL

GIVEN NAME: MARGARET B.

INTERMENT NUMBER: 17986

|                                                                                                                                                                                                                                     |                                       |                     |                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------|-----------------------------------------------------------------------------------|
| NAME Winstel, Margaret B.                                                                                                                                                                                                           |                                       | INTERMENT No. 17986 |                                                                                   |
| ADDRESS 2812 East Grant Rd., Tucson, Ariz.                                                                                                                                                                                          |                                       |                     |                                                                                   |
| PERSON RESPONSIBLE ADDRESS Mosti Funeral Home                                                                                                                                                                                       |                                       |                     |                                                                                   |
| 3-29-1908                                                                                                                                                                                                                           | RACE W                                | SEX F               | MARRIED <input checked="" type="checkbox"/> widow SINGLE <input type="checkbox"/> |
| AGE 78                                                                                                                                                                                                                              | DATE OF DEATH 9-1-1986                |                     | CAUSE OF DEATH Not stated on provisional certificate                              |
| SECTION St. Stanislaus                                                                                                                                                                                                              |                                       | ROW                 | LOT 45 GRAVE 7                                                                    |
| from funeral home here                                                                                                                                                                                                              |                                       | TYPE VAULT eagle    |                                                                                   |
| CHURCH St. Peter and Paul                                                                                                                                                                                                           | FUNERAL DIRECTOR Mosti                | 2-0x0-10            |                                                                                   |
| CHURCH PERMIT Msgr. James Nugent                                                                                                                                                                                                    | HEALTH PERMIT No. Pima County Arizona | Kurtz 2/14/1987     |                                                                                   |
| REMARKS: Surviving are two step-daughters, Helen Winstel of Steubenville and Sister Lucille with the Dominican Order in Lancaster; and a sister, Mary Sproull of Martins Ferry She was born in Steubenville, a daughter of the late |                                       |                     |                                                                                   |

Dennis and Mary Ellen Duffy Flanigan. She was also preceded in death by her husband, George Winstel, in 1957 three brothers and a sister. She was a registered nurse before her retirement. She was a graduate of Mercy Hospital in Pittsburgh and a member of St. Peter and Paul Catholic Church in Tucson.



FAMILY NAME: WINSTEL

GIVEN NAME: MARY A.

INTERMENT NUMBER: 07292

|                                                               |              |                    |                  |                   |        |         |                          |        |                          |
|---------------------------------------------------------------|--------------|--------------------|------------------|-------------------|--------|---------|--------------------------|--------|--------------------------|
| NAME                                                          |              | WINSTEL, Mary A.   |                  | INTERMENT No.     |        | 7292    |                          |        |                          |
| ADDRESS                                                       |              | Steubenville, Ohio |                  |                   |        |         |                          |        |                          |
| PERSON RESPONSIBLE ADDRESS                                    |              |                    |                  |                   |        |         |                          |        |                          |
| AGE                                                           | 61           | RACE               | W                | SEX               | F      | MARRIED | <input type="checkbox"/> | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH                                                 | Dec. 7, 1922 |                    | CAUSE OF DEATH   |                   | Cancer |         | DATE OF BURIAL           |        |                          |
| SECTION                                                       | St. Peters * |                    |                  | ROW               |        | LOT     | 84                       | GRAVE  | 8                        |
| CHURCH                                                        | St. Peters   |                    | FUNERAL DIRECTOR |                   |        |         | TYPE VAULT               |        |                          |
| CHURCH PERMIT No.                                             |              | T.A. Powers        |                  | HEALTH PERMIT No. |        |         |                          |        |                          |
| REMARKS: * Originally interred in St. Joseph Section, Lot 97. |              |                    |                  |                   |        |         |                          |        |                          |
|                                                               |              |                    |                  |                   |        |         |                          |        |                          |
|                                                               |              |                    |                  |                   |        |         |                          |        |                          |
|                                                               |              |                    |                  |                   |        |         |                          |        |                          |
|                                                               |              |                    |                  |                   |        |         |                          |        |                          |

FAMILY NAME: WINSTEL

GIVEN NAME: RALPH J.

INTERMENT NUMBER: 15493

|                                                                        |  |                                                             |  |                         |         |                                  |                                                                                                      |
|------------------------------------------------------------------------|--|-------------------------------------------------------------|--|-------------------------|---------|----------------------------------|------------------------------------------------------------------------------------------------------|
| NAME                                                                   |  | WINSTEL, Ralph J                                            |  | INTERMENT No.           |         | 15493                            |                                                                                                      |
| ADDRESS                                                                |  | 420 Linduff Ave., Steubenville, Ohio                        |  |                         |         |                                  |                                                                                                      |
| PERSON RESPONSIBLE ADDRESS                                             |  | (Daughter)<br>Mrs. Paul (Mary) Lamb, 420 Linduff Ave., City |  |                         |         |                                  |                                                                                                      |
| July 26, 1885                                                          |  | AGE 87-4-18da                                               |  | RACE W                  | SEX M   | MARRIED <input type="checkbox"/> | <input checked="" type="checkbox"/> widower <input type="checkbox"/> SINGLE <input type="checkbox"/> |
| Dec. 12, 1972                                                          |  | Not stated on provisional certificate.                      |  |                         |         | Dec. 14, 1972                    |                                                                                                      |
| DATE OF DEATH                                                          |  | CAUSE OF DEATH                                              |  | DATE OF BURIAL          |         |                                  |                                                                                                      |
| SECTION                                                                |  | Poor Souls                                                  |  | ROW                     | LOT 226 | GRAVE 4-5                        |                                                                                                      |
| CHURCH                                                                 |  | Holy Name                                                   |  | FUNERAL DIRECTOR        |         | Cole Bros.                       |                                                                                                      |
| Msgr. Regis J. Urig.                                                   |  | Dist. 4101-                                                 |  | 4-6" X 1-2" X 3-0" dble |         | Clarke-Calv. meta                |                                                                                                      |
| CHURCH PERMIT                                                          |  | HEALTH PERMIT No. 848                                       |  | memorial.               |         | TYPE VAULT 12 gauge.             |                                                                                                      |
| REMARKS: Born in Pittsburgh, Pa., George & Mary Schramm Winstel        |  |                                                             |  |                         |         |                                  |                                                                                                      |
| Retired roll turner, Weirton Steel Corp., Survived by his daughter,    |  |                                                             |  |                         |         |                                  |                                                                                                      |
| Mrs. Paul (Mary) Lamb with whom he made his home; 2 brothers, John     |  |                                                             |  |                         |         |                                  |                                                                                                      |
| and Edward Winstel; 2 sisters, Mrs. Irene Frey and Mrs. Bess DeVilbiss |  |                                                             |  |                         |         |                                  |                                                                                                      |
| 2 grandson and 3 great-grandchildren. Died at the Ohio Valley Hospital |  |                                                             |  |                         |         |                                  |                                                                                                      |

Steubenville, Ohio.

FAMILY NAME: WINSTEL  
GIVEN NAME: RICHARD A.  
INTERMENT NUMBER: 15380

|                                                                         |  |                                             |  |                                 |  |
|-------------------------------------------------------------------------|--|---------------------------------------------|--|---------------------------------|--|
| NAME                                                                    |  | WINSTEL, Richard A.                         |  | INTERMENT No. 15380             |  |
| ADDRESS                                                                 |  | 157 Teresa Drive, Steubenville, Ohio        |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                              |  |                                             |  |                                 |  |
| Jan. 20, 1900                                                           |  | RACE W                                      |  | SEX M                           |  |
| AGE 72-3-16d                                                            |  | MARRIED <input checked="" type="checkbox"/> |  | SINGLE <input type="checkbox"/> |  |
| May 15, 1972                                                            |  | Cardiac arrest - Myocardial infraction.     |  | May 18, 1972                    |  |
| DATE OF DEATH                                                           |  | CAUSE OF DEATH                              |  | DATE OF BURIAL                  |  |
| SECTION All Souls                                                       |  | ROW                                         |  | LOT 90 GRAVE 13                 |  |
| CHURCH St. Peters                                                       |  | McClave-Chandler-FUNERAL DIRECTOR Mills     |  | Eagle Triplex TYPE VAULT conc.  |  |
| Msgr. Cronin Malloy.                                                    |  | Dist. Kennedy Twp.,                         |  | 4-4" X 1-2" X3-Oddle            |  |
| CHURCH PERMIT                                                           |  | HEALTH PERMIT No. 741                       |  | memorial S. White 7/73          |  |
| REMARKS: Born in Steubenville of George and Mary Schramm Winstel.       |  |                                             |  |                                 |  |
| Retired Electrical Dept., employee, Weirton Steel. Survived by his wife |  |                                             |  |                                 |  |
| Mrs. Jennie Blackam Winstel; 3 daughters, Mrs. Wm. (Eleanore) Glikes,   |  |                                             |  |                                 |  |
| Mrs. Frank (Renee) Cortez, and Mrs. Betty Trainor; 2 sisters, Mrs.      |  |                                             |  |                                 |  |
| Irene Frey and Mrs. Eliz. DeVelbiss; 3 brothers, Ralph, Edward, and     |  |                                             |  |                                 |  |

John Winstel; also 8 grandchildren. Stricken while visiting his daughters, Mrs. Glikes in Pittsburgh, and died at the Ohio Valley Hospital, Pittsburgh, Pa.,

FAMILY NAME: WINSTEL

GIVEN NAME: RUTH E.

INTERMENT NUMBER: 03736

|                                                                                                                                                                                                                                                                  |               |                           |                          |                    |                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------|--------------------------|--------------------|---------------------------------|
| NAME                                                                                                                                                                                                                                                             |               | WINSTEL, Ruth E. (Infant) |                          | INTERMENT No. 3736 |                                 |
| ADDRESS                                                                                                                                                                                                                                                          |               | Steubenville, Ohio        |                          |                    |                                 |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                       |               |                           |                          |                    |                                 |
| AGE                                                                                                                                                                                                                                                              | 1 yr          | RACE                      | W                        | SEX                | F                               |
|                                                                                                                                                                                                                                                                  |               | MARRIED                   | <input type="checkbox"/> | infant             | SINGLE <input type="checkbox"/> |
| DATE OF DEATH                                                                                                                                                                                                                                                    | Jan. 17, 1915 |                           | CAUSE OF DEATH           |                    | DATE OF BURIAL                  |
| SECTION                                                                                                                                                                                                                                                          | St. Joseph    | *                         | ROW                      | LOT 97             | part of GRAVE 1                 |
| CHURCH                                                                                                                                                                                                                                                           | St. Peters    | FUNERAL DIRECTOR          |                          | TYPE VAULT         |                                 |
| CHURCH PERMIT No.                                                                                                                                                                                                                                                | T.A. Powers   | HEALTH PERMIT No.         |                          |                    |                                 |
| REMARKS: Originally interred in Holy Innocents Section. Daughter of George Winstel, was removed to this lot when father purchased it by agreement with Thomas Farrington to place lot in perpetual care in in return for use of one side of Farrington monument. |               |                           |                          |                    |                                 |

FAMILY NAME: WINTER  
GIVEN NAME: ANNA NUGENT MRS.  
INTERMENT NUMBER: 10923

|                                                         |                    |                          |                   |               |         |            |                                           |                |                          |
|---------------------------------------------------------|--------------------|--------------------------|-------------------|---------------|---------|------------|-------------------------------------------|----------------|--------------------------|
| NAME                                                    |                    | WINTER, Mrs. Anna Nugent |                   | INTERMENT NO. |         | 10923      |                                           |                |                          |
| ADDRESS                                                 |                    | East Liverpool, Ohio     |                   |               |         |            |                                           |                |                          |
| PERSON RESPONSIBLE ADDRESS                              |                    | 1870                     |                   |               |         |            |                                           |                |                          |
| AGE                                                     | 77                 | RACE                     | W                 | SEX           | F       | MARRIED    | <input checked="" type="checkbox"/> widow | SINGLE         | <input type="checkbox"/> |
| DATE OF DEATH                                           | Aug. 12, 47        |                          | CAUSE OF DEATH    |               |         | not stated |                                           | DATE OF BURIAL | Aug. 14, 47              |
| SECTION                                                 | Holy Name          |                          |                   | ROW           | LOT     |            | 58                                        | GRAVE          | 2                        |
| CHURCH                                                  | Holy Name (Steub.) |                          | FUNERAL DIRECTOR  |               | Shannon |            | TYPE VAULT                                |                |                          |
| CHURCH PERMIT NO.                                       | E.A.Gilbert        |                          | HEALTH PERMIT NO. |               | 277     |            | East Liverpool Dist. 228                  |                |                          |
| REMARKS: Born, Steubenville, Ohio of John & Mary Nugent |                    |                          |                   |               |         |            |                                           |                |                          |
|                                                         |                    |                          |                   |               |         |            |                                           |                |                          |
|                                                         |                    |                          |                   |               |         |            |                                           |                |                          |
|                                                         |                    |                          |                   |               |         |            |                                           |                |                          |
|                                                         |                    |                          |                   |               |         |            |                                           |                |                          |



FAMILY NAME: WINTERS  
GIVEN NAME: ANNA MARIE  
INTERMENT NUMBER: 18956

|                                                                                                                                                                                                                                            |                        |                      |                        |                |            |                                       |                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------|------------------------|----------------|------------|---------------------------------------|-------------------------------------------|
| NAME                                                                                                                                                                                                                                       |                        | Winters, Anna Marie  |                        | INTERMENT No.  |            | 18956                                 |                                           |
| ADDRESS                                                                                                                                                                                                                                    |                        | Lakeview, N.Y.       |                        |                |            |                                       |                                           |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                 |                        | Amigone Funeral Home |                        |                |            |                                       |                                           |
| AGE                                                                                                                                                                                                                                        | 93                     | RACE                 | W                      | SEX            | F          | MARRIED                               | <input checked="" type="checkbox"/> widow |
| DATE OF DEATH                                                                                                                                                                                                                              |                        | 8-30-1991            |                        | CAUSE OF DEATH |            | Not stated on provisional certificate |                                           |
| DATE OF BURIAL                                                                                                                                                                                                                             |                        | 9-4-1991             |                        |                |            |                                       |                                           |
| SECTION.                                                                                                                                                                                                                                   |                        | St. Peters           |                        | ROW            | LOT        |                                       | 21                                        |
| GRAVE                                                                                                                                                                                                                                      |                        | 12                   |                        |                |            |                                       |                                           |
| CHURCH                                                                                                                                                                                                                                     | St. Peter's            |                      | Amigone-Tonawanda N.Y. |                | TYPE VAULT |                                       |                                           |
| CHURCH PERMIT                                                                                                                                                                                                                              | Msgr. Lawrence Luciana |                      | HEALTH PERMIT No.      |                | Wilbert    |                                       |                                           |
| REMARKS: Surviving are two daughters, Virginia Amigone, and Teckla Weiss; two grandchildren and three great grandchildren. She was born in Zalia, W.Va. a daughter of the late Louis and Victoria Trusillo. She was also preceded in death |                        |                      |                        |                |            |                                       |                                           |

death by her husbands, Andrew Winters and Walter Lepinski.

FAMILY NAME: WINTERS

GIVEN NAME: CATHERINE D. MRS.

INTERMENT NUMBER: 12927

|                                                                                                                                                                                                                                               |  |                                       |  |                                              |       |                                             |                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|----------------------------------------------|-------|---------------------------------------------|---------------------------------|
| NAME                                                                                                                                                                                                                                          |  | WINTERS, Mrs. Catherine D.            |  | INTERMENT No.                                |       | 12927                                       |                                 |
| ADDRESS                                                                                                                                                                                                                                       |  | 3608 Argonne Ave., Steubenville, Ohio |  |                                              |       |                                             |                                 |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                    |  | McGill Funeral Home                   |  |                                              |       |                                             |                                 |
| Nov. 11, 1908                                                                                                                                                                                                                                 |  | AGE 50-9-4 da                         |  | RACE W                                       | SEX F | MARRIED <input checked="" type="checkbox"/> | SINGLE <input type="checkbox"/> |
| Aug. 14, 1959                                                                                                                                                                                                                                 |  | DATE OF DEATH                         |  | metastatic ca od brain - carcinoma of breast |       | Aug. 17, 1959<br>DATE OF BURIAL             |                                 |
| SECTION Holy Rosary                                                                                                                                                                                                                           |  | ROW                                   |  | LOT 264                                      |       | GRAVE 6                                     |                                 |
| CHURCH Holy Rosary                                                                                                                                                                                                                            |  | FUNERAL DIRECTOR McGill               |  | Guardian # 9                                 |       | TYPE VAULT conc.                            |                                 |
| Fr. Philip Baroni                                                                                                                                                                                                                             |  | Dist. 4101 -                          |  | 2-0" X 1-0" memorial.                        |       | Hayslip. 4/15.60                            |                                 |
| CHURCH PERMIT No.                                                                                                                                                                                                                             |  | HEALTH PERMIT No. 398                 |  |                                              |       |                                             |                                 |
| REMARKS: Born in Herminie, Penna of Mr. & Mrs. Henry Herman. Died at the Robinson Rest Home, Steubenville, O. Survived by husband, Stanley Winters, 1 daughter Nancy, 1 sister, Mrs. Martha Hupple; 3 brothers John Henry and Michael Herman. |  |                                       |  |                                              |       |                                             |                                 |

FAMILY NAME: WINTERS

GIVEN NAME: HELEN M.

INTERMENT NUMBER: 19393

|                                                                                                                                                                                                                                         |                                                      |                                 |                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------|
| NAME Winters, Helen M.                                                                                                                                                                                                                  |                                                      | INTERMENT No. 19393             |                                                                                   |
| ADDRESS 9355 Avery Rd. BROADVIEW HTS., Ohio                                                                                                                                                                                             |                                                      |                                 |                                                                                   |
| PERSON RESPONSIBLE ADDRESS daughter-Dolores McDonough                                                                                                                                                                                   |                                                      |                                 |                                                                                   |
| 11-3-1907                                                                                                                                                                                                                               |                                                      |                                 |                                                                                   |
| AGE 86                                                                                                                                                                                                                                  | RACE W                                               | SEX F                           | MARRIED <input checked="" type="checkbox"/> widow SINGLE <input type="checkbox"/> |
| DATE 12-10-1993                                                                                                                                                                                                                         | CAUSE OF DEATH Not stated on provisional certificate |                                 | DATE OF BURIAL 12-13-1993                                                         |
| SECTION Holy Rosary                                                                                                                                                                                                                     |                                                      | ROW                             | LOT 223 GRAVE 2                                                                   |
| CHURCH St. Stanislaus                                                                                                                                                                                                                   |                                                      | FUNERAL DIRECTOR Dunlope-Shorac | TYPE VAULT eagle triplex                                                          |
| CHURCH PERMIT Fr. Thomas Chillog                                                                                                                                                                                                        |                                                      | HEALTH PERMIT No. 1801-91143    |                                                                                   |
| REMARKS: Surviving are two daughters, Mrs. Martin (Eleanor) Dumbola of Steubenville and Mrs. Robert (Dolores) McDonough of Broadview Heights; one brother, George Sikorski of Euclid; four grandchildren and three great grandchildren. |                                                      |                                 |                                                                                   |

She was born in Chester, Pa. a daughter of the late Joseph and Josephine Witkowski Sikorski. She was also preceded in death by her husband, John Wisniewski (Winters) in 1956 one brother and two sisters. She was an employee of Brentwood Hospital when she retired and a member of St. Stanislaus Catholic Church. She died in Marymount Hospital Garfield Heights.

INTERMENT NUMBER: 02432



FAMILY NAME: WINTERS

GIVEN NAME: LEO J. (WISNIEWSKI)

INTERMENT NUMBER: 16741

|                                                                                                                                                                                                                                                                                                |                                                               |                                                        |                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------|---------------------------------|
| NAME <u>WINTERS (Wisniewski), Leo J.</u>                                                                                                                                                                                                                                                       |                                                               | INTERMENT No. <u>16741</u>                             |                                 |
| ADDRESS <u>1301 Arlington Avenue</u>                                                                                                                                                                                                                                                           |                                                               | <u>Steubenville, Ohio 43952</u>                        |                                 |
| PERSON RESPONSIBLE ADDRESS <u>McClave-Chandler-Mills Funeral Home</u>                                                                                                                                                                                                                          |                                                               |                                                        |                                 |
| 7-7-1909                                                                                                                                                                                                                                                                                       | AGE <u>70</u>                                                 | RACE <u>W</u>                                          | SEX <u>M</u>                    |
|                                                                                                                                                                                                                                                                                                |                                                               | MARRIED <input checked="" type="checkbox"/>            | SINGLE <input type="checkbox"/> |
| DATE OF DEATH <u>1-5-1980</u>                                                                                                                                                                                                                                                                  | CAUSE OF DEATH <u>Not stated on provision-al certificate.</u> |                                                        | DATE OF BURIAL <u>1-8-1980</u>  |
| SECTION <u>Queen of Heaven</u>                                                                                                                                                                                                                                                                 | ROW                                                           | LOT <u>123</u>                                         | GRAVE <u>1</u>                  |
| CHURCH <u>St. Peter's</u>                                                                                                                                                                                                                                                                      | FUNERAL DIRECTOR <u>McClave-Chandler Mills</u>                | TYPE <u>Falcon</u><br>VAULT <u>Topseal</u>             |                                 |
| CHURCH PERMIT <u>C. T. Molloy</u>                                                                                                                                                                                                                                                              | HEALTH PERMIT No. <u>4101-0016</u>                            | <u>3-10x1-0x0-6 Mason</u><br><u>dble. mem. 3-12-80</u> |                                 |
| REMARKS: <u>D.O.A. 3:30 a.m. in Ohio Valley Hospital. He was a retired pipefitter for Wheeling-Pittsburgh Steel and a member of St. Peter's Roman Catholic Church, Third Order of St. Francis of which he was past perfect, and Circus Fans Association of America. Surviving are his wife</u> |                                                               |                                                        |                                 |

Myrtle Thompson Winters; two daughters, Mrs. Frank (Lee) Alex of Mingo Junction and Mrs. Nick (Sue) Apesos of Weirton; two sons, Charles A. of Follansbee and David F. of Columbus; a sister Mrs. John (Gertrude) Kelly of Steubenville, and 11 grandchildren and one great-grandchild. He was born July 7, 1909 in Steubenville, a son of the late Frank and Suzanna Winters.



FAMILY NAME: WINTERS  
GIVEN NAME: MYRTLE E. (WISNIEWSKI)  
INTERMENT NUMBER: 19515

|                                                                                                                                                                                                                                  |                                                      |                     |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------|
| NAME Winters, Myrtle E. (Wisniewski)                                                                                                                                                                                             |                                                      | INTERMENT No. 19515 |                                                                                   |
| ADDRESS 804 Oxford Blvd., Steubenville, Ohio                                                                                                                                                                                     |                                                      |                     |                                                                                   |
| PERSON RESPONSIBLE son-Charles Winters                                                                                                                                                                                           |                                                      |                     |                                                                                   |
| 3-21-1915                                                                                                                                                                                                                        |                                                      |                     |                                                                                   |
| AGE 79                                                                                                                                                                                                                           | RACE W                                               | SEX F               | MARRIED <input checked="" type="checkbox"/> widow SINGLE <input type="checkbox"/> |
| DATE OF DEATH 7-9-1994                                                                                                                                                                                                           | CAUSE OF DEATH Not stated on provisional certificate |                     | DATE OF BURIAL 7-12-1994                                                          |
| SECTION Queen of Heaven                                                                                                                                                                                                          | ROW                                                  | LOT 123             | GRAVE 2                                                                           |
| CHURCH St. Peters                                                                                                                                                                                                                | FUNERAL DIRECTOR Mosti                               | Clark #12           |                                                                                   |
| CHURCH PERMIT Fr. Thomas Chillog                                                                                                                                                                                                 | HEALTH PERMIT No. 4101-352                           | TYPE VAULT gauge    |                                                                                   |
| REMARKS: Surviving are two sons, Charles A. and David P. Winters; two daughters, Mrs. Frank (Lee) Alex of Mingo Jct. and Sur Apesos of Weirton; nine grandchildren and nine great grandchildren. She was born in Steubenville, a |                                                      |                     |                                                                                   |

daughter of the late Charles and Viola Lewis Thompson. She was also preceded in death by her husband, Leo J. Winters in 1980; a sister, Mee Murphy; and a grandson, David P. Winters Jr., in Sept. 1992. She was a member of St. Peters Catholic Church and the Catholic Woman's Club; the Y.W.C.A. Steubenville. She was also a member of Women of the Moose for 36 years. She died in herhome.

FAMILY NAME: WINTERS  
GIVEN NAME: STANLEY (WISNIEWSKI)  
INTERMENT NUMBER: 13773

|                                                                                                                                                                                                                                                                                    |            |                                        |                                             |                      |                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------|---------------------------------------------|----------------------|---------------------------------|
| NAME                                                                                                                                                                                                                                                                               |            | WINTERS, (Wisniewski) Stanley          |                                             | INTERMENT No. 13773  |                                 |
| ADDRESS                                                                                                                                                                                                                                                                            |            | 3608 Argonne Ave., Steubenville, Ohio  |                                             |                      |                                 |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                         |            | McGill Funeral Home                    |                                             |                      |                                 |
| Mar. 7, 1907                                                                                                                                                                                                                                                                       |            |                                        |                                             |                      |                                 |
| AGE                                                                                                                                                                                                                                                                                | 56-10-25da | RACE                                   | W                                           | SEX                  | M                               |
|                                                                                                                                                                                                                                                                                    |            | MARRIED                                | <input checked="" type="checkbox"/> (twice) |                      | SINGLE <input type="checkbox"/> |
| Jan. 14, 1964                                                                                                                                                                                                                                                                      |            | Not stated on provisional certificate. |                                             | Jan. 18, 1964        |                                 |
| DATE OF DEATH                                                                                                                                                                                                                                                                      |            | CAUSE OF DEATH                         |                                             | DATE OF BURIAL       |                                 |
| SECTION                                                                                                                                                                                                                                                                            |            | Holy Rosary                            |                                             | ROW                  | LOT 264                         |
|                                                                                                                                                                                                                                                                                    |            |                                        |                                             | GRAVE 5              |                                 |
| CHURCH                                                                                                                                                                                                                                                                             |            | Holy Rosary                            |                                             | FUNERAL DIRECTOR     | McGill                          |
|                                                                                                                                                                                                                                                                                    |            |                                        |                                             | falcon concrete      |                                 |
| Msgr. A. Berendt.                                                                                                                                                                                                                                                                  |            | Dist. 4101 -                           |                                             | TYPE topseal         |                                 |
| CHURCH PERMIT No.                                                                                                                                                                                                                                                                  |            | HEALTH PERMIT No. 22                   |                                             | 2-0" X 1-0" X 0-8"   |                                 |
|                                                                                                                                                                                                                                                                                    |            |                                        |                                             | marker. Hayslip 4/64 |                                 |
| REMARKS: Born in Steubenville of                                                                                                                                                                                                                                                   |            |                                        |                                             |                      |                                 |
| DOA at Ohio Valley Hospital, Steubenville of apparent heart attack while at work at Liberty Paperboard Co., Survived by his (second) wife Mary C. Winters, a daughter Nancy Winters; 2 brothers, John and Leo; 3 sisters, Mrs. Mary Holland, Mrs. John Kelly, and Mrs. Anna Ellis. |            |                                        |                                             |                      |                                 |

FAMILY NAME: WINTORS

GIVEN NAME: INFANT

INTERMENT NUMBER: 06224

|                                   |      |                   |                                        |                                 |  |
|-----------------------------------|------|-------------------|----------------------------------------|---------------------------------|--|
| NAME                              |      | WINTORS, Infant   |                                        | INTERMENT No. 6224              |  |
| ADDRESS Weirton, W. Va.,          |      |                   |                                        |                                 |  |
| PERSON RESPONSIBLE ADDRESS        |      |                   |                                        |                                 |  |
| AGE                               | RACE | SEX               | MARRIED <input type="checkbox"/> child | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH Sept 7, 1917        |      | CAUSE OF DEATH    |                                        | DATE OF BURIAL                  |  |
| SECTION Holy Innocents, Div.III   |      | ROW 6             | LOT                                    | GRAVE 31                        |  |
| CHURCH St. Pauls, Weirton         |      | FUNERAL DIRECTOR  |                                        | TYPE VAULT                      |  |
| CHURCH PERMIT No. A. D. McSwiggin |      | HEALTH PERMIT No. |                                        |                                 |  |
| REMARKS:                          |      |                   |                                        |                                 |  |
|                                   |      |                   |                                        |                                 |  |
|                                   |      |                   |                                        |                                 |  |
|                                   |      |                   |                                        |                                 |  |
|                                   |      |                   |                                        |                                 |  |

FAMILY NAME: WISBITZKI  
GIVEN NAME: FRANCIS JR.  
INTERMENT NUMBER: 01198

|                                          |  |                                    |       |                                         |                                 |
|------------------------------------------|--|------------------------------------|-------|-----------------------------------------|---------------------------------|
| NAME                                     |  | WISBITZKI, Francis Jr. (Infant)    |       | INTERMENT No. 1198                      |                                 |
| ADDRESS                                  |  | 621 Logan St., Steubenville, Ohio  |       |                                         |                                 |
| PERSON RESPONSIBLE ADDRESS               |  |                                    |       |                                         |                                 |
| AGE 2-10 mo                              |  | RACE W                             | SEX M | MARRIED <input type="checkbox"/> infant | SINGLE <input type="checkbox"/> |
| DATE OF DEATH April 18, 1901             |  | CAUSE OF DEATH scalded by accident |       | DATE OF BURIAL                          |                                 |
| SECTION Holy Innocents "A"               |  | ROW 25                             | LOT   | GRAVE 6                                 |                                 |
| CHURCH St. Peters                        |  | FUNERAL DIRECTOR                   |       | TYPE VAULT                              |                                 |
| CHURCH PERMIT No. Fr. G.H.Tragesser.     |  | HEALTH PERMIT No.                  |       |                                         |                                 |
| REMARKS: Survived by father, Francis Sr. |  |                                    |       |                                         |                                 |
|                                          |  |                                    |       |                                         |                                 |
|                                          |  |                                    |       |                                         |                                 |
|                                          |  |                                    |       |                                         |                                 |
|                                          |  |                                    |       |                                         |                                 |

INTERMENT NUMBER: 00972



FAMILY NAME: WISE  
GIVEN NAME: MARY JANE  
INTERMENT NUMBER: 19974

|                                                                                                                                                                                                                                 |  |                                    |  |                   |  |                                           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|--|-------------------|--|-------------------------------------------|--|
| NAME                                                                                                                                                                                                                            |  | Wise, Mary Jane                    |  | INTERMENT No.     |  | 19974                                     |  |
| ADDRESS                                                                                                                                                                                                                         |  | 707 Market St., Steubenville, Ohio |  |                   |  |                                           |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                      |  | Mosti Funeral Home                 |  |                   |  |                                           |  |
| 12-25-1912                                                                                                                                                                                                                      |  | RACE                               |  | SEX               |  | MARRIED                                   |  |
| AGE                                                                                                                                                                                                                             |  | 83                                 |  | W                 |  | F                                         |  |
|                                                                                                                                                                                                                                 |  |                                    |  | MARRIED           |  | <input checked="" type="checkbox"/> widow |  |
|                                                                                                                                                                                                                                 |  |                                    |  |                   |  | SINGLE <input type="checkbox"/>           |  |
| DATE OF DEATH                                                                                                                                                                                                                   |  | 12/5/196                           |  | CAUSE OF DEATH    |  | Not stated on provisional certificate     |  |
|                                                                                                                                                                                                                                 |  |                                    |  |                   |  | 12-10-1996                                |  |
| SECTION                                                                                                                                                                                                                         |  | St. Peters                         |  | ROW               |  | LOT                                       |  |
|                                                                                                                                                                                                                                 |  |                                    |  |                   |  | 78                                        |  |
| GRAVE                                                                                                                                                                                                                           |  | 12                                 |  |                   |  |                                           |  |
| CHURCH                                                                                                                                                                                                                          |  | from funeral home                  |  | FUNERAL DIRECTOR  |  | Mosti                                     |  |
|                                                                                                                                                                                                                                 |  |                                    |  |                   |  | TYPE VAULT                                |  |
|                                                                                                                                                                                                                                 |  |                                    |  |                   |  | Delphi                                    |  |
| CHURCH PERMIT                                                                                                                                                                                                                   |  | Fr. Jack McCoy                     |  | HEALTH PERMIT No. |  | 4101-564                                  |  |
| REMARKS: Surviving are a stepson; three brothers, Milan Kotur of Toronto, Melvin Kotur of Albuquerque, N.M. and Larry of Weirton; two sisters, Mrs. Joseph (Diane) Kozak and Mrs. Harry (Martha) Milewsky, both of Steubenville |  |                                    |  |                   |  |                                           |  |

two stepgrandchildren and three great stepgarndchildren. She was born in Steubenville, a daughter of the late Rade a and Milka Yaich Kotur. She was also preceded ind eath by a brother, George. SHe was married to Scott Wise who also preceded her in death.

FAMILY NAME: WISE  
GIVEN NAME: STANLEY  
INTERMENT NUMBER: 06479

|                            |  |               |  |                         |  |                   |  |                |  |   |  |            |  |                          |  |                |  |        |  |                          |  |  |  |   |  |  |  |
|----------------------------|--|---------------|--|-------------------------|--|-------------------|--|----------------|--|---|--|------------|--|--------------------------|--|----------------|--|--------|--|--------------------------|--|--|--|---|--|--|--|
| NAME                       |  | WISE, Stanley |  | (Infant)                |  | INTERMENT NO.     |  | 6479           |  |   |  |            |  |                          |  |                |  |        |  |                          |  |  |  |   |  |  |  |
| ADDRESS                    |  |               |  |                         |  |                   |  |                |  |   |  |            |  |                          |  |                |  |        |  |                          |  |  |  |   |  |  |  |
| PERSON RESPONSIBLE ADDRESS |  |               |  |                         |  |                   |  |                |  |   |  |            |  |                          |  |                |  |        |  |                          |  |  |  |   |  |  |  |
| AGE                        |  | 1 yr          |  | RACE                    |  | W                 |  | SEX            |  | M |  | MARRIED    |  | <input type="checkbox"/> |  | infant         |  | SINGLE |  | <input type="checkbox"/> |  |  |  |   |  |  |  |
| DATE OF DEATH              |  |               |  | Oct. 26, 1918           |  |                   |  | CAUSE OF DEATH |  |   |  | Pneumonia  |  |                          |  | DATE OF BURIAL |  |        |  |                          |  |  |  |   |  |  |  |
| SECTION                    |  |               |  | Holy Innocents, Div. IV |  |                   |  | ROW            |  |   |  | 2          |  |                          |  | LOT            |  |        |  | GRAVE                    |  |  |  | 6 |  |  |  |
| CHURCH                     |  |               |  |                         |  | FUNERAL DIRECTOR  |  |                |  |   |  | TYPE VAULT |  |                          |  |                |  |        |  |                          |  |  |  |   |  |  |  |
| CHURCH PERMIT No.          |  |               |  |                         |  | HEALTH PERMIT No. |  |                |  |   |  |            |  |                          |  |                |  |        |  |                          |  |  |  |   |  |  |  |
| REMARKS:                   |  |               |  |                         |  |                   |  |                |  |   |  |            |  |                          |  |                |  |        |  |                          |  |  |  |   |  |  |  |
|                            |  |               |  |                         |  |                   |  |                |  |   |  |            |  |                          |  |                |  |        |  |                          |  |  |  |   |  |  |  |
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|                            |  |               |  |                         |  |                   |  |                |  |   |  |            |  |                          |  |                |  |        |  |                          |  |  |  |   |  |  |  |

FAMILY NAME: WISHDOWISIE

GIVEN NAME: CHRISTO

INTERMENT NUMBER: 03244

|                            |      |                               |     |                  |         |                          |        |
|----------------------------|------|-------------------------------|-----|------------------|---------|--------------------------|--------|
| NAME                       |      | WISHDOWISIE, Christo (Infant) |     | INTERMENT NO.    |         | 3244                     |        |
| ADDRESS                    |      | Weirton, W. Va.,              |     |                  |         |                          |        |
| PERSON RESPONSIBLE ADDRESS |      |                               |     |                  |         |                          |        |
| AGE                        | RACE | W                             | SEX | M                | MARRIED | <input type="checkbox"/> | infant |
|                            |      |                               |     | SINGLE           |         | <input type="checkbox"/> |        |
| DATE OF DEATH              |      | Oct. 1, 1912                  |     |                  |         | CAUSE OF DEATH           |        |
|                            |      |                               |     |                  |         | DATE OF BURIAL           |        |
| SECTION                    |      | Holy Innocents, Div. II       |     | ROW              | 1       | LOT                      |        |
| CHURCH                     |      | Sacred Heart of Mary Weirton  |     | TYPE VAULT       |         | GRAVE 5                  |        |
| CHURCH PERMIT NO.          |      | S.B.Przybysz                  |     | FUNERAL DIRECTOR |         |                          |        |
|                            |      | HEALTH PERMIT NO.             |     |                  |         |                          |        |
| REMARKS:                   |      |                               |     |                  |         |                          |        |
|                            |      |                               |     |                  |         |                          |        |
|                            |      |                               |     |                  |         |                          |        |
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|                            |      |                               |     |                  |         |                          |        |
|                            |      |                               |     |                  |         |                          |        |

FAMILY NAME: WISMANSKI

GIVEN NAME: INFANT

INTERMENT NUMBER: 02262

|                                                                                                              |      |                    |                                 |                  |                          |            |  |
|--------------------------------------------------------------------------------------------------------------|------|--------------------|---------------------------------|------------------|--------------------------|------------|--|
| NAME                                                                                                         |      | WISMANSKI, Infant  |                                 | INTERMENT No.    |                          | 2262       |  |
| ADDRESS                                                                                                      |      | Steubenville, Ohio |                                 |                  |                          |            |  |
| PERSON RESPONSIBLE ADDRESS                                                                                   |      |                    |                                 |                  |                          |            |  |
| AGE                                                                                                          | RACE | SEX                | MARRIED                         |                  | SINGLE                   |            |  |
|                                                                                                              | W    |                    | <input type="checkbox"/> infant |                  | <input type="checkbox"/> |            |  |
| DATE OF DEATH                                                                                                |      | CAUSE OF DEATH     |                                 |                  | DATE OF BURIAL           |            |  |
| Oct. 16, 1907                                                                                                |      |                    |                                 |                  |                          |            |  |
| SECTION                                                                                                      |      | Unbaptized         |                                 | ROW              |                          | LOT        |  |
|                                                                                                              |      | **                 |                                 |                  |                          | GRAVE      |  |
| CHURCH                                                                                                       |      | St. Stanislaus     |                                 | FUNERAL DIRECTOR |                          | TYPE VAULT |  |
| Casmir Smogor                                                                                                |      |                    |                                 |                  |                          |            |  |
| CHURCH PERMIT No.                                                                                            |      | HEALTH PERMIT No.  |                                 |                  |                          |            |  |
| REMARKS: ** Prior to Oct. 1927 no record was kept of exact location of interments in the Unbaptized Section. |      |                    |                                 |                  |                          |            |  |
|                                                                                                              |      |                    |                                 |                  |                          |            |  |
|                                                                                                              |      |                    |                                 |                  |                          |            |  |
|                                                                                                              |      |                    |                                 |                  |                          |            |  |

FAMILY NAME: WISNEWSKI

GIVEN NAME: INFANT

INTERMENT NUMBER: 06253

|                            |                    |                    |                   |               |     |            |                                 |                |                          |
|----------------------------|--------------------|--------------------|-------------------|---------------|-----|------------|---------------------------------|----------------|--------------------------|
| NAME                       |                    | WISNEWSKI, Infant  |                   | INTERMENT No. |     | 6253       |                                 |                |                          |
| ADDRESS                    |                    | Steubenville, Ohio |                   |               |     |            |                                 |                |                          |
| PERSON RESPONSIBLE ADDRESS |                    |                    |                   |               |     |            |                                 |                |                          |
| AGE                        | **                 | RACE               | W                 | SEX           |     | MARRIED    | <input type="checkbox"/> infant | SINGLE         | <input type="checkbox"/> |
| DATE OF DEATH              | Oct. 30, 1917      |                    | CAUSE OF DEATH    |               |     | Stillborn  |                                 | DATE OF BURIAL |                          |
| SECTION                    | Unbaptized         |                    | **                |               | ROW |            | LOT                             |                | GRAVE                    |
| CHURCH                     | St. Stanislaus     |                    | FUNERAL DIRECTOR  |               |     | TYPE VAULT |                                 |                |                          |
| CHURCH PERMIT No.          | Casmir Smogor      |                    | HEALTH PERMIT No. |               |     |            |                                 |                |                          |
| REMARKS:                   | Infant of Stanley. |                    |                   |               |     |            |                                 |                |                          |
|                            |                    |                    |                   |               |     |            |                                 |                |                          |
|                            |                    |                    |                   |               |     |            |                                 |                |                          |
|                            |                    |                    |                   |               |     |            |                                 |                |                          |
|                            |                    |                    |                   |               |     |            |                                 |                |                          |



FAMILY NAME: WISNEWSKI  
GIVEN NAME: SUSANNA MRS.  
INTERMENT NUMBER: 10002

|                            |      |                         |     |                   |                |                          |        |
|----------------------------|------|-------------------------|-----|-------------------|----------------|--------------------------|--------|
| NAME                       |      | WISNEWSKI, Mrs. Susanna |     | INTERMENT No.     |                | 10002                    |        |
| ADDRESS                    |      | Steubenville, Ohio      |     |                   |                |                          |        |
| PERSON RESPONSIBLE ADDRESS |      |                         |     |                   |                |                          |        |
| AGE                        | RACE | W                       | SEX | F                 | MARRIED        | <input type="checkbox"/> | SINGLE |
| DATE OF DEATH              |      | CAUSE OF DEATH          |     |                   | DATE OF BURIAL |                          |        |
|                            |      |                         |     |                   | Apr. 22, '41   |                          |        |
| SECTION                    |      | Poor Souls              |     | ROW               | 1000           | LOT                      | 303    |
|                            |      |                         |     | GRAVE             |                | 3                        |        |
| CHURCH                     |      | St. Stanislaus          |     | FUNERAL DIRECTOR  |                | Shannon                  |        |
| CHURCH PERMIT No.          |      | John A. Turel           |     | HEALTH PERMIT No. |                | TYPE VAULT               |        |
| REMARKS:                   |      |                         |     |                   |                |                          |        |
|                            |      |                         |     |                   |                |                          |        |
|                            |      |                         |     |                   |                |                          |        |
|                            |      |                         |     |                   |                |                          |        |
|                            |      |                         |     |                   |                |                          |        |

FAMILY NAME: WISNIESKI

GIVEN NAME: INFANT

INTERMENT NUMBER: 03265

|                                                                                                |                |                    |                   |                                  |                                        |
|------------------------------------------------------------------------------------------------|----------------|--------------------|-------------------|----------------------------------|----------------------------------------|
| NAME                                                                                           |                | WISNIEWSKI, Infant |                   | INTERMENT No. 3265               |                                        |
| ADDRESS                                                                                        |                | Steubenville, Ohio |                   |                                  |                                        |
| PERSON RESPONSIBLE ADDRESS                                                                     |                |                    |                   |                                  |                                        |
| AGE                                                                                            | RACE           | W                  | SEX               | MARRIED <input type="checkbox"/> | infant SINGLE <input type="checkbox"/> |
| DATE OF DEATH                                                                                  |                | Nov. 11, 1912      |                   | CAUSE OF DEATH                   |                                        |
| DATE OF BURIAL                                                                                 |                |                    |                   |                                  |                                        |
| SECTION                                                                                        | Unbaptized **  |                    | ROW               | LOT                              | GRAVE                                  |
| CHURCH                                                                                         | St. Stanislaus |                    | FUNERAL DIRECTOR  |                                  | TYPE VAULT                             |
| CHURCH PERMIT No.                                                                              | Casmir Smogor  |                    | HEALTH PERMIT No. |                                  |                                        |
| REMARKS:                                                                                       |                |                    |                   |                                  |                                        |
| ** Prior to Oct. 1927, no record was kept of the exact location of interments in this Section. |                |                    |                   |                                  |                                        |

FAMILY NAME: WISNIESKI

GIVEN NAME: INFANT

INTERMENT NUMBER: 03576

|                                                                                                                                 |  |                    |  |                   |  |                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|--------------------|--|-------------------|--|-------------------------------------------------------------------------|--|
| NAME                                                                                                                            |  | WISNIEWSKI, Infant |  | INTERMENT No.     |  | 3576                                                                    |  |
| ADDRESS                                                                                                                         |  | Steubenville, Ohio |  |                   |  |                                                                         |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                      |  |                    |  |                   |  |                                                                         |  |
| AGE                                                                                                                             |  | RACE W             |  | SEX               |  | MARRIED <input type="checkbox"/> infant SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                                                                                                                   |  | April 13, 1914     |  | CAUSE OF DEATH    |  | Stillborn                                                               |  |
| DATE OF BURIAL                                                                                                                  |  |                    |  |                   |  |                                                                         |  |
| SECTION                                                                                                                         |  | Unbaptized **      |  | ROW               |  | LOT GRAVE                                                               |  |
| CHURCH                                                                                                                          |  | St. Stanislaus     |  | FUNERAL DIRECTOR  |  | TYPE VAULT                                                              |  |
| CHURCH PERMIT No.                                                                                                               |  | Casmir Smogor      |  | HEALTH PERMIT No. |  |                                                                         |  |
| REMARKS: Infant of Stan. Wisniewski. ** Prior to Oct. 1927, no record was kept of exact location of interments in this Section. |  |                    |  |                   |  |                                                                         |  |
|                                                                                                                                 |  |                    |  |                   |  |                                                                         |  |
|                                                                                                                                 |  |                    |  |                   |  |                                                                         |  |
|                                                                                                                                 |  |                    |  |                   |  |                                                                         |  |

FAMILY NAME: WISNIESKI  
GIVEN NAME: STELLA FRANCES  
INTERMENT NUMBER: 18384

|                            |  |                                                                                                                                                                                                                      |  |                   |  |                                           |  |
|----------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|-------------------------------------------|--|
| NAME                       |  | Wisnieski, Stella Frances                                                                                                                                                                                            |  | INTERMENT No.     |  | 18384                                     |  |
| ADDRESS                    |  | 123 Powells Lane, Wintersville, Ohio                                                                                                                                                                                 |  |                   |  |                                           |  |
| PERSON RESPONSIBLE ADDRESS |  | McClave Chandler-Mills Funeral Home                                                                                                                                                                                  |  |                   |  |                                           |  |
| 12-29-1905                 |  | RACE                                                                                                                                                                                                                 |  | SEX               |  | MARRIED                                   |  |
| AGE 82                     |  | W                                                                                                                                                                                                                    |  | F                 |  | <input checked="" type="checkbox"/> widow |  |
| DATE OF DEATH              |  | 9-9-1988                                                                                                                                                                                                             |  | CAUSE OF DEATH    |  | Not stated on provisional certificate     |  |
| DATE OF BURIAL             |  | 9-12-1988                                                                                                                                                                                                            |  | SECTION           |  | St. Stanislaus                            |  |
| ROW                        |  | LOT 31                                                                                                                                                                                                               |  | GRAVE             |  | 13                                        |  |
| CHURCH                     |  | St. Stanislaus                                                                                                                                                                                                       |  | FUNERAL DIRECTOR  |  | McClave-Chandler Mills                    |  |
| CHURCH PERMIT              |  | Fr. Chester L Szymanski                                                                                                                                                                                              |  | HEALTH PERMIT No. |  | 4101-none                                 |  |
| REMARKS:                   |  | Surviving are four sons, Walter of Derry, N.H. Frank and Stanley, both of Wintersville, and John of Steubenville; four daughters, Mrs. James (Genevieve) Baily of Danville, Pa. Elizabeth Barker of Gibsonton, Fla., |  |                   |  |                                           |  |

Mrs. Larry (Rose) Coloiacovo of Brooklyn, N.Y., and Mrs. John (Theresa) Canella of Mingo Junction; two half brothers, Bernard Sobolewski of Trenton, Mich., and Edward Sobolewski of Cadiz; a sister, Mrs. James (Helen) Cassarino of North Olmstead; 17 grandchildren; 14 great-grandchildren; six stepgrandchildren; 15 great-stepgrand children; and four great-great-stepgrandchildren. She was born in Steubenville, a daughter of the late Thomas and Frances Marchel Borkowski. She was preceded in death by her husband, Jacob Wisnieski in 1950; a son; two sisters; and four grandchildren. She was a member of St. Stanislaus Catholic Church.

FAMILY NAME: WISNIEWSKI  
GIVEN NAME: CATHERINE MRS.  
INTERMENT NUMBER: 14947

|                                                                       |          |                                                   |                                           |                                         |                                 |
|-----------------------------------------------------------------------|----------|---------------------------------------------------|-------------------------------------------|-----------------------------------------|---------------------------------|
| NAME                                                                  |          | WISNIEWSKI, Mrs. Catherine                        |                                           | INTERMENT No. 14947                     |                                 |
| ADDRESS                                                               |          | 1739 Basil Ave., Youngstown, Ohio                 |                                           |                                         |                                 |
| PERSON RESPONSIBLE ADDRESS                                            |          | Schultz & Son, 630 Belmont Ave., Youngstown, Ohio |                                           |                                         |                                 |
| Apr. 14, 1888                                                         |          |                                                   |                                           |                                         |                                 |
| AGE                                                                   | 81-8-13d | RACE                                              | W                                         | SEX                                     | F                               |
|                                                                       |          | MARRIED                                           | <input checked="" type="checkbox"/> widow |                                         | SINGLE <input type="checkbox"/> |
| Dec. 27, 1969                                                         |          | Not stated on provisional certificate.            |                                           | Dec. 31, 1969                           |                                 |
| DATE OF DEATH                                                         |          | CAUSE OF DEATH                                    |                                           | DATE OF BURIAL                          |                                 |
| SECTION                                                               |          | St. Stanislaus                                    |                                           | ROW                                     | LOT 3                           |
|                                                                       |          |                                                   |                                           | GRAVE 8                                 |                                 |
| CHURCH                                                                |          | St. Stanislaus, Youngstown, Ohio                  |                                           | Schultz & Son concrete topseal          |                                 |
|                                                                       |          | FUNERAL DIRECTOR                                  |                                           | 630 Belmont Ave TYPE VAULT Wilbert      |                                 |
| CHURCH PERMIT                                                         |          | Msgr. Thaddeis Herndon                            |                                           | Dist. 50-5001                           |                                 |
|                                                                       |          | HEALTH PERMIT No. 3364                            |                                           | 1-2" X 0-8" X 1-2" memorial. 5/70 White |                                 |
| REMARKS: Born in Steubenville of John & Catherine Adam Trochowski     |          |                                                   |                                           |                                         |                                 |
| Survived vy 3 sisters, Mrs. Elizabeth Kastlehun, Mrs. Mary Liberatore |          |                                                   |                                           |                                         |                                 |
| and Mrs. Helen Greggo. Nieces and nephews; grandchildren. Died at     |          |                                                   |                                           |                                         |                                 |
| home of natural causes.                                               |          |                                                   |                                           |                                         |                                 |



FAMILY NAME: WISNIEWSKI  
GIVEN NAME: JACOB (WISNISKI)  
INTERMENT NUMBER: 11423

|                                                                                                                                                                                                                                                  |  |                              |  |                       |  |                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|--|-----------------------|--|----------------------------------|--|
| NAME                                                                                                                                                                                                                                             |  | WISNIEWSKI, Jacob (Wisniski) |  | INTERMENT No.         |  | 11423                            |  |
| ADDRESS 509 Wells St., Steubenville, Ohio                                                                                                                                                                                                        |  |                              |  |                       |  |                                  |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                       |  |                              |  |                       |  |                                  |  |
| AGE 62                                                                                                                                                                                                                                           |  | RACE W                       |  | SEX M                 |  | MARRIED <input type="checkbox"/> |  |
|                                                                                                                                                                                                                                                  |  |                              |  |                       |  | SINGLE <input type="checkbox"/>  |  |
| DATE OF DEATH                                                                                                                                                                                                                                    |  | Sept.22,'50                  |  | CAUSE OF DEATH        |  | Coronary thrombosis              |  |
|                                                                                                                                                                                                                                                  |  |                              |  |                       |  | Sept 27, 1950                    |  |
| SECTION                                                                                                                                                                                                                                          |  | Poor Souls                   |  | ROW                   |  | 16                               |  |
|                                                                                                                                                                                                                                                  |  |                              |  | LOT                   |  | GRAVE 1                          |  |
| CHURCH                                                                                                                                                                                                                                           |  | St. Stanislaus               |  | FUNERAL DIRECTOR      |  | McClave.                         |  |
|                                                                                                                                                                                                                                                  |  |                              |  |                       |  | TYPE VAULT                       |  |
| CHURCH PERMIT No.                                                                                                                                                                                                                                |  | Julian Menda                 |  | Dist. 654 -           |  | 1-6x0-10 hayslip                 |  |
|                                                                                                                                                                                                                                                  |  |                              |  | HEALTH PERMIT No. 496 |  | 10/3/1988                        |  |
| REMARKS: Died at Ohio Valley Hosp., Steubenville, Ohio. Survived by wife, Stella, 4 daughters, Mrs. Ed. Culver, Mrs. Lawrence Barker, Mrs. Larry Coloiavoco, and Theresa; 4 sons, Walter, Frank, John and Stanley. (Name also spelled "Wisniski) |  |                              |  |                       |  |                                  |  |

FAMILY NAME: WISNIEWSKI

GIVEN NAME: JOHN J.

INTERMENT NUMBER: 12348

|                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                         |  |                                       |  |              |  |                                                |  |                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|---------------------------------------|--|--------------|--|------------------------------------------------|--|---------------------------------|--|
| NAME                                                                                                                                                                                                                                                                                                                                                                                            |  | WISNIEWSKI, John J.                     |  | INTERMENT No.                         |  | 12348        |  |                                                |  |                                 |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                         |  | 1430 Arlington Ave., Steubenville, Ohio |  |                                       |  |              |  |                                                |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                                                                                                                                      |  | Mosti Funeral Home                      |  |                                       |  |              |  |                                                |  |                                 |  |
| Mar. 10, 1905                                                                                                                                                                                                                                                                                                                                                                                   |  | AGE 51-2-23 da                          |  | RACE W                                |  | SEX M        |  | MARRIED <input checked="" type="checkbox"/> XX |  | SINGLE <input type="checkbox"/> |  |
| June 2, 1956                                                                                                                                                                                                                                                                                                                                                                                    |  | DATE OF DEATH                           |  | CAUSE OF DEATH Coronary occlusion     |  |              |  | June 5, 1956<br>DATE OF BURIAL                 |  |                                 |  |
| SECTION                                                                                                                                                                                                                                                                                                                                                                                         |  | Holy Rosary                             |  | ROW                                   |  | LOT 223      |  | GRAVE 1                                        |  |                                 |  |
| St. Stanislaus                                                                                                                                                                                                                                                                                                                                                                                  |  | CHURCH                                  |  | Mosti<br>FUNERAL DIRECTOR             |  | Wheatley # 9 |  | TYPE VAULT conc.                               |  |                                 |  |
| Fr. Chester Szymanski                                                                                                                                                                                                                                                                                                                                                                           |  | CHURCH PERMIT No.                       |  | Dist. 4101 -<br>HEALTH PERMIT No. 271 |  |              |  |                                                |  |                                 |  |
| REMARKS: Born in Chester, Penna of John and Mary Wisniewski. Survived by wife, the former, Helen M. Sikorski; foster mother, Mrs. Catherine Wisniewski; 2 daughters, Mrs. Delores McDonough, and Eleanor Wisniewski; 2 foster brothers, Alex Kovalski, and Benny Kovalski; 1 sister Mrs. Alice Malikowski. Employed at Follansbee Steel Corp., Died at Ohio Valley Hospital, Steubenville, Ohio |  |                                         |  |                                       |  |              |  |                                                |  |                                 |  |

FAMILY NAME: WISNIEWSKI

GIVEN NAME: JOSEPH

INTERMENT NUMBER: 08104

|                            |  |                    |  |                |  |                   |  |      |  |            |  |         |  |                          |  |        |  |        |  |                          |  |
|----------------------------|--|--------------------|--|----------------|--|-------------------|--|------|--|------------|--|---------|--|--------------------------|--|--------|--|--------|--|--------------------------|--|
| NAME                       |  | WISNIEWSKI, Joseph |  | (Infant)       |  | INTERMENT No.     |  | 8104 |  |            |  |         |  |                          |  |        |  |        |  |                          |  |
| ADDRESS                    |  | Steubenville, Ohio |  |                |  |                   |  |      |  |            |  |         |  |                          |  |        |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                    |  |                |  |                   |  |      |  |            |  |         |  |                          |  |        |  |        |  |                          |  |
| AGE                        |  | 1-2 mo             |  | RACE           |  | W                 |  | SEX  |  | M          |  | MARRIED |  | <input type="checkbox"/> |  | infant |  | SINGLE |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  | Nov. 10, 1927      |  | CAUSE OF DEATH |  |                   |  |      |  |            |  |         |  | DATE OF BURIAL           |  |        |  |        |  |                          |  |
| SECTION                    |  | St. Stanislaus     |  |                |  | ROW               |  |      |  | LOT        |  | 31      |  | GRAVE                    |  | 7      |  |        |  |                          |  |
| CHURCH                     |  | St. Stanislaus     |  |                |  | FUNERAL DIRECTOR  |  |      |  | TYPE VAULT |  |         |  |                          |  |        |  |        |  |                          |  |
| CHURCH PERMIT No.          |  | Casmir Smogor      |  |                |  | HEALTH PERMIT No. |  |      |  |            |  |         |  |                          |  |        |  |        |  |                          |  |
| REMARKS:                   |  |                    |  |                |  |                   |  |      |  |            |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                    |  |                |  |                   |  |      |  |            |  |         |  |                          |  |        |  |        |  |                          |  |
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|                            |  |                    |  |                |  |                   |  |      |  |            |  |         |  |                          |  |        |  |        |  |                          |  |

FAMILY NAME: WISNIEWSKI

GIVEN NAME: LUCIAN

INTERMENT NUMBER: 02158

|                            |  |                          |  |                   |  |                |  |                          |  |
|----------------------------|--|--------------------------|--|-------------------|--|----------------|--|--------------------------|--|
| NAME                       |  | WISNIEWSKI, Lucian       |  | (Infant)          |  | INTERMENT No.  |  | 2158                     |  |
| ADDRESS                    |  | Steubenville, Ohio       |  |                   |  |                |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                          |  |                   |  |                |  |                          |  |
| AGE                        |  | 1-5 mo                   |  | RACE              |  | W              |  | SEX                      |  |
| MARRIED                    |  | <input type="checkbox"/> |  | infant            |  | SINGLE         |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  | Mar. 25, 1907            |  | CAUSE OF DEATH    |  | DATE OF BURIAL |  |                          |  |
| SECTION                    |  | Holy Innocents "A"       |  | ROW               |  | 9              |  | LOT                      |  |
| GRAVE                      |  | 21                       |  | CHURCH            |  | St. Stanislaus |  | FUNERAL DIRECTOR         |  |
| TYPE VAULT                 |  |                          |  | CHURCH PERMIT No. |  | Casmir Smogor  |  | HEALTH PERMIT No.        |  |
| REMARKS:                   |  |                          |  |                   |  |                |  |                          |  |
|                            |  |                          |  |                   |  |                |  |                          |  |
|                            |  |                          |  |                   |  |                |  |                          |  |
|                            |  |                          |  |                   |  |                |  |                          |  |
|                            |  |                          |  |                   |  |                |  |                          |  |

FAMILY NAME: WISNIEWSKI

GIVEN NAME: PETER

INTERMENT NUMBER: 08430

|                                                           |                |                                        |                  |                                 |                  |
|-----------------------------------------------------------|----------------|----------------------------------------|------------------|---------------------------------|------------------|
| NAME                                                      |                | WISNIEWSKI, Peter                      |                  | INTERMENT No. 8430              |                  |
| ADDRESS                                                   |                | Steubenville, Ohio                     |                  |                                 |                  |
| PERSON RESPONSIBLE ADDRESS                                |                |                                        |                  |                                 |                  |
| AGE                                                       | 45             | RACE                                   | W                | SEX                             | M                |
| MARRIED                                                   |                | <input checked="" type="checkbox"/> XX |                  | SINGLE <input type="checkbox"/> |                  |
| DATE OF DEATH                                             | Nov. 5, 1929   |                                        | CAUSE OF DEATH   |                                 | DATE OF BURIAL   |
| SECTION                                                   | St. Stanislaus |                                        | ROW              | LOT                             | GRAVE            |
|                                                           |                |                                        |                  | 3                               | 7                |
| CHURCH                                                    | St. Stanislaus |                                        | FUNERAL DIRECTOR |                                 | concrete airseal |
| CHURCH PERMIT No.                                         |                | Casmir Smogor                          |                  | TYPE VAULT                      |                  |
| HEALTH PERMIT No.                                         |                |                                        |                  |                                 |                  |
| REMARKS: Survived by his wife, Mrs. Catherine Wisniewski; |                |                                        |                  |                                 |                  |
|                                                           |                |                                        |                  |                                 |                  |
|                                                           |                |                                        |                  |                                 |                  |
|                                                           |                |                                        |                  |                                 |                  |
|                                                           |                |                                        |                  |                                 |                  |



FAMILY NAME: WISNIEWSKI

GIVEN NAME: ROMAN

INTERMENT NUMBER: 02324

|                            |      |                    |   |                   |   |            |                                 |                |                          |
|----------------------------|------|--------------------|---|-------------------|---|------------|---------------------------------|----------------|--------------------------|
| NAME                       |      | WISNIEWSKI, Roman  |   | INTERMENT No.     |   | 2324       |                                 |                |                          |
| ADDRESS                    |      | Steubenville, Ohio |   |                   |   |            |                                 |                |                          |
| PERSON RESPONSIBLE ADDRESS |      |                    |   |                   |   |            |                                 |                |                          |
| AGE                        | 5 mo | RACE               | W | SEX               |   | MARRIED    | <input type="checkbox"/> infant | SINGLE         | <input type="checkbox"/> |
| DATE OF DEATH              |      | Feb. 6, 1908       |   | CAUSE OF DEATH    |   | Fever      |                                 | DATE OF BURIAL |                          |
| SECTION                    |      | Holy Innocents "A" |   | ROW               | 7 | LOT        |                                 | GRAVE          | 13                       |
| CHURCH                     |      | St. Stanislaus     |   | FUNERAL DIRECTOR  |   | TYPE VAULT |                                 |                |                          |
| CHURCH PERMIT No.          |      | Casmir Smogor      |   | HEALTH PERMIT No. |   |            |                                 |                |                          |
| REMARKS:                   |      |                    |   |                   |   |            |                                 |                |                          |
|                            |      |                    |   |                   |   |            |                                 |                |                          |
|                            |      |                    |   |                   |   |            |                                 |                |                          |
|                            |      |                    |   |                   |   |            |                                 |                |                          |
|                            |      |                    |   |                   |   |            |                                 |                |                          |

FAMILY NAME: WISNIEWSKI  
GIVEN NAME: STANISLAUS  
INTERMENT NUMBER: 03017

|                                                                                                         |                |                                 |                  |                |            |                                 |        |
|---------------------------------------------------------------------------------------------------------|----------------|---------------------------------|------------------|----------------|------------|---------------------------------|--------|
| NAME                                                                                                    |                | WISNIEWSKI, Stanislaus (Infant) |                  | INTERMENT NO.  |            | 3017                            |        |
| ADDRESS                                                                                                 |                | Steubenville, Ohio              |                  |                |            |                                 |        |
| PERSON RESPONSIBLE ADDRESS                                                                              |                |                                 |                  |                |            |                                 |        |
| AGE                                                                                                     | RACE           | W                               | SEX              | M              | MARRIED    | <input type="checkbox"/> infant | SINGLE |
| DATE OF DEATH                                                                                           |                | Aug. 23, 1911                   |                  | CAUSE OF DEATH |            | stillborn                       |        |
| DATE OF BURIAL                                                                                          |                |                                 |                  |                |            |                                 |        |
| SECTION                                                                                                 | Unbaptized     |                                 | **               |                | ROW        | LOT                             | GRAVE  |
| CHURCH                                                                                                  | St. Stanislaus |                                 | FUNERAL DIRECTOR |                | TYPE VAULT |                                 |        |
| CHURCH PERMIT NO.                                                                                       |                | HEALTH PERMIT NO.               |                  |                |            |                                 |        |
| REMARKS: ** Prior to Oct. 1927, no record was kept of the exact location of interments in this section. |                |                                 |                  |                |            |                                 |        |
|                                                                                                         |                |                                 |                  |                |            |                                 |        |
|                                                                                                         |                |                                 |                  |                |            |                                 |        |
|                                                                                                         |                |                                 |                  |                |            |                                 |        |

FAMILY NAME: WISNIEWSKI  
GIVEN NAME: STANISLAUS  
INTERMENT NUMBER: 08345

|                            |    |                                       |                                     |                    |                                 |
|----------------------------|----|---------------------------------------|-------------------------------------|--------------------|---------------------------------|
| NAME                       |    | WISNIEWSKI, Stanislaus                |                                     | INTERMENT No. 8345 |                                 |
| ADDRESS                    |    | Steubenville, Ohio                    |                                     |                    |                                 |
| PERSON RESPONSIBLE ADDRESS |    |                                       |                                     |                    |                                 |
| AGE                        | 66 | RACE                                  | W                                   | SEX                | M                               |
|                            |    | MARRIED                               | <input checked="" type="checkbox"/> |                    | SINGLE <input type="checkbox"/> |
| DATE OF DEATH              |    | Apr. 1, 1929                          |                                     | CAUSE OF DEATH     |                                 |
|                            |    |                                       |                                     | DATE OF BURIAL     |                                 |
| SECTION                    |    | Poor Souls                            |                                     | ROW                |                                 |
|                            |    | LOT                                   |                                     | 303                | GRAVE 2                         |
| CHURCH                     |    | St. Stanislaus                        |                                     | FUNERAL DIRECTOR   |                                 |
|                            |    |                                       |                                     | TYPE VAULT         |                                 |
| CHURCH PERMIT No.          |    | Casmir Emogor                         |                                     | HEALTH PERMIT No.  |                                 |
| REMARKS:                   |    | Survived by wife, Suzanna, Not owner. |                                     |                    |                                 |
|                            |    |                                       |                                     |                    |                                 |
|                            |    |                                       |                                     |                    |                                 |
|                            |    |                                       |                                     |                    |                                 |
|                            |    |                                       |                                     |                    |                                 |
|                            |    |                                       |                                     |                    |                                 |

FAMILY NAME: WISNIEWSKI

GIVEN NAME: STANLEY

INTERMENT NUMBER: 05087

|                            |  |                                                                                                          |  |                   |  |               |  |                |  |       |  |         |  |                          |  |        |  |        |  |                          |  |
|----------------------------|--|----------------------------------------------------------------------------------------------------------|--|-------------------|--|---------------|--|----------------|--|-------|--|---------|--|--------------------------|--|--------|--|--------|--|--------------------------|--|
| NAME                       |  | WISNIEWSKI, Stanley                                                                                      |  | (Infant)          |  | INTERMENT No. |  | 5087           |  |       |  |         |  |                          |  |        |  |        |  |                          |  |
| ADDRESS                    |  | Steubenville, Ohio                                                                                       |  |                   |  |               |  |                |  |       |  |         |  |                          |  |        |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                                                                                                          |  |                   |  |               |  |                |  |       |  |         |  |                          |  |        |  |        |  |                          |  |
| AGE                        |  | --                                                                                                       |  | RACE              |  | W             |  | SEX            |  | M     |  | MARRIED |  | <input type="checkbox"/> |  | infant |  | SINGLE |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  | Aug. 1, 1916                                                                                             |  | CAUSE OF DEATH    |  | Stillborn     |  | DATE OF BURIAL |  |       |  |         |  |                          |  |        |  |        |  |                          |  |
| SECTION                    |  | Unbaptized                                                                                               |  | **                |  | ROW           |  | LOT            |  | GRAVE |  |         |  |                          |  |        |  |        |  |                          |  |
| CHURCH                     |  | St. Stanislaus                                                                                           |  | FUNERAL DIRECTOR  |  |               |  | TYPE VAULT     |  |       |  |         |  |                          |  |        |  |        |  |                          |  |
| CHURCH PERMIT No.          |  | Casmir Smogor                                                                                            |  | HEALTH PERMIT No. |  |               |  |                |  |       |  |         |  |                          |  |        |  |        |  |                          |  |
| REMARKS:                   |  | ** Prior to Oct. 1926, no record was kept of the exact location of interments in the Unbaptized Section. |  |                   |  |               |  |                |  |       |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                                                                                                          |  |                   |  |               |  |                |  |       |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                                                                                                          |  |                   |  |               |  |                |  |       |  |         |  |                          |  |        |  |        |  |                          |  |
|                            |  |                                                                                                          |  |                   |  |               |  |                |  |       |  |         |  |                          |  |        |  |        |  |                          |  |

FAMILY NAME: WITEK  
GIVEN NAME: MATTIE  
INTERMENT NUMBER: 18197

|                                                                                                                                                                                                                      |                                   |                     |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------|-----------------------------------------------------------------------------------|
| NAME Witek, Mattie                                                                                                                                                                                                   |                                   | INTERMENT No. 18197 |                                                                                   |
| ADDRESS 2728 Cleveland Ave. Steubenville, Ohio                                                                                                                                                                       |                                   |                     |                                                                                   |
| PERSON RESPONSIBLE ADDRESS Mrs. Robert Smith-daughter                                                                                                                                                                |                                   |                     |                                                                                   |
| 10-15-1917                                                                                                                                                                                                           |                                   |                     |                                                                                   |
| AGE 69                                                                                                                                                                                                               | RACE W                            | SEX F               | MARRIED <input checked="" type="checkbox"/> widow SINGLE <input type="checkbox"/> |
| 10-6-1987                                                                                                                                                                                                            | Not stated on provi-              |                     | 10-8-1987                                                                         |
| DATE OF DEATH                                                                                                                                                                                                        | CAUSE OF DEATH sionla certificate |                     | DATE OF BURIAL                                                                    |
| SECTION Queen of Heaven                                                                                                                                                                                              | ROW                               | LOT 360             | GRAVE 4                                                                           |
| CHURCH Holy Family                                                                                                                                                                                                   | McClave-Chandler                  |                     | TYPE 12                                                                           |
| Fr. Richard                                                                                                                                                                                                          | FUNERAL DIRECTOR Mills            | VAULT gauge         |                                                                                   |
| CHURCH Maciejewski                                                                                                                                                                                                   | HEALTH PERMIT No. 4101-573        | 4-4x1-2 Kurtz       |                                                                                   |
| PERMIT                                                                                                                                                                                                               | 9/6/1984                          |                     |                                                                                   |
| REMARKS: Surviving are a son, Walter of Steubenville, a daughter, Mrs. Robert (Karolyn) Smith of Steubenville; two brothers, Stanley Radomski and Casimir Radomski; both of Niagara Falls, N.Y.; two sisters, Lottie |                                   |                     |                                                                                   |

Karbowski of Niagara Falls and Jessie Kolano of Lewis-  
town, N.Y. and three grandchildren. She was born in  
Niagara Falls. She was preceded in death by her  
husband, Walter Witek in 1983; her father and mother,  
Lottie Radomski, and a brother. She was a member of  
Holy Family Catholic Church.



FAMILY NAME: WITEK  
GIVEN NAME: WALTER  
INTERMENT NUMBER: 17493

|                                                                                                                                                                                     |                                         |                                |                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------|-----------------------------------------------------------------------------|
| NAME Witek, Walter                                                                                                                                                                  |                                         | INTERMENT No. 17493            |                                                                             |
| ADDRESS 2728 Cleveland Ave. Steubenville, Ohio                                                                                                                                      |                                         |                                |                                                                             |
| PERSON RESPONSIBLE ADDRESS Mrs. Hattie Witek (wife-as above)                                                                                                                        |                                         |                                |                                                                             |
| July 13, 1917                                                                                                                                                                       | RACE W                                  | SEX M                          | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| AGE 66                                                                                                                                                                              | Not stated on provisional certificate   |                                |                                                                             |
| DATE OF DEATH 12-15-1983                                                                                                                                                            | CAUSE OF DEATH                          | DATE OF BURIAL 12-17-1983      |                                                                             |
| SECTION Queen of Heaven                                                                                                                                                             | ROW                                     | LOT 360                        | GRAVE 3                                                                     |
| CHURCH Holy Family                                                                                                                                                                  | McClave-Chandler FUNERAL DIRECTOR Mills | 12 gauge TYPE VAULT galvanized |                                                                             |
| CHURCH PERMIT Fr. Richard Maciejewski                                                                                                                                               | HEALTH PERMIT No. 4101-765              | 4-4x1-2 Kurtz 9/6/1984         |                                                                             |
| REMARKS: Surviving are his wife, Hattie Radomski Witek; a daughter, Mrs. Robert (Carolyn) Smith of Steubenville; a son, Walter J. Jr. at home; and three grandchildren. He was born |                                         |                                |                                                                             |

in Niagara Falls, N.Y., a son of the late Adam and Agatha Sekule Witek. He was preceded in death by a sister, Jean Paluck. He was a member of Holy Family Catholic Church Holy Name Society and Satralloy 25-Year Club.

FAMILY NAME: WITKOWSKI

GIVEN NAME: AGNES

INTERMENT NUMBER: 16895

|                                                                                                                                                                                                                                         |                  |                        |                                        |                    |       |                |                                           |               |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------|----------------------------------------|--------------------|-------|----------------|-------------------------------------------|---------------|--------------------------|
| NAME                                                                                                                                                                                                                                    |                  | WITKOWSKI, Agnes       |                                        | INTERMENT No.      |       | 16895          |                                           |               |                          |
| ADDRESS                                                                                                                                                                                                                                 |                  | 224 North Ninth Street |                                        | Steubenville, Ohio |       | 43952          |                                           |               |                          |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                              |                  | Mosti Funeral Home     |                                        |                    |       |                |                                           |               |                          |
| 1-20-1893                                                                                                                                                                                                                               |                  |                        |                                        |                    |       |                |                                           |               |                          |
| AGE                                                                                                                                                                                                                                     | 87               | RACE                   | W                                      | SEX                | F     | MARRIED        | <input checked="" type="checkbox"/> Widow | SINGLE        | <input type="checkbox"/> |
| DATE OF DEATH                                                                                                                                                                                                                           | 11-3-1980        | CAUSE OF DEATH         | Not stated on provisional certificate. |                    |       | DATE OF BURIAL | 11-6-1980                                 |               |                          |
| SECTION                                                                                                                                                                                                                                 |                  | St. Peter's            |                                        | ROW                |       | LOT            | 50                                        | GRAVE         | 12                       |
| CHURCH                                                                                                                                                                                                                                  |                  | St. Stanislaus         |                                        | FUNERAL DIRECTOR   | Mosti |                | TYPE VAULT                                | Eagle Triplex |                          |
| CHURCH PERMIT                                                                                                                                                                                                                           | Fr. C. Szymanski |                        | HEALTH PERMIT No.                      | 4101-0681          |       |                |                                           |               |                          |
| REMARKS: Died at her home following a lengthy illness. She was a meber of the Alter and Rosary Society, the Catholic Women's Club, and St. Stanislaus Catholic Church. Surviving are three sons, Joseph and Edwin, both of Steubenville |                  |                        |                                        |                    |       |                |                                           |               |                          |

and Maurice of Weirton; three daughters, Mrs. Agnes Baczewski of Steubenville, with whom she resided, Mrs. Edmond (Marie) Helvie of Anderson, Ind., and Mrs. Anthony (Louise) DiFederico of Steubenville; a brother, Joseph Krosky of Tempe, Arizona; seven grandchildren and two great-grandchildren. She was born January 20, 1893, in Hamburg, Germany, a daughter of the late John and Sophie Wieleczek Kraska. She was also preceded in death by her husband, Joseph, July 1, 1950; a daughter, Mrs. Martha Majewski of Steubenville, and infant son and an infant daughter, and two brothers and two sisters.

FAMILY NAME: WITKOWSKI  
GIVEN NAME: ALEXANDER M.  
INTERMENT NUMBER: 15603

|                                                                                                                                                                                          |  |                                                     |  |                  |  |                                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|------------------|--|--------------------------------------------------------------------------|--|
| NAME                                                                                                                                                                                     |  | WITKOWSKI, Alexander M.                             |  | INTERMENT No.    |  | 15603                                                                    |  |
| ADDRESS                                                                                                                                                                                  |  | 204 North 8th Street Steubenville, Ohio             |  |                  |  |                                                                          |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                               |  | Mrs. Clara Woods 204 North 8th St. Steubenville, O. |  |                  |  |                                                                          |  |
| Feb. 26, 1884                                                                                                                                                                            |  |                                                     |  |                  |  |                                                                          |  |
| AGE                                                                                                                                                                                      |  | 89-5-19d                                            |  | RACE             |  | W                                                                        |  |
|                                                                                                                                                                                          |  | SEX                                                 |  | M                |  | MARRIED <input type="checkbox"/> Widower SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                                                                                                                                                                            |  | Aug 8, 73                                           |  | CAUSE OF DEATH   |  | Not Stated on provisional certificate                                    |  |
|                                                                                                                                                                                          |  |                                                     |  | DATE OF BURIAL   |  | August 10, 1973                                                          |  |
| SECTION                                                                                                                                                                                  |  | Blessed Virgin                                      |  | ROW              |  | LOT 31 GRAVE 2                                                           |  |
| CHURCH                                                                                                                                                                                   |  | St. Stanislaus                                      |  | FUNERAL DIRECTOR |  | Cole Brothers                                                            |  |
|                                                                                                                                                                                          |  |                                                     |  | Falcon topseal   |  | TYPE VAULT conc                                                          |  |
| CHURCH PERMIT                                                                                                                                                                            |  | Fr. C. L. Szymanski.                                |  | Dist. 4101 - 509 |  | 4-02 X 1-0" X 1-62dbble                                                  |  |
|                                                                                                                                                                                          |  | HEALTH PERMIT No.                                   |  | memorial.        |  | MAS 3/23/65                                                              |  |
| REMARKS: D.O.A. Ohio Valley Hospital. Born in Poland. Retired from Federal Paper Board Co. Survived by two sons Edward and Herman, a daughter, Mrs Clara Woods, and three grand children |  |                                                     |  |                  |  |                                                                          |  |

FAMILY NAME: WITKOWSKI  
GIVEN NAME: ALPHONSE T.  
INTERMENT NUMBER: 10638

|                                                                                                                                                   |  |                                    |  |                   |  |                                            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|--|-------------------|--|--------------------------------------------|--|
| NAME                                                                                                                                              |  | WITKOWSKI, Alphonse T.             |  | INTERMENT No.     |  | 10638                                      |  |
| ADDRESS                                                                                                                                           |  | 203 N. 8th St., Steubenville, Ohio |  |                   |  |                                            |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                        |  |                                    |  |                   |  |                                            |  |
| Nov. 28, 1920                                                                                                                                     |  | AGE                                |  | 24-10-25          |  | da                                         |  |
| GRACE                                                                                                                                             |  | W                                  |  | SEX               |  | M                                          |  |
| MARRIED                                                                                                                                           |  | <input type="checkbox"/>           |  | SINGLE            |  | <input checked="" type="checkbox"/> XX     |  |
| DATE OF DEATH                                                                                                                                     |  | Sept 22, 1945                      |  | CAUSE OF DEATH    |  | drowning-hemorrhage<br>shock-auto accident |  |
| DATE OF BURIAL                                                                                                                                    |  | Sept 27, 1945                      |  |                   |  |                                            |  |
| SECTION                                                                                                                                           |  | Blessed Virgin                     |  | ROW               |  | LOT 31                                     |  |
| GRAVE                                                                                                                                             |  | 1                                  |  |                   |  |                                            |  |
| CHURCH                                                                                                                                            |  | St. Stanislaus                     |  | FUNERAL DIRECTOR  |  | Shannon                                    |  |
| TYPE VAULT                                                                                                                                        |  | Wheatley # 9                       |  | topseal           |  |                                            |  |
| CHURCH PERMIT No.                                                                                                                                 |  | Dist. 654-                         |  | HEALTH PERMIT No. |  | 452                                        |  |
| Upright Veteran marker.                                                                                                                           |  |                                    |  |                   |  |                                            |  |
| REMARKS: Born, Steubenville of Alexander & Ida Witkowski.<br>Died by drowning Island Creek Twp., Jefferson County. Ohio.<br>Member of U. S. Army. |  |                                    |  |                   |  |                                            |  |



FAMILY NAME: WITKOWSKI

GIVEN NAME: EDWARD

INTERMENT NUMBER: 02948

|                                 |                                   |                            |                                         |                                 |  |
|---------------------------------|-----------------------------------|----------------------------|-----------------------------------------|---------------------------------|--|
| NAME                            |                                   | WITKOWSKI, Edward (Infant) |                                         | INTERMENT No. 2948              |  |
| ADDRESS                         |                                   | Steubenville, Ohio         |                                         |                                 |  |
| PERSON RESPONSIBLE ADDRESS      |                                   |                            |                                         |                                 |  |
| AGE 2 mo                        | RACE W                            | SEX M                      | MARRIED <input type="checkbox"/> infant | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH Mar. 20, 1911     | CAUSE OF DEATH Pneumonia - mumps. |                            | DATE OF BURIAL                          |                                 |  |
| SECTION Holy Innocents , Div. I | ROW 4                             | LOT                        | GRAVE 6                                 |                                 |  |
| CHURCH St. Stanislaus           | FUNERAL DIRECTOR                  |                            | TYPE VAULT                              |                                 |  |
| CHURCH PERMIT No. Casmir Smogor | HEALTH PERMIT No.                 |                            |                                         |                                 |  |
| REMARKS:                        |                                   |                            |                                         |                                 |  |
|                                 |                                   |                            |                                         |                                 |  |
|                                 |                                   |                            |                                         |                                 |  |
|                                 |                                   |                            |                                         |                                 |  |
|                                 |                                   |                            |                                         |                                 |  |



FAMILY NAME: WITKOWSKI

GIVEN NAME: EDWARD J.

INTERMENT NUMBER: 17090

|                                                                                                                                                                                                                                       |                                                        |                     |                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------|-----------------------------------------------------------------------------|
| NAME WITKOWSKI, Edward J.                                                                                                                                                                                                             |                                                        | INTERMENT No. 17090 |                                                                             |
| ADDRESS 1545 Florabunda Ave. Burlingame, California                                                                                                                                                                                   |                                                        |                     |                                                                             |
| PERSON RESPONSIBLE ADDRESS Mosti Funeral Home                                                                                                                                                                                         |                                                        |                     |                                                                             |
| 10-10-1924                                                                                                                                                                                                                            |                                                        |                     |                                                                             |
| AGE 57                                                                                                                                                                                                                                | RACE W                                                 | SEX M               | MARRIED <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> |
| DATE OF DEATH 10-28-1981                                                                                                                                                                                                              | CAUSE OF DEATH Not stated on California burial permit. |                     | DATE OF BURIAL 11-2-1981                                                    |
| SECTION Poor Souls Rows                                                                                                                                                                                                               |                                                        | ROW 33              | LOT GRAVE 33                                                                |
| CHURCH St. Stanislaus                                                                                                                                                                                                                 | FUNERAL DIRECTOR Mosti                                 | #9 Falcon           |                                                                             |
| CHURCH PERMIT Fr. Chester L. Szymanski                                                                                                                                                                                                | San Mateo-County--                                     | TYPE VAULT Topseal  |                                                                             |
| HEALTH PERMIT No. 1279                                                                                                                                                                                                                |                                                        |                     |                                                                             |
| REMARKS: Former Steubenville resident, died in the emergency room of Kaiser Hospital in San Francisco. He was employed as a lithographer of the Crown Cork and Seal Co. in San Francisco until his retirement. He was a member of St. |                                                        |                     |                                                                             |

Catherine Church in Burlingame, and was an Army Veteran of W. W. II. Surviving are a brother, Herman of Baltimore, MD and a sister, Clara Witkowski of Steubenville. He was born October 10, 1924 in Steubenville, a son of the late Alex and Ida Karwowski Witkowski. He was also preceded in death by two brothers, Alfonso of Steubenville, and Stanley of Panorama City, CA, and a sister, Sister Blandyna with the Felician Order in Coraopolis, PA.

11-5-1981 Flat Bronze Marker Ordered.  
1-21-1982 Flat Bronze Marker Received.

FAMILY NAME: WITKOWSKI

GIVEN NAME: ELIZABETH

INTERMENT NUMBER: 06473

|                            |  |                         |  |          |  |                                         |  |                                 |  |
|----------------------------|--|-------------------------|--|----------|--|-----------------------------------------|--|---------------------------------|--|
| NAME                       |  | WITKOWSKI, Elizabeth    |  | (Infant) |  | INTERMENT No.                           |  | 6473                            |  |
| ADDRESS                    |  | Steubenville, Ohio      |  |          |  |                                         |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS |  |                         |  |          |  |                                         |  |                                 |  |
| AGE 3 yrs                  |  | RACE W                  |  | SEX F    |  | MARRIED <input type="checkbox"/> infant |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH              |  | Oct. 25, 1918           |  |          |  | CAUSE OF DEATH                          |  | DATE OF BURIAL                  |  |
| SECTION                    |  | Holy Innocents, Div. IV |  |          |  | ROW 3                                   |  | LOT                             |  |
| CHURCH                     |  | St. Stanislaus          |  |          |  | FUNERAL DIRECTOR                        |  | TYPE VAULT                      |  |
| CHURCH PERMIT No.          |  | Casimir Smoger          |  |          |  | HEALTH PERMIT No.                       |  |                                 |  |
| REMARKS:                   |  |                         |  |          |  |                                         |  |                                 |  |
|                            |  |                         |  |          |  |                                         |  |                                 |  |
|                            |  |                         |  |          |  |                                         |  |                                 |  |
|                            |  |                         |  |          |  |                                         |  |                                 |  |
|                            |  |                         |  |          |  |                                         |  |                                 |  |
|                            |  |                         |  |          |  |                                         |  |                                 |  |

FAMILY NAME: WITKOWSKI

GIVEN NAME: IDA MRS.

INTERMENT NUMBER: 13959

|                                                                                                                                                                                                |  |                                               |  |                  |  |                    |  |                |  |                         |  |                       |  |         |  |                                     |  |        |  |                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|--|------------------|--|--------------------|--|----------------|--|-------------------------|--|-----------------------|--|---------|--|-------------------------------------|--|--------|--|--------------------------|--|
| NAME                                                                                                                                                                                           |  | WITKOWSKI, Mrs. Ida                           |  | INTERMENT No.    |  | 13959              |  |                |  |                         |  |                       |  |         |  |                                     |  |        |  |                          |  |
| ADDRESS                                                                                                                                                                                        |  | 203 North 8th St., Steubenville, Ohio         |  |                  |  |                    |  |                |  |                         |  |                       |  |         |  |                                     |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                     |  | Mrs. Edw. (Clara) Woods, 205 N. 8th St., City |  |                  |  |                    |  |                |  |                         |  |                       |  |         |  |                                     |  |        |  |                          |  |
| 0 ct. 15, 1889                                                                                                                                                                                 |  | AGE                                           |  | 75-2-14da        |  | RACE               |  | W              |  | SEX                     |  | F M                   |  | MARRIED |  | <input checked="" type="checkbox"/> |  | SINGLE |  | <input type="checkbox"/> |  |
| DATE OF DEATH                                                                                                                                                                                  |  | Dec. 28, 1964                                 |  | CAUSE OF DEATH   |  | coronary occlusion |  | DATE OF BURIAL |  | Dec. 31, 1964           |  |                       |  |         |  |                                     |  |        |  |                          |  |
| SECTION                                                                                                                                                                                        |  | Blessed Virgin                                |  | ROW              |  | LOT                |  | 31             |  | GRAVE                   |  | 3                     |  |         |  |                                     |  |        |  |                          |  |
| CHURCH                                                                                                                                                                                         |  | St. Stanislaus                                |  | FUNERAL DIRECTOR |  | Cole Bros          |  | TYPE VAULT     |  | Clarke-metal            |  |                       |  |         |  |                                     |  |        |  |                          |  |
| CHURCH PERMIT No.                                                                                                                                                                              |  | Fr. C. L. Szymanski                           |  | Dist. 4101 -     |  | HEALTH PERMIT No.  |  | 719            |  | 4-0" X 1-0" X 1-6" dble |  | memorial. MAS 3/23/65 |  |         |  |                                     |  |        |  |                          |  |
| REMARKS: Born in Poland of Stanislaus & Mary Grygo Karwowski                                                                                                                                   |  |                                               |  |                  |  |                    |  |                |  |                         |  |                       |  |         |  |                                     |  |        |  |                          |  |
| Survived by her husband, Alex Witkowski, a daughter, Mrs. Edw. (Clara) Woods; 3 sons, Herman, Stanley, and Edward Witkowski; a sister, Mrs. Blanche Friney; and 4 grandchildren. Died at home. |  |                                               |  |                  |  |                    |  |                |  |                         |  |                       |  |         |  |                                     |  |        |  |                          |  |

FAMILY NAME: WITKOWSKI  
GIVEN NAME: JOSEPH J. "LEFTY"  
INTERMENT NUMBER: 20505

|                            |  |                                                                                                                                                                                                |  |                   |  |                                       |  |                |  |               |  |       |  |         |  |   |  |         |  |        |  |   |  |
|----------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|---------------------------------------|--|----------------|--|---------------|--|-------|--|---------|--|---|--|---------|--|--------|--|---|--|
| NAME                       |  | WITKOWSKI, Joseph J. "Lefty"                                                                                                                                                                   |  | INTERMENT No.     |  | 20505                                 |  |                |  |               |  |       |  |         |  |   |  |         |  |        |  |   |  |
| ADDRESS                    |  | 525 Braybarton Blvd., Steubenville, Ohio                                                                                                                                                       |  |                   |  |                                       |  |                |  |               |  |       |  |         |  |   |  |         |  |        |  |   |  |
| PERSON RESPONSIBLE ADDRESS |  | Brother Edwin Witkowski 200 Fernwood Rd Wintersville                                                                                                                                           |  |                   |  |                                       |  |                |  |               |  |       |  |         |  |   |  |         |  |        |  |   |  |
| 2-25-1917                  |  | AGE                                                                                                                                                                                            |  | 82                |  | RACE                                  |  | W              |  | SEX           |  | M     |  | MARRIED |  | X |  | widower |  | SINGLE |  | □ |  |
| DATE OF DEATH              |  | 7-20-1999                                                                                                                                                                                      |  | CAUSE OF DEATH    |  | Not stated on provisional certificate |  | DATE OF BURIAL |  | July 22, 1999 |  |       |  |         |  |   |  |         |  |        |  |   |  |
| SECTION                    |  | Holy Spirit Mausoleum                                                                                                                                                                          |  | ROW               |  | crypt 214-E                           |  | LOT            |  |               |  | GRAVE |  |         |  |   |  |         |  |        |  |   |  |
| CHURCH                     |  | Holy Rosary                                                                                                                                                                                    |  | FUNERAL DIRECTOR  |  | Mosti                                 |  | TYPE VAULT     |  | not required  |  |       |  |         |  |   |  |         |  |        |  |   |  |
| CHURCH PERMIT              |  | Msgr. Stanley Zekas                                                                                                                                                                            |  | HEALTH PERMIT No. |  | 4101-401                              |  |                |  |               |  |       |  |         |  |   |  |         |  |        |  |   |  |
| REMARKS:                   |  | Surviving are two brothers, Edwin of Steubenville, and Maurice of Weirton; two sisters, Mrs. Anthony (Louise) DiFederico of Steubenville and Marie Helvie of Anderson, Ind. and several nieces |  |                   |  |                                       |  |                |  |               |  |       |  |         |  |   |  |         |  |        |  |   |  |

and nephews. He was the son of the late Joseph and Agnus Krosky Witkowski, He was also preceded indeath by his wife, Mary Rybalt Witkowski in 1997 and three sisters, Elizabeth, Martha and Agnus. He was retired from Weirton Steel Corp. and an Army veteran of W.W.II He was a member of Holy Rosary Catholic Church, the St. Francis Society and a member of Elks Lodge No. 231.



FAMILY NAME: WITKOWSKI

GIVEN NAME: JOSEPH SR.

INTERMENT NUMBER: 11386

|                                                                                                                                                                                                                                                                |                |                                    |                  |                  |               |                |                                     |        |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------|------------------|------------------|---------------|----------------|-------------------------------------|--------|--------------------------|
| NAME                                                                                                                                                                                                                                                           |                | WITKOWSKI, Joseph Sr.              |                  | INTERMENT No.    |               | 11386          |                                     |        |                          |
| ADDRESS                                                                                                                                                                                                                                                        |                | 224 N. 9th St., Steubenville, Ohio |                  |                  |               |                |                                     |        |                          |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                     |                |                                    |                  |                  |               |                |                                     |        |                          |
| AGE                                                                                                                                                                                                                                                            | 67-7-20da.     | RACE                               | W                | SEX              | M             | MARRIED        | <input checked="" type="checkbox"/> | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH                                                                                                                                                                                                                                                  | July 4, '50    | CAUSE OF DEATH                     |                  | Arteriosclerosis |               | DATE OF BURIAL |                                     |        | July 7, 1950             |
| SECTION                                                                                                                                                                                                                                                        | St. Peter's    |                                    |                  | ROW              |               | LOT            | 50                                  | GRAVE  | 11                       |
| CHURCH                                                                                                                                                                                                                                                         | St. Stanislaus |                                    | FUNERAL DIRECTOR |                  | Elliott       |                | TYPE VAULT                          |        |                          |
| CHURCH PERMIT No.                                                                                                                                                                                                                                              | John A. Turel  |                                    | Dist. 470        |                  | Cambridge, O. |                |                                     |        |                          |
|                                                                                                                                                                                                                                                                |                | HEALTH PERMIT No.                  |                  | 262              |               |                |                                     |        |                          |
| REMARKS: Buried in Grave 11 with Kalinowski child.                                                                                                                                                                                                             |                |                                    |                  |                  |               |                |                                     |        |                          |
| Son of Mr. and Mrs. Thomas Witkowski. Surviving are his widow, Agnes Kroski; children, Mrs. Stephen Baseski, Mrs. Anthony DeFederico, Joseph and Edwin; Mrs. Peter Melvic, and Maurice Witkowski; a brothers, Alexander, and a sister and a brother in Europe. |                |                                    |                  |                  |               |                |                                     |        |                          |



FAMILY NAME: WITKOWSKI  
GIVEN NAME: MARY BRIDGET  
INTERMENT NUMBER: 16949

|                                                                                                                                                                                                                                          |                                    |                     |                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------|------------------------------------------------------------------------------------|
| NAME WITKOWSKI, INFANT Mary Bridget                                                                                                                                                                                                      |                                    | INTERMENT No. 16949 |                                                                                    |
| ADDRESS 229 Lovers Lane Steubenville, Ohio 43952                                                                                                                                                                                         |                                    |                     |                                                                                    |
| PERSON RESPONSIBLE ADDRESS McClave-Chandler-Mills Funeral Home                                                                                                                                                                           |                                    |                     |                                                                                    |
| 2-10-1981                                                                                                                                                                                                                                |                                    |                     |                                                                                    |
| AGE 0                                                                                                                                                                                                                                    | RACE W                             | SEX F               | MARRIED <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> Infant |
| DATE OF DEATH 2-10-1981                                                                                                                                                                                                                  | CAUSE OF DEATH Interuterine Anoxia |                     | DATE OF BURIAL 2-12-1981                                                           |
| SECTION All Saints                                                                                                                                                                                                                       |                                    | ROW                 | LOT 74 GRAVE 4                                                                     |
| Services in chapel from                                                                                                                                                                                                                  |                                    | McClave-Chandler-   | Casket w/vault                                                                     |
| CHURCH funeral home                                                                                                                                                                                                                      | FUNERAL DIRECTOR Mills             | TYPE VAULT combin.  |                                                                                    |
| Fr. Gaughan-- Martins                                                                                                                                                                                                                    | 2-0x1-0x0-4 Kurtz                  |                     |                                                                                    |
| CHURCH PERMIT Ferry                                                                                                                                                                                                                      | HEALTH PERMIT No. 4101-1           | sngl mem 4-21-1981  |                                                                                    |
| REMARKS: Survived by parents, Edwin D. and Judy B. Lucas Witkowski, Born and died in Ohio Valley Hospital in Steubenville. Also surviving are her maternal grandmother, Mrs. Eleanor G. Lucas of Steubenville, paternal grandfather, Ed- |                                    |                     |                                                                                    |

win Witkowski, Sr. of Wintersville, and paternal grandmother, Mrs. Kathleen Mertz of Las Vegas, Nevada.

FAMILY NAME: WITKOWSKI

GIVEN NAME: MARY M.

INTERMENT NUMBER: 20141

|                                                                                                                                                                                                     |  |                                                           |  |                                 |  |                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|--|---------------------------------|--|---------------------------------|--|
| NAME                                                                                                                                                                                                |  | Witkowski, Mary M.                                        |  | INTERMENT No.                   |  | 20141                           |  |
| ADDRESS 525 Braybarton Blvd., Steubenville, OH 43952                                                                                                                                                |  |                                                           |  |                                 |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS Dunlope-Shorac                                                                                                                                                           |  |                                                           |  |                                 |  |                                 |  |
| 1-21-1921                                                                                                                                                                                           |  | AGE 76                                                    |  | RACE W                          |  | SEX F                           |  |
|                                                                                                                                                                                                     |  | MARRIED <input checked="" type="checkbox"/>               |  |                                 |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH 9-27-1997                                                                                                                                                                             |  | CAUSE OF DEATH not stated on pro-<br>visional certificate |  |                                 |  | DATE OF BURIAL 9-30-1997        |  |
| SECTION Holy Spirit Mausoleum                                                                                                                                                                       |  |                                                           |  | Crypt # 216-E                   |  | ROW LOT GRAVE                   |  |
| CHURCH Holy Rosary                                                                                                                                                                                  |  |                                                           |  | FUNERAL DIRECTOR Shorac-Dunlope |  | TYPE VAULT not Req.             |  |
| CHURCH PERMIT Msgr. James C. Marshall                                                                                                                                                               |  | HEALTH PERMIT No. 4101-484                                |  |                                 |  |                                 |  |
| REMARKS: Surviving are her husband, Joseph J. Witkowski, Whom she Married Aug. 24, 1946; a sister, Mrs. Rose Hodor of Weirton; and several neices and nephews. She was born in Steubenville and was |  |                                                           |  |                                 |  |                                 |  |

preceded in death by her parents John and Anna Adyniec Rybalt; Two brothers, Walter and Stephen Rybalt; and two sisters, Stephanie Kalata and Hattie Wania. She was a member of Holy Rosary Roman Catholic Church, Steubenville, and the church's Catholic Women's Club and St. francis Society. She was also a member of the Steuben-ville Ladies Elks Club, Polish National Alliance, and the Polish Roman Catholic Union. She was a retired sales clerk from Sears Roebuck, Steubenville. Contributions can be made to Holy Rosary Grade School Development Fund.

FAMILY NAME: WITKOWSKI

GIVEN NAME: STANLEY (WARREN)

INTERMENT NUMBER: 15557

|                                                                                                                                                                                                                                                                                    |  |                                                          |  |                                 |       |                                                                                      |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|---------------------------------|-------|--------------------------------------------------------------------------------------|----------|
| NAME                                                                                                                                                                                                                                                                               |  | WARREN, (Witkowski) Stanley                              |  | INTERMENT No.                   |       | 15557                                                                                |          |
| ADDRESS                                                                                                                                                                                                                                                                            |  | Man Nuys, Calif.,                                        |  |                                 |       |                                                                                      |          |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                         |  | (Sister)<br>Mrs. Edw. (Clara) Woods 204 N. 8th St., City |  |                                 |       |                                                                                      |          |
| July 22, 1915                                                                                                                                                                                                                                                                      |  | AGE 57-9-6da                                             |  | RACE W                          | SEX M | MARRIED <input checked="" type="checkbox"/> divorced SINGLE <input type="checkbox"/> |          |
| April 28, 1973                                                                                                                                                                                                                                                                     |  | Not stated on California                                 |  |                                 |       | May 10, 1973                                                                         |          |
| DATE OF DEATH                                                                                                                                                                                                                                                                      |  | CAUSE OF DEATH                                           |  |                                 |       | DATE OF BURIAL                                                                       |          |
| burial permit.                                                                                                                                                                                                                                                                     |  |                                                          |  |                                 |       |                                                                                      |          |
| SECTION                                                                                                                                                                                                                                                                            |  | Poor Souls                                               |  | ROW                             | 33    | LOT                                                                                  | GRAVE 31 |
| CHURCH                                                                                                                                                                                                                                                                             |  | St. Stanislaus                                           |  | Meyer & Mitchell-there          |       | falcon topseal                                                                       |          |
|                                                                                                                                                                                                                                                                                    |  |                                                          |  | FUNERAL DIRECTOR Cole Bros-here |       | TYPE VAULT conc.                                                                     |          |
| Fr. C. L. Szymanski                                                                                                                                                                                                                                                                |  | Los Angeles,                                             |  | 2-0" X 1-0" flat bronze         |       | Veteran marker. 5/15/73                                                              |          |
| CHURCH PERMIT                                                                                                                                                                                                                                                                      |  | HEALTH PERMIT No. 50024K                                 |  |                                 |       |                                                                                      |          |
| REMARKS: Born in Steubenville of Alex and Ida Karwowski Witkowski.                                                                                                                                                                                                                 |  |                                                          |  |                                 |       |                                                                                      |          |
| World War II Veteran, Marines. Employed as assistant to Congressman James Corman (22nd Dist. Calif.) Survived by his father, a sister, Mrs. Clara Woods, 2 brothers, Edward Witkowski, Burlingame, Cal., and Herman Witkowski, Baltimore, Md., also a son Thomas Warren in Calif., |  |                                                          |  |                                 |       |                                                                                      |          |

Died at home and was un-identified for some time thereafter.

Nov. 7, 1973: 2-0" X 1-0" flat bronze Veteran marker broken out of concrete and mounted on 2-2" X 0-10" X 1-6" slant granite marker by Archer Marble and Granite Wks., Veteran marker reads, "Witkowski"



FAMILY NAME: WITKOWSKI

GIVEN NAME: THOMAS

INTERMENT NUMBER: 13717

|                            |  |                                                                         |  |                                        |  |                    |  |                                        |  |                                 |  |
|----------------------------|--|-------------------------------------------------------------------------|--|----------------------------------------|--|--------------------|--|----------------------------------------|--|---------------------------------|--|
| NAME                       |  | WITKOWSKI, (Child) Thomas                                               |  | INTERMENT NO.                          |  | 13717              |  |                                        |  |                                 |  |
| ADDRESS                    |  | 1218 Arlington Ave., Steubenville, Ohio                                 |  |                                        |  |                    |  |                                        |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS |  | McClave Funeral Home                                                    |  |                                        |  |                    |  |                                        |  |                                 |  |
| Nov. 11, 1957              |  | AGE 5-10-19da                                                           |  | RACE W                                 |  | SEX M              |  | MARRIED <input type="checkbox"/> Child |  | SINGLE <input type="checkbox"/> |  |
| Sept. 28, 1963             |  | DATE OF DEATH                                                           |  | Not stated on provisional certificate. |  |                    |  | Oct. 1, 1963                           |  |                                 |  |
| DATE OF DEATH              |  | CAUSE OF DEATH                                                          |  |                                        |  | DATE OF BURIAL     |  |                                        |  |                                 |  |
| SECTION                    |  | Blessed Virgin                                                          |  | ROW                                    |  | LOT 26             |  | GRAVE 5                                |  |                                 |  |
| CHURCH                     |  | St. Peters                                                              |  | FUNERAL DIRECTOR                       |  | McClave            |  | concrete topseal                       |  |                                 |  |
| CHURCH PERMIT NO.          |  | Msgr. Cronin T. Malloy                                                  |  | Dist. 4101 -                           |  | 2-0" X 1-0" X 1-6" |  | marker. Archer 10/63                   |  |                                 |  |
| REMARKS:                   |  | Born in Steubenville of Edwin and Kathleen Ruth Witkowski.              |  |                                        |  |                    |  |                                        |  |                                 |  |
|                            |  | First grade pupil at St. Peter School. Survived by parents; 4 brothers  |  |                                        |  |                    |  |                                        |  |                                 |  |
|                            |  | Robert, Paul, Edwin Jr., and Timothy; maternal grandparents, Mr. & Mrs  |  |                                        |  |                    |  |                                        |  |                                 |  |
|                            |  | George (Fay) Ruth; paternal grandparents, Mother, Mrs. Agnes Witkowski. |  |                                        |  |                    |  |                                        |  |                                 |  |
|                            |  | DOA at Ohio Valley Hospital, Steubenville, Ohio (Over)                  |  |                                        |  |                    |  |                                        |  |                                 |  |

(From Steub. Herald Star: 9/30/63) An Expedition to Belleview Park ended in tragedy Afternoon for an adventuresome five-year old Steubenville boy when he drowned in the city reservoir, located at the top of Stony Hollow Boulevard and adjacent to the park area. Thomas Witkowski, 1218 Arlington Ave.,, a twin son of - - - was pronounced dead on arrival at Ohio Valley Hospital at 4:15 PM --

FAMILY NAME: WOJCIK  
GIVEN NAME: JAMES V.  
INTERMENT NUMBER: 19324

|                                                                                                                                                                                                                                      |  |                                          |  |                   |  |                |  |                                             |  |                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|--|-------------------|--|----------------|--|---------------------------------------------|--|---------------------------------|--|
| NAME                                                                                                                                                                                                                                 |  | Wojcik, James V.                         |  | INTERMENT No.     |  | 19324          |  |                                             |  |                                 |  |
| ADDRESS                                                                                                                                                                                                                              |  | 801 Fourth Street, Brilliant, Ohio 43913 |  |                   |  |                |  |                                             |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                           |  | Wheeler Funeral Home                     |  |                   |  |                |  |                                             |  |                                 |  |
| 9-1-1951                                                                                                                                                                                                                             |  | AGE 41                                   |  | RACE W            |  | SEX M          |  | MARRIED <input checked="" type="checkbox"/> |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                                                                                                                                                                                                                        |  | 8-7-1993                                 |  | CAUSE OF DEATH    |  | Cardiac Arrest |  | DATE OF BURIAL                              |  | 8-10-1993                       |  |
| SECTION                                                                                                                                                                                                                              |  | Holy Rosary                              |  | ROW               |  | LOT 8          |  | GRAVE 1                                     |  | eagle                           |  |
| CHURCH                                                                                                                                                                                                                               |  | St. Agnes                                |  | FUNERAL DIRECTOR  |  | Wheeler        |  | TYPE VAULT                                  |  | triplex                         |  |
| CHURCH PERMIT                                                                                                                                                                                                                        |  | Msgr. Lewis Gaetano                      |  | HEALTH PERMIT No. |  | 4101-408       |  | 4-6x1-2 dbl.mem                             |  | Gallagher 3/7/94                |  |
| REMARKS: Surviving are his wife, Jeanette Roberts Wojcik his mother, Agnes Gabany Wojcik of West Mifflin, Pa. ; three brothers, Theodore Jr. of West Mifflin, Pa. Edwin of Robinson Township, Pa. and Kenneth of Denver. He was pre- |  |                                          |  |                   |  |                |  |                                             |  |                                 |  |

ceded in death by his father, Theodore Sr. in 1973. He was born in ~~Beddock~~ Beddock, Pa. on Sept. 1, 1951. He was a member of St. Agnes Catholic Church, where he was in charge of the altar boys. He was a third grade teacher for the past 19 years at St. Agnes Grade School.



FAMILY NAME: WOJLYVIAK

GIVEN NAME: DAVID JOHN

INTERMENT NUMBER: 09750

|                            |  |                                |   |                   |   |                |                          |             |                          |
|----------------------------|--|--------------------------------|---|-------------------|---|----------------|--------------------------|-------------|--------------------------|
| NAME                       |  | WOJLYVIAK, David John (infant) |   | INTERMENT No.     |   | 9750           |                          |             |                          |
| ADDRESS                    |  | Steubenville, Ohio             |   |                   |   |                |                          |             |                          |
| PERSON RESPONSIBLE ADDRESS |  |                                |   |                   |   |                |                          |             |                          |
| AGE                        |  | RACE                           | W | SEX               | M | MARRIED        | <input type="checkbox"/> | SINGLE      | <input type="checkbox"/> |
| DATE OF DEATH              |  | CAUSE OF DEATH                 |   |                   |   | DATE OF BURIAL |                          | July 3, '39 |                          |
| SECTION                    |  | Holy Innocents VI              |   | ROW               | 4 | LOT            |                          | GRAVE       | 31                       |
| CHURCH                     |  | St. Stanislaus                 |   | FUNERAL DIRECTOR  |   | Elliott        |                          | TYPE VAULT  |                          |
| CHURCH PERMIT No.          |  | Casmir Smogor                  |   | HEALTH PERMIT No. |   |                |                          |             |                          |
| REMARKS:                   |  |                                |   |                   |   |                |                          |             |                          |
|                            |  |                                |   |                   |   |                |                          |             |                          |
|                            |  |                                |   |                   |   |                |                          |             |                          |
|                            |  |                                |   |                   |   |                |                          |             |                          |
|                            |  |                                |   |                   |   |                |                          |             |                          |

FAMILY NAME: WOJTYNIAK  
GIVEN NAME: ANNA KRASKA (MRS. WALTER)  
INTERMENT NUMBER: 12266

|                                                                                                                                                                                                                                                                                           |  |                                      |  |                                           |  |                   |  |                    |  |                |  |                    |  |         |  |                                             |  |        |  |                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--|-------------------------------------------|--|-------------------|--|--------------------|--|----------------|--|--------------------|--|---------|--|---------------------------------------------|--|--------|--|--------------------------|--|
| NAME                                                                                                                                                                                                                                                                                      |  | WOJTYNIAK, Mrs. Anna Kraska (Walter) |  | INTERMENT No.                             |  | 12266             |  |                    |  |                |  |                    |  |         |  |                                             |  |        |  |                          |  |
| ADDRESS                                                                                                                                                                                                                                                                                   |  | 707 Short Street, Steubenville, Ohio |  |                                           |  |                   |  |                    |  |                |  |                    |  |         |  |                                             |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                                |  | Burford-Cole Bros for interment.     |  |                                           |  |                   |  |                    |  |                |  |                    |  |         |  |                                             |  |        |  |                          |  |
| May 28, 1894                                                                                                                                                                                                                                                                              |  | AGE                                  |  | 61-6-19 da                                |  | RACE              |  | W                  |  | SEX            |  | F                  |  | MARRIED |  | <input checked="" type="checkbox"/> (twice) |  | SINGLE |  | <input type="checkbox"/> |  |
| Dec. 16, 1955                                                                                                                                                                                                                                                                             |  | DATE OF DEATH                        |  | Carcinoma of right kidney with metastasis |  | CAUSE OF DEATH    |  | Dec. 19, 1955      |  | DATE OF BURIAL |  |                    |  |         |  |                                             |  |        |  |                          |  |
| SECTION                                                                                                                                                                                                                                                                                   |  | Holy Rosary                          |  | ROW                                       |  | LOT               |  | 218                |  | GRAVE          |  | 4                  |  |         |  |                                             |  |        |  |                          |  |
| St. Stanislaus                                                                                                                                                                                                                                                                            |  | CHURCH                               |  | Burford-Cole Bros.                        |  | FUNERAL DIRECTOR  |  | Wheatley airseal   |  | TYPE VAULT     |  |                    |  |         |  |                                             |  |        |  |                          |  |
| Fr. Ches. Szymanski                                                                                                                                                                                                                                                                       |  | CHURCH PERMIT No.                    |  | Dist. 350 Wheeling W. Va                  |  | HEALTH PERMIT No. |  | 4-0" X 1-0" X 0-8" |  | 982            |  | dble Marker-Archer |  |         |  |                                             |  |        |  |                          |  |
| REMARKS: Born in Hamburg, Germany of Mr. and Mrs. John Kraska.                                                                                                                                                                                                                            |  |                                      |  |                                           |  |                   |  |                    |  |                |  |                    |  |         |  |                                             |  |        |  |                          |  |
| Survived by five sons, Frank, Paul, Walter, Stanley and Clement Kalinowski; 3 daughters, Marie E. Wojtyniak, Theresa Koslik, and Mrs. Anna Dasch; 3 brothers, John, Frank and KJoseph Kraska; 2 sisters Agnes Witkowski and Mary Kolinowski. Died at Wheeling Hospital, Wheeling, W. Va., |  |                                      |  |                                           |  |                   |  |                    |  |                |  |                    |  |         |  |                                             |  |        |  |                          |  |

FAMILY NAME: WOJTYNIAK

GIVEN NAME: WALTER

INTERMENT NUMBER: 09156

|                            |  |                    |  |                   |  |                                  |  |
|----------------------------|--|--------------------|--|-------------------|--|----------------------------------|--|
| NAME                       |  | WOJTYNIAK, Walter  |  | INTERMENT No.     |  | 9156                             |  |
| ADDRESS                    |  | Steubenville, Ohio |  |                   |  |                                  |  |
| PERSON RESPONSIBLE ADDRESS |  |                    |  |                   |  |                                  |  |
| AGE                        |  | RACE W             |  | SEX M             |  | MARRIED <input type="checkbox"/> |  |
|                            |  |                    |  |                   |  | SINGLE <input type="checkbox"/>  |  |
| DATE OF DEATH              |  | CAUSE OF DEATH     |  |                   |  | DATE OF BURIAL Apr. 25, '35      |  |
| SECTION St. Peter' s       |  |                    |  | ROW               |  | LOT 50 GRAVE 12                  |  |
| CHURCH St. Stanislaus      |  | FUNERAL DIRECTOR   |  |                   |  | TYPE VAULT                       |  |
| CHURCH PERMIT No.          |  | Casmir Smogor      |  | HEALTH PERMIT No. |  |                                  |  |
| REMARKS:                   |  |                    |  |                   |  |                                  |  |
|                            |  |                    |  |                   |  |                                  |  |
|                            |  |                    |  |                   |  |                                  |  |
|                            |  |                    |  |                   |  |                                  |  |
|                            |  |                    |  |                   |  |                                  |  |

FAMILY NAME: WOJTYNIAK

GIVEN NAME: WALTER W.

INTERMENT NUMBER: 16743

|                                                                                                                                                                                                                                                                                           |                                                       |                                 |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------|--------------------------|
| NAME WOJTYNIAK, Walter W.                                                                                                                                                                                                                                                                 |                                                       | INTERMENT No. 16743             |                          |
| ADDRESS 204 Longview Drive                                                                                                                                                                                                                                                                |                                                       | Mingo Junction, Ohio 43938      |                          |
| PERSON RESPONSIBLE ADDRESS Mosti Funeral Home                                                                                                                                                                                                                                             |                                                       |                                 |                          |
| 6-24-1895                                                                                                                                                                                                                                                                                 | AGE 84                                                | RACE W                          | SEX M                    |
| MARRIED <input checked="" type="checkbox"/> Widower                                                                                                                                                                                                                                       |                                                       | SINGLE <input type="checkbox"/> |                          |
| DATE OF DEATH 1-7-1980                                                                                                                                                                                                                                                                    | CAUSE OF DEATH Not stated on provisional certificate. |                                 | DATE OF BURIAL 1-10-1980 |
| SECTION Holy Rosary                                                                                                                                                                                                                                                                       | ROW                                                   | LOT 218                         | GRAVE 3                  |
| CHURCH St. Stanislaus                                                                                                                                                                                                                                                                     | FUNERAL DIRECTOR Mosti                                | Falcon TYPE VAULT Topseal       |                          |
| CHURCH PERMIT Fr. C. Szymanski                                                                                                                                                                                                                                                            | HEALTH PERMIT No. 4101-0020                           | 4-0x1-0x088 dble. mkr. Archer   |                          |
| REMARKS: Died in Ohio Valley Hospital. He was a retired employee of the strip steel carpenter shop, Weirton Steel and a member of St. Stanislaus Catholic Church. He was preceded in death by his wife, Anna Kraska Kalinowski Wojtyniak in 1955. Surviving are two daughters, Mrs. Steve |                                                       |                                 |                          |

(Elizabeth) Bellanco of Ontario, Calif., and Theresa Koslik of Mingo Junction with whom he resided; three stepsons, Stanley Kalinowski of Lake Tahoe, Calif., Frank T. Kalinowski of Dayton, Ohio, and Paul F. Kalinowski of Steubenville; three brothers and three sisters, all in Poland; seven grandchildren and three great-grandchildren.

FAMILY NAME: WOLFE  
GIVEN NAME: JOSEPH N.  
INTERMENT NUMBER: 12145

|                            |  |                                                                                                                                             |  |                      |  |                    |  |                                          |  |                                 |  |
|----------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|--|--------------------|--|------------------------------------------|--|---------------------------------|--|
| NAME                       |  | WOLFE, Joseph N.                                                                                                                            |  | INTERMENT No.        |  | 12145              |  |                                          |  |                                 |  |
| ADDRESS                    |  | North 3rd St., Steubenville, Ohio                                                                                                           |  |                      |  |                    |  |                                          |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS |  | Shannon Funeral Home                                                                                                                        |  |                      |  |                    |  |                                          |  |                                 |  |
| Feb. 26, 1879              |  | AGE 76-1-16 da                                                                                                                              |  | RACE W               |  | SEX M              |  | MARRIED <input type="checkbox"/> widower |  | SINGLE <input type="checkbox"/> |  |
| April 14, 1955             |  | DATE OF DEATH                                                                                                                               |  | CAUSE OF DEATH       |  | Myocarditis        |  | April 18, 1955                           |  | DATE OF BURIAL                  |  |
| SECTION                    |  | Poor Souls                                                                                                                                  |  | ROW                  |  | LOT 46             |  | GRAVE 3                                  |  |                                 |  |
| CHURCH                     |  | St. Peters                                                                                                                                  |  | FUNERAL DIRECTOR     |  | Shannon            |  | Sectional                                |  | TYPE VAULT                      |  |
| CHURCH PERMIT NO.          |  | Msgr. H.J.Grigsby                                                                                                                           |  | Dist. 30-(Cambridge) |  | 4-0" X 1-0" double |  | marker-Hayslip-1951                      |  |                                 |  |
| REMARKS:                   |  | Born in Tuscarawas County, Ohio of Joseph Wolfe.                                                                                            |  |                      |  |                    |  |                                          |  |                                 |  |
|                            |  | Widower of Sophia Bueche Wolfe. Died at Cambridge State Hospital, Cambridge, Ohio. Survived by niece Mrs. Alic Cornelius, Veteran of W.W.I. |  |                      |  |                    |  |                                          |  |                                 |  |
|                            |  |                                                                                                                                             |  |                      |  |                    |  |                                          |  |                                 |  |
|                            |  |                                                                                                                                             |  |                      |  |                    |  |                                          |  |                                 |  |



FAMILY NAME: WOLFE  
GIVEN NAME: NORMA JEAN  
INTERMENT NUMBER: 18188

|                                                                                                                                                                                                                                  |                                            |                     |                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------|-----------------------------------------------------------------------------|
| NAME Wolfe, Norma Jean                                                                                                                                                                                                           |                                            | INTERMENT No. 18188 |                                                                             |
| ADDRESS 5479 Rockwood Rd. Columbus, Ohio                                                                                                                                                                                         |                                            |                     |                                                                             |
| PERSON RESPONSIBLE single grave- father -John Morabeto<br>ADDRESS O/C grave- Mosti Funeral Home                                                                                                                                  |                                            |                     |                                                                             |
| 7-1-1951                                                                                                                                                                                                                         |                                            |                     |                                                                             |
| AGE 36                                                                                                                                                                                                                           | RACE W                                     | SEX F               | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE 9-27-1987<br>OF DEATH                                                                                                                                                                                                       | Not stated on provi-<br>sional certificate |                     | DATE OF BURIAL 9-30-1987                                                    |
| SECTION Queen of Heaven                                                                                                                                                                                                          | ROW                                        | LOT 319             | GRAVE 5                                                                     |
| from funeral home                                                                                                                                                                                                                | FUNERAL DIRECTOR Mosti                     |                     | TYPE eagle                                                                  |
| CHURCH                                                                                                                                                                                                                           | Franklin County                            |                     | VAULT triplex                                                               |
| CHURCH PERMIT Fr. Robert Mascolina                                                                                                                                                                                               | HEALTH PERMIT No. Columbus,oh              | 2-2x1-4x0-8         | Kurtz 6/8/1988                                                              |
| REMARKS: Surviving are her husband, Thomas A. Wolfe of Columbus; two sons, Brandon and Jonathan Wolfe, both at home; a daughter, Tiffany Mayberry at home, her parents John and Simonne Province Morabeto of Steubenville, three |                                            |                     |                                                                             |

brothers, John C. of Fort Lauderdale, Fla. and Eugene and David both of Steuebnnville; and a sister, Mrs. James (Janice) Yobbagy of Columbus. She was born in Steubenville. She was preceded in death by a sister, Elaine Quinn in 1982. Her favorite charity was the American Cancer Society. She died in Riverside Hospital in Columbus.

FAMILY NAME: WOLFE

GIVEN NAME: ROBERT T.

INTERMENT NUMBER: 08387A

|                                                                                                                   |               |                    |                   |               |   |                |                                 |        |                          |   |
|-------------------------------------------------------------------------------------------------------------------|---------------|--------------------|-------------------|---------------|---|----------------|---------------------------------|--------|--------------------------|---|
| NAME                                                                                                              |               | WOLFE, Robert T.   |                   | INTERMENT No. |   | 8387-A         |                                 |        |                          |   |
| ADDRESS                                                                                                           |               | Steubenville, Ohio |                   |               |   |                |                                 |        |                          |   |
| PERSON RESPONSIBLE ADDRESS                                                                                        |               |                    |                   |               |   |                |                                 |        |                          |   |
| AGE                                                                                                               | 3 mo          | RACE               | W                 | SEX           | M | MARRIED        | <input type="checkbox"/> infant | SINGLE | <input type="checkbox"/> |   |
| DATE OF DEATH                                                                                                     | June 25, 1929 |                    | CAUSE OF DEATH    |               |   | DATE OF BURIAL |                                 |        |                          |   |
| SECTION                                                                                                           | Holy Name     |                    | ROW               | LOT           |   | 45             |                                 |        | part of GRAVE            | 6 |
| CHURCH                                                                                                            | St. Peters    |                    | FUNERAL DIRECTOR  |               |   | TYPE VAULT     |                                 |        |                          |   |
| CHURCH PERMIT No.                                                                                                 | T.A.Powers    |                    | HEALTH PERMIT No. |               |   |                |                                 |        |                          |   |
| REMARKS: Grandson of lot owner, John Bernert. Interred on top of Merryman Infant (Sept 1925) Survived by parents. |               |                    |                   |               |   |                |                                 |        |                          |   |
|                                                                                                                   |               |                    |                   |               |   |                |                                 |        |                          |   |
|                                                                                                                   |               |                    |                   |               |   |                |                                 |        |                          |   |
|                                                                                                                   |               |                    |                   |               |   |                |                                 |        |                          |   |

FAMILY NAME: WOLFE  
GIVEN NAME: SOPHIA E. MRS.  
INTERMENT NUMBER: 11297

|                                |  |                                                                        |  |                                             |  |                                             |  |
|--------------------------------|--|------------------------------------------------------------------------|--|---------------------------------------------|--|---------------------------------------------|--|
| NAME                           |  | WOLFE, Sophia E. Mrs.                                                  |  | INTERMENT NO.                               |  | 11297                                       |  |
| ADDRESS                        |  | 833 Sixth Ave., Steubenville, Ohio                                     |  |                                             |  |                                             |  |
| PERSON RESPONSIBLE ADDRESS     |  |                                                                        |  |                                             |  |                                             |  |
| Aug. 17, 1887                  |  |                                                                        |  |                                             |  |                                             |  |
| AGE 62-4-15 da                 |  | RACE W                                                                 |  | SEX F                                       |  | MARRIED <input checked="" type="checkbox"/> |  |
|                                |  |                                                                        |  |                                             |  | SINGLE <input type="checkbox"/>             |  |
| DATE OF DEATH Jan. 1, 1950     |  | CAUSE OF DEATH Cerebral homorrhage                                     |  | DATE OF BURIAL Jan. 4, 50                   |  |                                             |  |
| SECTION Poor Souls             |  | ROW                                                                    |  | LOT 46                                      |  | GRAVE 4                                     |  |
| CHURCH St. Peter's             |  | FUNERAL DIRECTOR Shannon                                               |  | TYPE VAULT                                  |  |                                             |  |
| CHURCH PERMIT NO. H.J. Grigsby |  | Dist. 654-<br>HEALTH PERMIT NO. 1                                      |  | 4-0" X 1-0" double<br>marker, Hayslip -1951 |  |                                             |  |
| REMARKS:                       |  | Born, Steubenville of Stephen & Adelia Bueche.<br>Survived by husband. |  |                                             |  |                                             |  |
|                                |  |                                                                        |  |                                             |  |                                             |  |
|                                |  |                                                                        |  |                                             |  |                                             |  |
|                                |  |                                                                        |  |                                             |  |                                             |  |
|                                |  |                                                                        |  |                                             |  |                                             |  |

FAMILY NAME: WOLFORD  
GIVEN NAME: JOSEPHINE  
INTERMENT NUMBER: 15982

|                                                                                                                                                                                                                                         |  |                                        |  |                   |  |                  |  |                                     |  |                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|-------------------|--|------------------|--|-------------------------------------|--|--------------------------|--|
| NAME                                                                                                                                                                                                                                    |  | WOLFORD, JOSEPHINE                     |  | INTERMENT No.     |  | 15982            |  |                                     |  |                          |  |
| ADDRESS                                                                                                                                                                                                                                 |  | 662 Prospect Avenue Steubenville, Ohio |  |                   |  |                  |  |                                     |  |                          |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                              |  | Mc Clave Chandler Mills Funeral H0me   |  |                   |  |                  |  |                                     |  |                          |  |
| Aug. 5, 1888                                                                                                                                                                                                                            |  | RACE                                   |  | SEX               |  | MARRIED          |  | SINGLE                              |  |                          |  |
| AGE                                                                                                                                                                                                                                     |  | 87                                     |  | W                 |  | F                |  | <input checked="" type="checkbox"/> |  | <input type="checkbox"/> |  |
| Sept. 24, 1975                                                                                                                                                                                                                          |  | not stated on Provisional Certificate  |  | DATE OF DEATH     |  | CAUSE OF DEATH   |  | Sept. 27, 1975                      |  | DATE OF BURIAL           |  |
| SECTION                                                                                                                                                                                                                                 |  | Holy Rosary                            |  | ROW               |  | LOT              |  | 290                                 |  | GRAVE                    |  |
| CHURCH                                                                                                                                                                                                                                  |  | St. Peters                             |  | McClave C. Mills  |  | FUNERAL DIRECTOR |  | Permacrete                          |  | TYPE VAULT               |  |
| CHURCH PERMIT                                                                                                                                                                                                                           |  | C.T. Molloy                            |  | HEALTH PERMIT No. |  | 4101-605         |  |                                     |  |                          |  |
| REMARKS: Mrs. Wolford died in the Riverview Nursing Home. She is survived by three daughters, Mrs. David (Charlotte) Fortner Sr. of Columbus. Mrs. Robert (Eleanor) Burlingame of Steubenville and Mrs. John (Mary) Mettar of Richmond; |  |                                        |  |                   |  |                  |  |                                     |  |                          |  |

a sister, Mrs Lena Heery in Georgia; 16 grandchildren and 15 great grandchildren. She was born Aug. 5, 1888 in Columbus, Ohio adaughter of the late Elmer and Mary Rose Pickreal Moone. She was preceded in death by her husband, Ray Woflore in 1964.



FAMILY NAME: WOLFORD

GIVEN NAME: RAY M.

INTERMENT NUMBER: 13833

|                                                                                                                                                                                                                                                                                                                                                        |  |                                                         |  |                                                         |  |                   |  |                                             |  |                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|--|---------------------------------------------------------|--|-------------------|--|---------------------------------------------|--|---------------------------------|--|
| NAME                                                                                                                                                                                                                                                                                                                                                   |  | WOLFORD, RAY M.                                         |  | INTERMENT No.                                           |  | 13833             |  |                                             |  |                                 |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                |  | 662 Prospect Ave., Steubenville, Ohio                   |  |                                                         |  |                   |  |                                             |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                                                                                             |  | daughter, Mrs. Eleanor (Rob't) Burlingame, same address |  |                                                         |  |                   |  |                                             |  |                                 |  |
| May 8, 1896                                                                                                                                                                                                                                                                                                                                            |  | AGE 67-11-16 da                                         |  | RACE W                                                  |  | SEX M             |  | MARRIED <input checked="" type="checkbox"/> |  | SINGLE <input type="checkbox"/> |  |
| April 24, 1964                                                                                                                                                                                                                                                                                                                                         |  | DATE OF DEATH                                           |  | Not stated on provisional certificate. (fall from roof) |  | CAUSE OF DEATH    |  | April 27, 1964                              |  | DATE OF BURIAL                  |  |
| SECTION                                                                                                                                                                                                                                                                                                                                                |  | Holy Rosary                                             |  | ROW                                                     |  | LOT               |  | 290                                         |  | GRAVE 3                         |  |
| CHURCH                                                                                                                                                                                                                                                                                                                                                 |  | St. Peters                                              |  | FUNERAL DIRECTOR                                        |  | Cole Bros         |  | concrete airseal                            |  | TYPE VAULT                      |  |
| CHURCH PERMIT No.                                                                                                                                                                                                                                                                                                                                      |  | Msgr. Cronin Malloy                                     |  | Dist. 4101 -                                            |  | HEALTH PERMIT No. |  | 236                                         |  |                                 |  |
| REMARKS: Born in Mt. Sterling, Ohio of Charles & Ida Maupin Wolford. Retired Employee of Weirton Steel Corp., Presently working for Steubenville Roofing & Siding Co., fell from Roof of St. Peter's Rectory. World War I Veteran. Survived by wife, Mrs. Josephine Moone Wolford 3 daughters, Mrs. Robert (Eleonor) Burlingame, with whom he resided, |  |                                                         |  |                                                         |  |                   |  |                                             |  |                                 |  |

Mrs. John (Mary Margaret) Mettar, Mrs. David (Charlotte) Fortner, 1 brother, Lawrence Wolford; 4 sisters, Mrs. Evelyn Zurcher, Mrs. Arthur (Marie) Scurlock, Mrs. Allen (Bessie) Redding and Mrs. Della Claypoole. also 15 grandchildren and 13 Great-grandchildren. Died at Ohio Valley Hospital, Steubenville, Ohio.



FAMILY NAME: WOLOSEVICH

GIVEN NAME: ANTON

INTERMENT NUMBER: 12449

|                                                                                                                                                                                                                |  |                                        |  |                    |  |                         |  |                                                     |  |                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|--------------------|--|-------------------------|--|-----------------------------------------------------|--|---------------------------------|--|
| NAME                                                                                                                                                                                                           |  | WOLOSEVICH, Anton                      |  | INTERMENT No.      |  | 12449                   |  |                                                     |  |                                 |  |
| ADDRESS                                                                                                                                                                                                        |  | 701 N. 6th St.,<br>(Lancia Rest Home,) |  | Steubenville, Ohio |  |                         |  |                                                     |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                     |  | Mosti Funeral Home                     |  |                    |  |                         |  |                                                     |  |                                 |  |
| Aug. 3, 1875                                                                                                                                                                                                   |  | AGE 80-5-10 da                         |  | RACE W             |  | SEX M                   |  | MARRIED <input checked="" type="checkbox"/> widower |  | SINGLE <input type="checkbox"/> |  |
| Jan. 12, 1957                                                                                                                                                                                                  |  | DATE OF DEATH                          |  | CAUSE OF DEATH     |  | Cardio vascular failure |  | Jan. 15, 1957                                       |  | DATE OF BURIAL                  |  |
| SECTION                                                                                                                                                                                                        |  | Pottersfield.                          |  | ROW                |  | 10                      |  | LOT                                                 |  | GRAVE 9                         |  |
| CHURCH                                                                                                                                                                                                         |  | Russian Orthodox Church                |  | FUNERAL DIRECTOR   |  | Mosti                   |  | TYPE VAULT                                          |  | Sectional                       |  |
| CHURCH PERMIT No.                                                                                                                                                                                              |  | No religious services                  |  | HEALTH PERMIT No.  |  | Dist. 4D01 - 22         |  |                                                     |  |                                 |  |
| REMARKS: Born in Russia of Acum and Maria Wolosevich. Former Wheeling Steel employee, self-employed as junk-man. Rest home patient 3½ yrs. No known survivors in U.S., Wife Alexandira preceeded him in death. |  |                                        |  |                    |  |                         |  |                                                     |  |                                 |  |

FAMILY NAME: WOLPERT

GIVEN NAME: ADRIAN T.

INTERMENT NUMBER: 11675

|                                                                   |  |                                     |  |                  |  |                          |  |
|-------------------------------------------------------------------|--|-------------------------------------|--|------------------|--|--------------------------|--|
| NAME                                                              |  | WOLPERT, Adrian T.                  |  | INTERMENT No.    |  | 11675                    |  |
| ADDRESS                                                           |  | 108 Logan St., Steubenville, Ohio   |  |                  |  |                          |  |
| PERSON RESPONSIBLE ADDRESS                                        |  | Shannon Funeral Home.               |  |                  |  |                          |  |
| June 23, 1890                                                     |  | AGE                                 |  | 61-10-16         |  | DATE                     |  |
| GRACE                                                             |  | W                                   |  | SEX              |  | M                        |  |
| MARRIED                                                           |  | <input checked="" type="checkbox"/> |  | SINGLE           |  | <input type="checkbox"/> |  |
| May 9, 1952                                                       |  | DATE OF DEATH                       |  | cardiac (?)      |  | CAUSE OF DEATH           |  |
| May 13, 1952                                                      |  | DATE OF BURIAL                      |  |                  |  |                          |  |
| SECTION                                                           |  | Blessed Virgin                      |  | ROW              |  | LOT 20                   |  |
| GRAVE                                                             |  | 5                                   |  |                  |  |                          |  |
| CHURCH                                                            |  | St. Peter's                         |  | FUNERAL DIRECTOR |  | Shannon                  |  |
| TYPE VAULT                                                        |  |                                     |  |                  |  |                          |  |
| CHURCH PERMIT No.                                                 |  | H.J.Grigsby                         |  | Avella, Pa.,     |  | 2-0" X 1-0" marker       |  |
| HEALTH PERMIT No.                                                 |  | 18                                  |  | Archer - 1951    |  |                          |  |
| REMARKS: Born, Steubenville of Frank and Katherine Krill Wolpert. |  |                                     |  |                  |  |                          |  |
| Died at Allegheny Gen'l Hosp., Pittsburgh, Pa., Occupation,       |  |                                     |  |                  |  |                          |  |
| Machinist, Ohio Nut & Washer Co., Mingo Jet., O.                  |  |                                     |  |                  |  |                          |  |
| World War I Veteran                                               |  |                                     |  |                  |  |                          |  |

FAMILY NAME: WOLPERT

GIVEN NAME: ALBERT J.

INTERMENT NUMBER: 15256

|                                                                                                                                                                                                                    |  |                                             |  |                         |  |                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--|-------------------------|--|--------------------------|--|
| NAME                                                                                                                                                                                                               |  | WOLPERT, Albert J.                          |  | INTERMENT No.           |  | 15256                    |  |
| ADDRESS                                                                                                                                                                                                            |  | 741 North Sixth Street, Steubenville, Ohio  |  |                         |  |                          |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                         |  | McClave Funeral Home                        |  |                         |  |                          |  |
| Oct. 17, 1881                                                                                                                                                                                                      |  | AGE                                         |  | 89                      |  | 1026d                    |  |
| RACE                                                                                                                                                                                                               |  | W                                           |  | SEX                     |  | M                        |  |
| MARRIED                                                                                                                                                                                                            |  | <input checked="" type="checkbox"/> widower |  | SINGLE                  |  | <input type="checkbox"/> |  |
| Sept. 12, 1971                                                                                                                                                                                                     |  | DATE OF DEATH                               |  | CAUSE OF DEATH          |  | Pneumonia                |  |
| Sept. 15, 1971                                                                                                                                                                                                     |  | DATE OF BURIAL                              |  |                         |  |                          |  |
| SECTION                                                                                                                                                                                                            |  | Blessed Virgin                              |  | ROW                     |  | LOT 20                   |  |
| GRAVE                                                                                                                                                                                                              |  | 30                                          |  |                         |  |                          |  |
| CHURCH                                                                                                                                                                                                             |  | St. Peters                                  |  | FUNERAL DIRECTOR        |  | McClave                  |  |
| TYPE VAULT                                                                                                                                                                                                         |  | falcon topseal                              |  | conc.                   |  |                          |  |
| Fr. Donald Nuss.                                                                                                                                                                                                   |  | Dist. 4101 -                                |  | 3-6" X 1-0" X 1-6" dble |  |                          |  |
| CHURCH PERMIT                                                                                                                                                                                                      |  | HEALTH PERMIT No. 560                       |  | memorial. MAS 10/61     |  |                          |  |
| REMARKS: Born in Ravenna, Ohio of Frank and Anna Krill Wolpert. Retired partner in Wolpert Bros, Grocery. Survived by a son, Howard Wolpert, and 3 grandchildren. Died at Ohio Valley Hospital, Steubenville, Ohio |  |                                             |  |                         |  |                          |  |

FAMILY NAME: WOLPERT  
GIVEN NAME: ANNA CATHERINE  
INTERMENT NUMBER: 06027

|                                                                                                         |                |                                    |                   |               |   |                     |                          |        |                          |
|---------------------------------------------------------------------------------------------------------|----------------|------------------------------------|-------------------|---------------|---|---------------------|--------------------------|--------|--------------------------|
| NAME                                                                                                    |                | WOLPERT, Anna Catherine            |                   | INTERMENT No. |   | 6027                |                          |        |                          |
| ADDRESS                                                                                                 |                | 612 N. 6th St., Steubenville, Ohio |                   |               |   |                     |                          |        |                          |
| PERSON RESPONSIBLE ADDRESS                                                                              |                |                                    |                   |               |   |                     |                          |        |                          |
| AGE                                                                                                     | 58             | RACE                               | W                 | SEX           | F | MARRIED             | <input type="checkbox"/> | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH                                                                                           | Sept 29, 1916  |                                    | CAUSE OF DEATH    |               |   | Myocardial weakness |                          |        | DATE OF BURIAL           |
| SECTION                                                                                                 | Blessed Virgin |                                    | ROW               | LOT           |   | 40                  | GRAVE                    |        | 10                       |
| CHURCH                                                                                                  | St. Peters     |                                    | FUNERAL DIRECTOR  |               |   | TYPE VAULT          |                          |        |                          |
| CHURCH PERMIT No.                                                                                       | T.A.Powers     |                                    | HEALTH PERMIT No. |               |   | 2-0" X 1-0" marker  |                          |        |                          |
| REMARKS: Wife of Frank Wolpert, lot owner. 11/1/58: marker, raised, cleaned and re-set: Mrs. J.T.Brady. |                |                                    |                   |               |   |                     |                          |        |                          |
|                                                                                                         |                |                                    |                   |               |   |                     |                          |        |                          |
|                                                                                                         |                |                                    |                   |               |   |                     |                          |        |                          |
|                                                                                                         |                |                                    |                   |               |   |                     |                          |        |                          |

FAMILY NAME: WOLPERT  
GIVEN NAME: BERTRAM A.  
INTERMENT NUMBER: 00929

|                            |  |                                                                                                                                                                            |  |                   |  |               |  |                     |  |                    |  |         |  |                                 |  |        |  |                          |  |
|----------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|---------------|--|---------------------|--|--------------------|--|---------|--|---------------------------------|--|--------|--|--------------------------|--|
| NAME                       |  | WOLPERT, Bertram A.                                                                                                                                                        |  | (Infant)          |  | INTERMENT No. |  | 929                 |  |                    |  |         |  |                                 |  |        |  |                          |  |
| ADDRESS                    |  | N. 6th St., Steubenville, Ohio                                                                                                                                             |  |                   |  |               |  |                     |  |                    |  |         |  |                                 |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                                                                                                                                                                            |  |                   |  |               |  |                     |  |                    |  |         |  |                                 |  |        |  |                          |  |
| AGE                        |  | 1897<br>1- 2 mo                                                                                                                                                            |  | RACE              |  | W             |  | SEX                 |  | M                  |  | MARRIED |  | <input type="checkbox"/> infant |  | SINGLE |  | <input type="checkbox"/> |  |
| DATE OF DEATH              |  |                                                                                                                                                                            |  | CAUSE OF DEATH    |  | Spasms        |  | Oct. 2, 1897        |  | DATE OF BURIAL     |  |         |  |                                 |  |        |  |                          |  |
| SECTION                    |  | Blessed Virgin                                                                                                                                                             |  | ROW               |  |               |  | LOT                 |  | 40                 |  | GRAVE   |  | 7                               |  |        |  |                          |  |
| CHURCH                     |  | St. Peters                                                                                                                                                                 |  | FUNERAL DIRECTOR  |  |               |  | TYPE VAULT          |  |                    |  |         |  |                                 |  |        |  |                          |  |
| CHURCH PERMIT No.          |  | M.M.A.Hartnedy                                                                                                                                                             |  | HEALTH PERMIT No. |  |               |  | 6-8" X 0-00" X 0-8" |  | memorial. S.Whte's |  |         |  |                                 |  |        |  |                          |  |
| REMARKS:                   |  | Survived by father, Frank Wolpert, lot owner. Original 7/11/73 interment book indicates originally interred in All Saints Sect lot 53, later removed to this lot #40, B.V. |  |                   |  |               |  |                     |  |                    |  |         |  |                                 |  |        |  |                          |  |



FAMILY NAME: WOLPERT  
GIVEN NAME: CHRISTOPHER  
INTERMENT NUMBER: 07354

|                            |  |                      |   |                   |   |                     |                          |                |                          |
|----------------------------|--|----------------------|---|-------------------|---|---------------------|--------------------------|----------------|--------------------------|
| NAME                       |  | WOLPERT, Christopher |   | INTERMENT No.     |   | 7354                |                          |                |                          |
| ADDRESS                    |  | Steubenville, Ohio   |   |                   |   |                     |                          |                |                          |
| PERSON RESPONSIBLE ADDRESS |  |                      |   |                   |   |                     |                          |                |                          |
| AGE                        |  | RACE                 | W | SEX               | M | MARRIED             | <input type="checkbox"/> | SINGLE         | <input type="checkbox"/> |
| DATE OF DEATH              |  | Mar 28, 1923         |   | CAUSE OF DEATH    |   | Accidentally killed |                          | DATE OF BURIAL |                          |
| SECTION                    |  | Holy Name            |   | ROW               |   | LOT                 |                          | GRAVE          |                          |
|                            |  |                      |   |                   |   | 13                  |                          | 13             |                          |
| CHURCH                     |  | St. Peters           |   | FUNERAL DIRECTOR  |   | TYPE VAULT          |                          |                |                          |
| CHURCH PERMIT No.          |  | T.A.Powers           |   | HEALTH PERMIT No. |   |                     |                          |                |                          |
| REMARKS:                   |  |                      |   |                   |   |                     |                          |                |                          |
|                            |  |                      |   |                   |   |                     |                          |                |                          |
|                            |  |                      |   |                   |   |                     |                          |                |                          |
|                            |  |                      |   |                   |   |                     |                          |                |                          |
|                            |  |                      |   |                   |   |                     |                          |                |                          |
|                            |  |                      |   |                   |   |                     |                          |                |                          |

FAMILY NAME: WOLPERT

GIVEN NAME: EARL F.

INTERMENT NUMBER: 15220

|                                                                                                                                                                                                                                                                                           |  |                                             |  |                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--|---------------------------------------------|--|
| NAME                                                                                                                                                                                                                                                                                      |  | WOIPERT, Earl F.                            |  | INTERMENT No. 15220                         |  |
| ADDRESS (Cambridge State Hospital, Cambridge, Ohio)<br>Steubenville, Ohio                                                                                                                                                                                                                 |  |                                             |  |                                             |  |
| PERSON RESPONSIBLE ADDRESS McClave Funeral Home                                                                                                                                                                                                                                           |  |                                             |  |                                             |  |
| Oct. 21, 1903                                                                                                                                                                                                                                                                             |  | RACE W                                      |  | SEX M                                       |  |
| AGE 67-9-4da                                                                                                                                                                                                                                                                              |  | MARRIED <input checked="" type="checkbox"/> |  | SINGLE <input type="checkbox"/>             |  |
| DATE OF DEATH July 24, 1971                                                                                                                                                                                                                                                               |  | CAUSE OF DEATH myocardial infraction        |  | DATE OF BURIAL July 28, 1971                |  |
| SECTION Blessed Virgin                                                                                                                                                                                                                                                                    |  | ROW                                         |  | LOT 20 GRAVE 2                              |  |
| CHURCH St. Peters                                                                                                                                                                                                                                                                         |  | FUNERAL DIRECTOR McClave                    |  | falcon topseal<br>TYPE VAULT conc.          |  |
| Fr. Donald Nuss.<br>CHURCH PERMIT                                                                                                                                                                                                                                                         |  | Dist.(30) - 4101-<br>HEALTH PERMIT No. 52   |  | 2-0" X 1-0" X 1-6" mkr<br>Hayslip 9/15/1971 |  |
| REMARKS: Born in Steubenville of Albert J. & Nellie R. McMenamin Wolpert<br>Retired co-owner of the old Wolpert Bros Grocery Store. Survived by his<br>father, Albert J. Wolpert, and a brother Howard Wolpert of Myrtle Beach<br>S.C. Died at Cambridge State Hospital, Cambridge, Ohio. |  |                                             |  |                                             |  |

FAMILY NAME: WOLPERT  
GIVEN NAME: FLORENCE E.  
INTERMENT NUMBER: 10737

|                                                                                                            |  |                                    |  |                          |  |                                            |  |
|------------------------------------------------------------------------------------------------------------|--|------------------------------------|--|--------------------------|--|--------------------------------------------|--|
| NAME                                                                                                       |  | WOLPERT, Florence E.               |  | INTERMENT No.            |  | 10737                                      |  |
| ADDRESS                                                                                                    |  | 602 Sixth Ave., Steubenville, Ohio |  |                          |  |                                            |  |
| PERSON RESPONSIBLE ADDRESS                                                                                 |  |                                    |  |                          |  |                                            |  |
| 4/27/1893                                                                                                  |  |                                    |  |                          |  |                                            |  |
| AGE 53-0-20                                                                                                |  | da                                 |  | ACE W                    |  | SEX F                                      |  |
|                                                                                                            |  | MARRIED                            |  | <input type="checkbox"/> |  | SINGLE <input checked="" type="checkbox"/> |  |
| DATE OF DEATH                                                                                              |  | 5/17/46                            |  | CAUSE OF DEATH           |  | acute uremia                               |  |
|                                                                                                            |  |                                    |  | DATE OF BURIAL           |  | 5/20/46                                    |  |
| SECTION                                                                                                    |  | Blessed Virgin                     |  | ROW                      |  | LOT 40                                     |  |
|                                                                                                            |  |                                    |  | GRAVE                    |  | 11                                         |  |
| CHURCH                                                                                                     |  | St. Peter's                        |  | FUNERAL DIRECTOR         |  | Shannon                                    |  |
|                                                                                                            |  |                                    |  | TYPE VAULT               |  |                                            |  |
| CHURCH PERMIT No.                                                                                          |  | Dist. 654-                         |  | HEALTH PERMIT No.        |  | 215                                        |  |
|                                                                                                            |  |                                    |  | 2-0" X 1-0" marker       |  | S. White's sons '58                        |  |
| REMARKS: Born Steubenville, Ohio of Frank A & Catherine Krill Wolpert. Occupation: Retires school teacher. |  |                                    |  |                          |  |                                            |  |
| Survived by 5 brothers, Urban, Albert J., John Harvey E., and Adrain;                                      |  |                                    |  |                          |  |                                            |  |
| 2 sisters, Mrs. Jas. T. Brady and Sister Mary Urban.                                                       |  |                                    |  |                          |  |                                            |  |

FAMILY NAME: WOLPERT  
GIVEN NAME: FRANCES JANE  
INTERMENT NUMBER: 08120

|                            |      |                       |     |                   |         |                          |        |
|----------------------------|------|-----------------------|-----|-------------------|---------|--------------------------|--------|
| NAME                       |      | WOLPERT, Francis Jane |     | INTERMENT No.     |         | 8120                     |        |
| ADDRESS                    |      | Steubenville, Ohio    |     |                   |         |                          |        |
| PERSON RESPONSIBLE ADDRESS |      |                       |     |                   |         |                          |        |
| AGE                        | RACE | W                     | SEX | F                 | MARRIED | <input type="checkbox"/> | SINGLE |
| DATE OF DEATH              |      | Dec. 26, 1927         |     | CAUSE OF DEATH    |         | DATE OF BURIAL           |        |
| SECTION                    |      | Blessed Virgin        |     | ROW               | LOT     | 40                       | GRAVE  |
| CHURCH                     |      | St. Peters            |     | FUNERAL DIRECTOR  |         | TYPE VAULT               |        |
| CHURCH PERMIT No.          |      | T.A.Powers            |     | HEALTH PERMIT No. |         |                          |        |
| REMARKS:                   |      |                       |     |                   |         |                          |        |
|                            |      |                       |     |                   |         |                          |        |
|                            |      |                       |     |                   |         |                          |        |
|                            |      |                       |     |                   |         |                          |        |
|                            |      |                       |     |                   |         |                          |        |

FAMILY NAME: WOLPERT

GIVEN NAME: FRANK A.

INTERMENT NUMBER: 10158

|                                                               |  |                                    |  |                                  |   |                                 |    |
|---------------------------------------------------------------|--|------------------------------------|--|----------------------------------|---|---------------------------------|----|
| NAME                                                          |  | WOLPERT, Frank A.                  |  | INTERMENT No.                    |   | 10158                           |    |
| ADDRESS                                                       |  | 602 Sixth Ave., Steubenville, Ohio |  |                                  |   |                                 |    |
| PERSON RESPONSIBLE ADDRESS                                    |  |                                    |  |                                  |   |                                 |    |
| July 1, 1851                                                  |  | AGE 91-1-11 da                     |  | RACE                             | W | SEX                             | M  |
|                                                               |  | MARRIED                            |  | <input type="checkbox"/> widower |   | SINGLE <input type="checkbox"/> |    |
| DATE OF DEATH                                                 |  | Aug. 12, 1942                      |  | CAUSE OF DEATH                   |   | senility                        |    |
|                                                               |  |                                    |  | DATE OF BURIAL                   |   | Aug. 14, 1942                   |    |
| SECTION                                                       |  | Blessed Virgin                     |  | ROW                              |   | LOT                             | 40 |
|                                                               |  |                                    |  |                                  |   | GRAVE                           | 9  |
| CHURCH                                                        |  | St. Peter's                        |  | FUNERAL DIRECTOR                 |   | Shannon                         |    |
|                                                               |  |                                    |  | TYPE VAULT                       |   |                                 |    |
| CHURCH PERMIT No.                                             |  | Dist. 654                          |  | HEALTH PERMIT No.                |   | 371                             |    |
|                                                               |  |                                    |  | 2-0" X 1-0" marker on            |   | grave                           |    |
| REMARKS: Born, Pittsburgh, Pa. of John and Elizabeth Wolpert. |  |                                    |  |                                  |   |                                 |    |
| Occupation, retired grocer.                                   |  |                                    |  |                                  |   |                                 |    |
| Marker cleaned, raised and re-set 11/1/58: Mrs. J.T.Brady     |  |                                    |  |                                  |   |                                 |    |



FAMILY NAME: WOLPERT  
GIVEN NAME: FRANK URBAN  
INTERMENT NUMBER: 10991

|                            |  |                                                      |  |                      |  |                    |  |                |  |              |  |    |  |         |  |                          |  |        |  |                                     |  |
|----------------------------|--|------------------------------------------------------|--|----------------------|--|--------------------|--|----------------|--|--------------|--|----|--|---------|--|--------------------------|--|--------|--|-------------------------------------|--|
| NAME                       |  | WOLPERT, Frank Urban                                 |  | INTERMENT No.        |  | 10991              |  |                |  |              |  |    |  |         |  |                          |  |        |  |                                     |  |
| ADDRESS                    |  | Washington, D. C.                                    |  |                      |  |                    |  |                |  |              |  |    |  |         |  |                          |  |        |  |                                     |  |
| PERSON RESPONSIBLE ADDRESS |  |                                                      |  |                      |  |                    |  |                |  |              |  |    |  |         |  |                          |  |        |  |                                     |  |
| May 21, 1907               |  | AGE                                                  |  | 40-7-10 da           |  | RACE               |  | W              |  | SEX          |  | M  |  | MARRIED |  | <input type="checkbox"/> |  | SINGLE |  | <input checked="" type="checkbox"/> |  |
| DATE OF DEATH              |  | Dec. 31, 1947                                        |  | CAUSE OF DEATH       |  | hemorrhage         |  | DATE OF BURIAL |  | Jan. 3, 1948 |  |    |  |         |  |                          |  |        |  |                                     |  |
| SECTION                    |  | Poor Souls                                           |  | ROW                  |  | LOT                |  | 68             |  | GRAVE        |  | 12 |  |         |  |                          |  |        |  |                                     |  |
| CHURCH                     |  | St. Peter's (here)                                   |  | FUNERAL DIRECTOR     |  | Shannon            |  | TYPE VAULT     |  |              |  |    |  |         |  |                          |  |        |  |                                     |  |
| CHURCH PERMIT No.          |  | H.J. Grigsby                                         |  | Washington DC (1947) |  | 2-0" X 1-0" X 0-8" |  | marker         |  |              |  |    |  |         |  |                          |  |        |  |                                     |  |
| REMARKS:                   |  | Born, Steubenville of Urban and Nellie Kane Wolpert. |  |                      |  |                    |  |                |  |              |  |    |  |         |  |                          |  |        |  |                                     |  |
|                            |  | Occupati n, Real Estate broker.                      |  |                      |  |                    |  |                |  |              |  |    |  |         |  |                          |  |        |  |                                     |  |
|                            |  |                                                      |  |                      |  |                    |  |                |  |              |  |    |  |         |  |                          |  |        |  |                                     |  |
|                            |  |                                                      |  |                      |  |                    |  |                |  |              |  |    |  |         |  |                          |  |        |  |                                     |  |
|                            |  |                                                      |  |                      |  |                    |  |                |  |              |  |    |  |         |  |                          |  |        |  |                                     |  |

FAMILY NAME: WOLPERT  
GIVEN NAME: FREDERICK  
INTERMENT NUMBER: 08116

|                            |                |                    |                   |               |            |                          |               |
|----------------------------|----------------|--------------------|-------------------|---------------|------------|--------------------------|---------------|
| NAME                       |                | WOLPERT, Frederick |                   | INTERMENT NO. |            | 8116                     |               |
| ADDRESS                    |                | Steubenville, Ohio |                   |               |            |                          |               |
| PERSON RESPONSIBLE ADDRESS |                |                    |                   |               |            |                          |               |
| AGE                        | RACE           | W                  | SEX               | M             | MARRIED    | <input type="checkbox"/> | SINGLE        |
| <input type="checkbox"/>   | DATE OF DEATH  |                    |                   |               |            |                          | Dec. 13, 1927 |
| CAUSE OF DEATH             |                | DATE OF BURIAL     |                   |               |            |                          |               |
| SECTION                    | Blessed Virgin |                    | ROW               | LOT           | 40         | GRAVE 1                  |               |
| CHURCH                     | St. Peters     |                    | FUNERAL DIRECTOR  |               | TYPE VAULT |                          |               |
| CHURCH PERMIT NO.          | T.A. Powers    |                    | HEALTH PERMIT NO. |               |            |                          |               |
| REMARKS:                   |                |                    |                   |               |            |                          |               |
|                            |                |                    |                   |               |            |                          |               |
|                            |                |                    |                   |               |            |                          |               |
|                            |                |                    |                   |               |            |                          |               |
|                            |                |                    |                   |               |            |                          |               |

FAMILY NAME: WOLPERT  
GIVEN NAME: GERARD A. SR.  
INTERMENT NUMBER: 18821

|                                                                                                                                                                                                                                                                                    |                                        |                                |                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------|-----------------------------------------------------------------------------|
| NAME <u>Wolpert, Gerard A. Sr.</u>                                                                                                                                                                                                                                                 |                                        | INTERMENT No. <u>18821</u>     |                                                                             |
| ADDRESS <u>122 Ekey Street, Wintersville, Ohio</u>                                                                                                                                                                                                                                 |                                        |                                |                                                                             |
| PERSON RESPONSIBLE ADDRESS <u>wife-Mrs. Roberta E. Wolpert</u>                                                                                                                                                                                                                     |                                        |                                |                                                                             |
| 7-21-1916                                                                                                                                                                                                                                                                          | RACE <u>W</u>                          | SEX <u>M</u>                   | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| AGE <u>74</u>                                                                                                                                                                                                                                                                      | DATE OF DEATH <u>1-4-1991</u>          |                                | CAUSE OF DEATH <u>Not stated on provisional certificate</u>                 |
| SECTION <u>Holy Spirit Mausoleum</u>                                                                                                                                                                                                                                               |                                        | CRYPT <u>208-B</u>             | GRAVE                                                                       |
| CHURCH <u>Blessed Sacrament</u>                                                                                                                                                                                                                                                    | FUNERAL DIRECTOR <u>Dunlope-Shorac</u> | TYPE VAULT <u>not required</u> |                                                                             |
| CHURCH PERMIT <u>Fr. C. Sargus</u>                                                                                                                                                                                                                                                 | HEALTH PERMIT No. <u>4101-10</u>       |                                |                                                                             |
| REMARKS: <u>Surviving are his wife, Roberta Egan Wolpert, two sons, Roger of dayton and Gerard Jr. of Wintersville; a daughter, Mrs. Gordon (Paula) Wilson of Steubenville; a sister, Mary Helen Humphrey of Painesville; and three grandchildren. He was born in Steubenville</u> |                                        |                                |                                                                             |

a son of the late Urban and Nellie Kane Wolpert. He was a driver and salesman for Spahn's Dairy and Modern Dairy until his retirement. He was a member of Blessed Sacrament Catholic Church, the Men's Club, Jefferson County Sportsman's Club, American Legion Post 557, Steubenville Elks Lodge 231 and Anzio Beachhead Assoc. and was an Army veteran of W.W.II He died at St. John Medical Center.

FAMILY NAME: WOLPERT  
GIVEN NAME: HARVEY F.  
INTERMENT NUMBER: 13498

|                            |  |                                                                       |  |                    |  |                                            |  |
|----------------------------|--|-----------------------------------------------------------------------|--|--------------------|--|--------------------------------------------|--|
| NAME                       |  | WOLPERT, Harvey F.                                                    |  | INTERMENT NO.      |  | 13498                                      |  |
| ADDRESS                    |  | 602 Sixth Ave.,                                                       |  | Steubenville, Ohio |  |                                            |  |
| PERSON RESPONSIBLE ADDRESS |  | McClave Funeral Home                                                  |  |                    |  |                                            |  |
| June 16, 1885              |  |                                                                       |  |                    |  |                                            |  |
| AGE 77-2-5 da              |  | RACE W                                                                |  | SEX M              |  | MARRIED <input type="checkbox"/>           |  |
|                            |  |                                                                       |  |                    |  | SINGLE <input checked="" type="checkbox"/> |  |
| Aug. 20, 1962              |  |                                                                       |  |                    |  | Aug. 23, 1962                              |  |
| DATE OF DEATH              |  | CAUSE OF DEATH                                                        |  | coronary occlusion |  | DATE OF BURIAL                             |  |
| SECTION                    |  | Blessed Virgin                                                        |  | ROW                |  | LOT 40                                     |  |
|                            |  |                                                                       |  |                    |  | GRAVE 8                                    |  |
| CHURCH                     |  | St. Peters                                                            |  | FUNERAL DIRECTOR   |  | McClave                                    |  |
|                            |  |                                                                       |  |                    |  | Eagle Triplex                              |  |
| Fr. Cronin T. Malloy       |  | Dist. 4101 -                                                          |  |                    |  | 2-0" X 1-0" X 1-4"                         |  |
| CHURCH PERMIT NO.          |  | HEALTH PERMIT NO. 464                                                 |  |                    |  | marker. S. White 9/62                      |  |
| REMARKS:                   |  | Born in Ravenna, Ohio of Frank A., and Anna Katherine Krill           |  |                    |  |                                            |  |
|                            |  | Wolpert. Proprietor of Retail Grocery Store all his life. Survived by |  |                    |  |                                            |  |
|                            |  | 1 sister, Mrs. Isabella Wolpert Brady; 2 brothers, Albert and John M. |  |                    |  |                                            |  |
|                            |  | Wolpert; also 12 nieces and nephews: Malcolm J. Brady, Mary Katherine |  |                    |  |                                            |  |
|                            |  | Brady; Ruth, Dorothy, James, Earl, Girard, Donald, Howard Wolpert;    |  |                    |  |                                            |  |

Mrs. Rob't(Marian) Olm, Mrs. Glenn (Mary Helen) Wolpert Humphrey, and Mrs. John (Mary Esther) Hague. Died at the Gill Memorial Hospital, Steubenville, Ohio

FAMILY NAME: WOLPERT

GIVEN NAME: INFANT

INTERMENT NUMBER: 00297

|                                  |  |                    |  |                   |  |                                 |  |
|----------------------------------|--|--------------------|--|-------------------|--|---------------------------------|--|
| NAME                             |  | WOLPERT, -- Infant |  | INTERMENT No.     |  | 297                             |  |
| ADDRESS                          |  |                    |  |                   |  |                                 |  |
| Clinton St., Steubenville, Ohio  |  |                    |  |                   |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS       |  |                    |  |                   |  |                                 |  |
| AGE                              |  | RACE               |  | SEX               |  | MARRIED                         |  |
| IX --                            |  | W                  |  |                   |  | <input type="checkbox"/>        |  |
|                                  |  |                    |  |                   |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                    |  | CAUSE OF DEATH     |  |                   |  | DATE OF BURIAL                  |  |
|                                  |  | Stillborn          |  |                   |  | Feb. 7, 1889                    |  |
| SECTION                          |  |                    |  | ROW               |  | LOT                             |  |
| Unbaptized                       |  |                    |  |                   |  | GRAVE                           |  |
| CHURCH                           |  |                    |  | FUNERAL DIRECTOR  |  | TYPE VAULT                      |  |
| St. Peters                       |  |                    |  |                   |  |                                 |  |
| CHURCH PERMIT No.                |  |                    |  | HEALTH PERMIT No. |  |                                 |  |
| REMARKS: Child of Frank Wolpert. |  |                    |  |                   |  |                                 |  |
|                                  |  |                    |  |                   |  |                                 |  |
|                                  |  |                    |  |                   |  |                                 |  |
|                                  |  |                    |  |                   |  |                                 |  |
|                                  |  |                    |  |                   |  |                                 |  |



FAMILY NAME: WOLPERT

GIVEN NAME: JOHN M.

INTERMENT NUMBER: 13572

|                                                                                                                                                                                                                                                                                                                            |  |                                          |  |                  |  |                            |  |                                                     |  |                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|--|------------------|--|----------------------------|--|-----------------------------------------------------|--|---------------------------------|--|
| NAME                                                                                                                                                                                                                                                                                                                       |  | WOLPERT, John M.                         |  | INTERMENT No.    |  | 13572                      |  |                                                     |  |                                 |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                    |  | 707 North Sixth Ave., Steubenville, Ohio |  |                  |  |                            |  |                                                     |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                                                                 |  | McClave Funeral Home                     |  |                  |  |                            |  |                                                     |  |                                 |  |
| April 20, 1883                                                                                                                                                                                                                                                                                                             |  | AGE 79-8-24da                            |  | RACE W           |  | SEX M                      |  | MARRIED <input checked="" type="checkbox"/> widower |  | SINGLE <input type="checkbox"/> |  |
| Jan. 13, 1963                                                                                                                                                                                                                                                                                                              |  | DATE OF DEATH                            |  | CAUSE OF DEATH   |  | Coronary artery thrombosis |  | Jan. 17, 1963                                       |  | DATE OF BURIAL                  |  |
| SECTION                                                                                                                                                                                                                                                                                                                    |  | Blessed Virgin                           |  | ROW              |  | LOT 40                     |  | GRAVE 3                                             |  |                                 |  |
| CHURCH                                                                                                                                                                                                                                                                                                                     |  | St. Peters                               |  | FUNERAL DIRECTOR |  | McClave                    |  | Eagle Triplex.                                      |  | TYPE VAULT conc.                |  |
| Fr. Cronin T. Malloy                                                                                                                                                                                                                                                                                                       |  | CHURCH PERMIT No.                        |  | Dist. 4101 -     |  | HEALTH PERMIT No. 28       |  | 2-0" X 1-0" X 1-4"                                  |  | memorial. White's 3/63          |  |
| REMARKS: Born in Ravenna, Ohio of Frank A., and Anna K. Krill Wolpert. Retired employee of the Hub Dept., Store. Survived by 2 daughters, Ruth I., and Dorothy Wolpert; 1 sister, Mrs. Isabella Wolpert Brady, and one brother, Albert J. Wolpert; also 3 grandchildren. Died at Ohio Valley Hospital, Steubenville, Ohio. |  |                                          |  |                  |  |                            |  |                                                     |  |                                 |  |

FAMILY NAME: WOLPERT  
GIVEN NAME: MARGARET MRS.  
INTERMENT NUMBER: 06165

|                                                 |                          |                        |                                  |                                 |  |
|-------------------------------------------------|--------------------------|------------------------|----------------------------------|---------------------------------|--|
| NAME                                            |                          | WOLPRET, Mrs. Margaret |                                  | INTERMENT No. 6165              |  |
| ADDRESS                                         |                          | Steubenville, Ohio     |                                  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                      |                          |                        |                                  |                                 |  |
| AGE 56                                          | RACE W                   | SEX F                  | MARRIED <input type="checkbox"/> | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH May 30, 1917                      | CAUSE OF DEATH Pneumonia |                        | DATE OF BURIAL                   |                                 |  |
| SECTION Holy Name                               | ROW                      | LOT 13                 | GRAVE 21                         |                                 |  |
| CHURCH St. Peters                               | FUNERAL DIRECTOR         |                        | TYPE VAULT                       |                                 |  |
| CHURCH PERMIT No. T.A.Powers                    | HEALTH PERMIT No.        |                        |                                  |                                 |  |
| REMARKS: Survived by son, John Snyder, (Sexton) |                          |                        |                                  |                                 |  |
|                                                 |                          |                        |                                  |                                 |  |
|                                                 |                          |                        |                                  |                                 |  |
|                                                 |                          |                        |                                  |                                 |  |
|                                                 |                          |                        |                                  |                                 |  |

FAMILY NAME: WOLPERT  
GIVEN NAME: MARIE MRS.  
INTERMENT NUMBER: 16514

|                            |  |                                                                                                                                                                                                                             |  |                   |  |             |  |               |  |                |  |        |  |         |  |                                     |  |       |  |        |  |                          |  |
|----------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|-------------|--|---------------|--|----------------|--|--------|--|---------|--|-------------------------------------|--|-------|--|--------|--|--------------------------|--|
| NAME                       |  | WOLPERT, Mrs. Marie                                                                                                                                                                                                         |  | INTERMENT No.     |  | 16514       |  |               |  |                |  |        |  |         |  |                                     |  |       |  |        |  |                          |  |
| ADDRESS                    |  | St. Joseph, Mo. - -formerly of Steubenville, Ohio                                                                                                                                                                           |  |                   |  |             |  |               |  |                |  |        |  |         |  |                                     |  |       |  |        |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                                                                                                                                                                                                                             |  |                   |  |             |  |               |  |                |  |        |  |         |  |                                     |  |       |  |        |  |                          |  |
| May 24, 1890               |  | AGE                                                                                                                                                                                                                         |  | 88                |  | RACE        |  | W             |  | SEX            |  | F      |  | MARRIED |  | <input checked="" type="checkbox"/> |  | widow |  | SINGLE |  | <input type="checkbox"/> |  |
| July 29, 1978              |  | DATE OF DEATH                                                                                                                                                                                                               |  | CAUSE OF DEATH    |  | not stated  |  | August 2, 196 |  | DATE OF BURIAL |  |        |  |         |  |                                     |  |       |  |        |  |                          |  |
| SECTION                    |  | Blessed Virgin                                                                                                                                                                                                              |  | ROW               |  |             |  | LOT           |  | 20             |  | GRAVE  |  | 6       |  |                                     |  |       |  |        |  |                          |  |
| CHURCH                     |  | St. Peters                                                                                                                                                                                                                  |  | FUNERAL DIRECTOR  |  | McClave-C-M |  | TYPE VAULT    |  | topseal        |  | falcon |  |         |  |                                     |  |       |  |        |  |                          |  |
| CHURCH PERMIT              |  | C.T. Molloy                                                                                                                                                                                                                 |  | HEALTH PERMIT No. |  | 42-877 Mo.  |  | 2-0x1-0       |  | 1952 Archer    |  |        |  |         |  |                                     |  |       |  |        |  |                          |  |
| REMARKS:                   |  | Mrs. Marie Katherine Wolpert of St. Joseph, Mo., formerly of Steubenville died Saturday in the Carriage Square Nursing Home in St. Joseph. She was a retired telephone operator for Wheeling-Pittsburgh Steel Corp., a mem- |  |                   |  |             |  |               |  |                |  |        |  |         |  |                                     |  |       |  |        |  |                          |  |

ber of St. Francis Xavier Catholic Church in St. Joseph, Mo., and the Adult and Rosary Society of Steubenville. Surviving are a daughter, Mrs. AJohn Hague of St. Joseph; two brothers, George T. Welsh of Wheeling, and Howard F. Welsh of St. Joseph; a sister, Sister M. Janette, O. P., Columbus, Ohio; five grandchildren and one great grandchild. She was born May 24, 1890, in Peru, Ind, a daughter of the late Thomas A. and Mary Everett Welsh. She was also preceded in death by her husband, Adrian T. Wolpert, in 1952.

FAMILY NAME: WOLPERT  
GIVEN NAME: NELLIE E. MRS.  
INTERMENT NUMBER: 11463

|                                                                                                                                                                                                                                               |                                 |                                     |                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|-----------------------------------------------------------------------------|
| NAME WOLPERT, Mrs. Nellie E.                                                                                                                                                                                                                  |                                 | INTERMENT No. 11463                 |                                                                             |
| ADDRESS 1109 Ridge Ave., Steubenville, Ohio                                                                                                                                                                                                   |                                 |                                     |                                                                             |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                    |                                 |                                     |                                                                             |
| Feb. 12, 1880                                                                                                                                                                                                                                 |                                 |                                     |                                                                             |
| AGE 70-10-17 da                                                                                                                                                                                                                               | RACE W                          | SEX F                               | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH Dec.29,1950                                                                                                                                                                                                                     | CAUSE OF DEATH                  |                                     | DATE OF BURIAL Jan.2,1951                                                   |
| SECTION Poor Souls                                                                                                                                                                                                                            | ROW                             | LOT 68                              | GRAVE 11                                                                    |
| CHURCH St. Peter's                                                                                                                                                                                                                            | FUNERAL DIRECTOR Shannon        | TYPE VAULT                          |                                                                             |
| CHURCH PERMIT No. H.J.Grigsby                                                                                                                                                                                                                 | Dist. 654-<br>HEALTH PERMIT No. | 2-0" X 1-0" Marker<br>Archer - 1952 |                                                                             |
| REMARKS: Born, Steubenville, Ohio of Thomas & Mary Ann Kane.<br>Wife of Urbin Wolpert. Survived by husband, 3 children: Mrs. Rob't J. Ohm, Gerald and Mary Helen; 2 sisters, Imelda Hyland and Mrs. John Brady; 1 brother, Raymond R. Hyland. |                                 |                                     |                                                                             |

FAMILY NAME: WOLPERT  
GIVEN NAME: NELLIE R. MRS.  
INTERMENT NUMBER: 13253

|                                                                         |  |                                        |  |                                        |   |         |   |                    |                                     |                        |                          |
|-------------------------------------------------------------------------|--|----------------------------------------|--|----------------------------------------|---|---------|---|--------------------|-------------------------------------|------------------------|--------------------------|
| NAME                                                                    |  | WOLPERT, Mrs. Nellie R.                |  | INTERMENT No.                          |   | 13253   |   |                    |                                     |                        |                          |
| ADDRESS                                                                 |  | 741 North 6th Ave., Steubenville, Ohio |  |                                        |   |         |   |                    |                                     |                        |                          |
| PERSON RESPONSIBLE ADDRESS                                              |  | McClave Funeral Home                   |  |                                        |   |         |   |                    |                                     |                        |                          |
| Nov. 23, 1879                                                           |  | AGE 81-5-3 da                          |  | RACE                                   | W | SEX     | F | MARRIED            | <input checked="" type="checkbox"/> | SINGLE                 | <input type="checkbox"/> |
| April 25, 1961                                                          |  | DATE OF DEATH                          |  | pneumonia - cerebral vascular accident |   |         |   | April 28, 1961     |                                     |                        |                          |
| SECTION                                                                 |  | Blessed Virgin                         |  | ROW                                    |   | LOT     |   | 20                 |                                     | GRAVE                  |                          |
| CHURCH                                                                  |  | St. Peters                             |  | FUNERAL DIRECTOR                       |   | McClave |   | Eagle-Triplex      |                                     | TYPE VAULT             |                          |
| CHURCH PERMIT No.                                                       |  | Msgr. H.J.Grigsby                      |  | Dist. 4101 -                           |   | 190     |   | 3-6" X 1-0" x 1-6" |                                     | dble marker. MAS 10/61 |                          |
| REMARKS: Born in Steubenville of Thomas and Margaret Hennigan McMen-    |  |                                        |  |                                        |   |         |   |                    |                                     |                        |                          |
| amin. Married Albert Wolpert May 18, 1903. Survived by husband, 3 sons, |  |                                        |  |                                        |   |         |   |                    |                                     |                        |                          |
| Earl, James and Howard Wolpert, also 5 grandchildren. Died at the       |  |                                        |  |                                        |   |         |   |                    |                                     |                        |                          |
| Gill Memorial Hospital, Steubenville, Ohio                              |  |                                        |  |                                        |   |         |   |                    |                                     |                        |                          |



FAMILY NAME: WOLPERT

GIVEN NAME: STELLA (MRS. JOHN)

INTERMENT NUMBER: 09545

|                            |      |                                                                                 |     |                   |                |                                     |                                 |            |
|----------------------------|------|---------------------------------------------------------------------------------|-----|-------------------|----------------|-------------------------------------|---------------------------------|------------|
| NAME                       |      | WOLPERT, Mrs. John Stella                                                       |     | INTERMENT No.     |                | 9545                                |                                 |            |
| ADDRESS                    |      | Steubenville, Ohio                                                              |     |                   |                |                                     |                                 |            |
| PERSON RESPONSIBLE ADDRESS |      |                                                                                 |     |                   |                |                                     |                                 |            |
| AGE                        | RACE | W                                                                               | SEX | F                 | MARRIED        | <input checked="" type="checkbox"/> | SINGLE <input type="checkbox"/> |            |
| DATE OF DEATH              |      | CAUSE OF DEATH                                                                  |     |                   | DATE OF BURIAL |                                     |                                 | Nov. , '37 |
| SECTION                    |      | Blessed Virgin                                                                  |     | ROW               | LOT            | GRAVE                               |                                 | 40 4       |
| CHURCH                     |      | St. Peters                                                                      |     | FUNERAL DIRECTOR  |                | Shannon                             |                                 | TYPE VAULT |
| CHURCH PERMIT No.          |      | T.A.Powers                                                                      |     | HEALTH PERMIT No. |                |                                     |                                 |            |
| REMARKS:                   |      | Survived by husband, John M. Wolpert. Also 2 daughters, Ruth and Dorothy, a son |     |                   |                |                                     |                                 |            |
|                            |      |                                                                                 |     |                   |                |                                     |                                 |            |
|                            |      |                                                                                 |     |                   |                |                                     |                                 |            |
|                            |      |                                                                                 |     |                   |                |                                     |                                 |            |
|                            |      |                                                                                 |     |                   |                |                                     |                                 |            |

FAMILY NAME: WOLPERT  
GIVEN NAME: URBAN F.  
INTERMENT NUMBER: 12389

|                                                                                                                                                                                                                                                                                                                                                                                                             |  |                      |  |                  |  |                                         |  |                                                     |  |                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|--|------------------|--|-----------------------------------------|--|-----------------------------------------------------|--|--------------------------------------------|--|
| NAME                                                                                                                                                                                                                                                                                                                                                                                                        |  | WOLPERT, Urban F.    |  | INTERMENT No.    |  | 12389                                   |  |                                                     |  |                                            |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                     |  | Painesville, Ohio    |  |                  |  |                                         |  |                                                     |  |                                            |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                  |  | Shannon Funeral Home |  |                  |  |                                         |  |                                                     |  |                                            |  |
| July 25, 1880                                                                                                                                                                                                                                                                                                                                                                                               |  | AGE 76-0-29 da       |  | RACE W           |  | SEX M                                   |  | MARRIED <input checked="" type="checkbox"/> widower |  | SINGLE <input type="checkbox"/>            |  |
| Aug. 24, 1956                                                                                                                                                                                                                                                                                                                                                                                               |  | DATE OF DEATH        |  | CAUSE OF DEATH   |  | Cerebral homorrhage                     |  | Aug. 27, 1956                                       |  | DATE OF BURIAL                             |  |
| SECTION                                                                                                                                                                                                                                                                                                                                                                                                     |  | Poor Souls           |  | ROW              |  | LOT                                     |  | 68                                                  |  | GRAVE 10                                   |  |
| CHURCH                                                                                                                                                                                                                                                                                                                                                                                                      |  | St. Peters           |  | FUNERAL DIRECTOR |  | Spear-Painesville, O.<br>Shannon - here |  | TYPE VAULT                                          |  | Wheatley #9<br>conc                        |  |
| CHURCH PERMIT No.                                                                                                                                                                                                                                                                                                                                                                                           |  | Msg. H. J. Grigsby   |  | Dist. 4301 -     |  | HEALTH PERMIT No.                       |  | 219                                                 |  | 2-0" X 1-0" marker<br>Memorial Art 10/6/56 |  |
| REMARKS: Born at Ravenna, Ohio of Frank and Catherine Krill Wolpert.<br>Married Oct. 12, 1905 to Nellie Kane. Survived by two daughters, Mrs. Mrs. Glenn Humphrey, and Mrs. Robert Ohm, 1 son Gerard; 1 sister, Mrs. Isabella Brady, 3 brothers, Albert J., John and Harvey Wolpert.<br>Died at home of Daughter, Mrs. Humphrey. Retired Grocer Steubenville.<br>Lake County Memorial Hospital, Painesville |  |                      |  |                  |  |                                         |  |                                                     |  |                                            |  |

Spear Funeral Home, 62 St. Clair St., Painesville, Ohio

FAMILY NAME: WOLPORICH

GIVEN NAME: JOHN

INTERMENT NUMBER: 02254

|                              |      |                          |                          |                    |                                 |
|------------------------------|------|--------------------------|--------------------------|--------------------|---------------------------------|
| NAME                         |      | WOLPORICH, John (Infant) |                          | INTERMENT No. 2254 |                                 |
| ADDRESS Mingo Junction, Ohio |      |                          |                          |                    |                                 |
| PERSON RESPONSIBLE ADDRESS   |      |                          |                          |                    |                                 |
| AGE                          | 5 mo | RACE                     | W                        | SEX                | M                               |
|                              |      | MARRIED                  | <input type="checkbox"/> | infant             | SINGLE <input type="checkbox"/> |
| DATE OF DEATH                |      | CAUSE OF DEATH           |                          | DATE OF BURIAL     |                                 |
| Sept 30, 1907                |      | Summer complaint         |                          |                    |                                 |
| SECTION                      |      | Holy Innocents "A"       |                          | ROW                | 7                               |
|                              |      |                          |                          | LOT                |                                 |
| GRAVE                        |      | 4                        |                          |                    |                                 |
| CHURCH                       |      | St. Agnes, Mingo         |                          | FUNERAL DIRECTOR   |                                 |
|                              |      |                          |                          | TYPE VAULT         |                                 |
| CHURCH PERMIT No.            |      | D.A. Coffey              |                          | HEALTH PERMIT No.  |                                 |
| REMARKS:                     |      |                          |                          |                    |                                 |
|                              |      |                          |                          |                    |                                 |
|                              |      |                          |                          |                    |                                 |
|                              |      |                          |                          |                    |                                 |
|                              |      |                          |                          |                    |                                 |
|                              |      |                          |                          |                    |                                 |

FAMILY NAME: WOLTER

GIVEN NAME: BETTY JANE MOIO

INTERMENT NUMBER: 19223

NAME Wolter, Betty Jane Moio INTERMENT No. 19223

ADDRESS R.D.#1, Box 62, Mingo Jct. Ohio

PERSON RESPONSIBLE Mosti Funeral Home  
ADDRESS

9-14-1922

AGE 70

RACE W

SEX F

MARRIED ☒

SINGLE ☐

DATE 1-25-1993

OF DEATH

Not stated on provi-  
sional certificate

1-28-1993

DATE OF  
BURIAL

SECTION Holy Rosary

ROW

LOT 88

GRAVE 6

CHURCH Holy Name

FUNERAL DIRECTOR Mosti

TYPE VAULT #9

Fr. William

CHURCH PERMIT Cross

HEALTH PERMIT No. 4101-61

4-0x1-0x1-6 dbl.

MAS 10/10/1969

REMARKS: Surviving are her husband, Herman Wolter at home,  
three sons, Frank of Lanaaster, Richard of Oklahoma City,  
Okla., and David of Steubenville; a stepdaughter, Mrs.  
Dennis (Linda) Rymer of Las Vegas, Nev.; six grandchildren

and one great grandchild. She was born in Steubenville,  
a daughter of the late Daniel Gallaghrer and Ethel Dobbs  
Gallagher Gorsich. She was also preceded in death by her  
first husband, Domenic in 1969; and two sisters, Anna  
Mae Kaczmarek on Jan. 18, 1993 and Mary Contes in 1990.  
She died in St. John Medical Center. She was a member of  
Holy Name Cathedral.



FAMILY NAME: WOLTER  
GIVEN NAME: CHARLES F.  
INTERMENT NUMBER: 17774

|                                                                                                                                                                                                                                     |  |                                                      |  |                                         |  |                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|-----------------------------------------|--|---------------------------------------------|--|
| NAME                                                                                                                                                                                                                                |  | Wolter, Charles F.                                   |  | INTERMENT No.                           |  | 17774                                       |  |
| ADDRESS 231 Opal Blvd. Steubenville, Ohio                                                                                                                                                                                           |  |                                                      |  |                                         |  |                                             |  |
| PERSON RESPONSIBLE ADDRESS McClave-Chandler-Mills Funeral Home                                                                                                                                                                      |  |                                                      |  |                                         |  |                                             |  |
| 7-11-1914                                                                                                                                                                                                                           |  | RACE W                                               |  | SEX M                                   |  | MARRIED <input checked="" type="checkbox"/> |  |
| AGE 70                                                                                                                                                                                                                              |  |                                                      |  |                                         |  | SINGLE <input type="checkbox"/>             |  |
| DATE OF DEATH 6-11-1985                                                                                                                                                                                                             |  | CAUSE OF DEATH Not stated on provisional certificate |  |                                         |  | DATE OF BURIAL 6-14-1985                    |  |
| SECTION Assumption                                                                                                                                                                                                                  |  |                                                      |  | ROW                                     |  | LOT 102                                     |  |
|                                                                                                                                                                                                                                     |  |                                                      |  |                                         |  | GRAVE 3                                     |  |
| CHURCH Holy Name                                                                                                                                                                                                                    |  |                                                      |  | FUNERAL DIRECTOR McClave-Chandler Mills |  | TYPE VAULT eagle sentinel                   |  |
| CHURCH PERMIT Fr. Kenneth Uram                                                                                                                                                                                                      |  | HEALTH PERMIT No.                                    |  | 4101-0338                               |  |                                             |  |
| REMARKS: Surviving are his wife, Laura Magle Wolter; a daughter, Loretta Benedetto of Steubenville; two brothers Edwin of Weirton and Herman of New Alexandria; two sisters Doris Weldon of Hialeah, Fl. and Alvina Creek of Steub. |  |                                                      |  |                                         |  |                                             |  |

and one grandchild. He was born in Steubenville, a son of the late Ernest and Elizabeth Cox Wolter. He had been an employee of Weirton Steel Co. before his retirement. He was a member of the 25 Year Club of Weirton Steel, Holy Name Cathedral, Holy Name Society and was an usher at the church for 25 years.

June 29, 1985 Flat granite memorial ordered.  
Sept. 5, 1985 Flat granite memorial received.



FAMILY NAME: WOLTER

GIVEN NAME: EDWIN J.

INTERMENT NUMBER: 18538

|                                                                                                                                                                                                                                         |                              |                                       |                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------|-----------------------------------------------------------------------------|
| NAME Wolter, Edwin J.                                                                                                                                                                                                                   |                              | INTERMENT No. 18538                   |                                                                             |
| ADDRESS 124 Fernwood Ave. Weirton, W.Va.                                                                                                                                                                                                |                              |                                       |                                                                             |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                              |                              | Steel-Wolfe Funeral Home              |                                                                             |
| 7-17-1912                                                                                                                                                                                                                               |                              |                                       |                                                                             |
| AGE 77                                                                                                                                                                                                                                  | RACE W                       | SEX M                                 | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE 8-8-1989                                                                                                                                                                                                                           | CAUSE OF DEATH               | Not stated on provisional certificate |                                                                             |
| OF DEATH                                                                                                                                                                                                                                |                              | DATE OF BURIAL                        | 8-11-1989                                                                   |
| SECTION Assumption                                                                                                                                                                                                                      | ROW                          | LOT 218                               | GRAVE 1                                                                     |
| CHURCH St. Joseph the Worker                                                                                                                                                                                                            | FUNERAL DIRECTOR Steel-Wolfe | eagle sentinel                        |                                                                             |
| CHURCH PERMIT Fr. Casey Mahone                                                                                                                                                                                                          | HEALTH PERMIT No. W.Va.      | Brooke Co.                            |                                                                             |
| REMARKS: Surviving are his wife, Victoria Karpowicz Wolter, a daughter, Mrs. Thomas (Arlene) McPherson of Columbus; three sons, Edwin J. Jr. of Wilmington, Del., Terry of Deerfield Beach, Fla. and Jim of Lakewood, Calif.; a brother |                              |                                       |                                                                             |

Herman of Mingo Jct.;two sisters, Doris Welday of Miami,Fla, and Mrs. Virgil (Alvena) Creek of Steubenville; and ten grandchildren. He was born in Steuebnnville, a son of the late Elizabeth Cox Wolter and Ernest Wolter. He was preceded in death by a brother. He was a member of St. Joseph the Worker Catholic Church, Holy Name Society, American Association of Retired Persons, E.T. Weir Senior Club and a lifetime member of the Knights of Columbus Council 3734

FAMILY NAME: WOLTER  
GIVEN NAME: TERRENCE P.  
INTERMENT NUMBER: 18609

|                                                                                                                                                                                                                                     |  |                                             |         |                                      |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|---------|--------------------------------------|-------|
| CREMATION                                                                                                                                                                                                                           |  |                                             |         | INTERMENT No.                        | 18609 |
| NAME Wolter, Terrence P.                                                                                                                                                                                                            |  |                                             |         |                                      |       |
| ADDRESS 1305 S.E. Second Terrace, Deerfield Beach, Fla.                                                                                                                                                                             |  |                                             |         |                                      |       |
| PERSON RESPONSIBLE ADDRESS Steel-Wolfe Funeral Home                                                                                                                                                                                 |  |                                             |         |                                      |       |
| 1-15-1941                                                                                                                                                                                                                           |  | AGE 48                                      |         | RACE W                               | SEX M |
|                                                                                                                                                                                                                                     |  | MARRIED <input checked="" type="checkbox"/> |         | SINGLE <input type="checkbox"/>      |       |
| DATE OF DEATH 12-11-1989                                                                                                                                                                                                            |  | CAUSE OF DEATH                              |         | DATE OF BURIAL 12-16-1989            |       |
| SECTION Assumption                                                                                                                                                                                                                  |  | ROW                                         | LOT 230 | GRAVE 1                              |       |
| CHURCH St. Joseph                                                                                                                                                                                                                   |  | FUNERAL DIRECTOR Steel-Wolfe                |         | TYPE cremation/<br>VAULT urn         |       |
| CHURCH PERMIT Fr. Casey Maloney                                                                                                                                                                                                     |  | HEALTH PERMIT No.                           |         | 2-0x1-0 sing mem.<br>2/21/1990 Kurtz |       |
| REMARKS: Surviving are his wife, Charlene Dodd Wolter; his mother, Victoria Karpowicz of Weirton; two sons, Scott of Ocala and Terry B. of Toronto; a stepdaughter, Renee Dodd at home; two brothers, Edwin J. of Wilmington, Del., |  |                                             |         |                                      |       |

and Jim of Lakewood, Calif; and a sister Mrs. Thomas (Arlene) McPherson of Columbus, Ohio. He was born in Steubenville. He was preceded in death by his father Edwin J. Wolter. He was self-employed and a member of St. Joseph the Worker Church

FAMILY NAME: WOOD

GIVEN NAME: JAMES E.

INTERMENT NUMBER: 13440

|                                                                                                                                                                                                                     |  |                                                |  |                            |       |                                                     |                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|----------------------------|-------|-----------------------------------------------------|---------------------------------|
| NAME                                                                                                                                                                                                                |  | WOOD, James E.                                 |  | INTERMENT No.              |       | 13440                                               |                                 |
| ADDRESS                                                                                                                                                                                                             |  | 418 Stanton Street, Steubenville, Ohio         |  |                            |       |                                                     |                                 |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                          |  | Nephew: James Wood, 912 Main St., Steubenville |  |                            |       |                                                     |                                 |
| Sept. 19, 1890                                                                                                                                                                                                      |  | AGE 71-6-23 da                                 |  | RACE W                     | SEX M | MARRIED <input checked="" type="checkbox"/> widower | SINGLE <input type="checkbox"/> |
| April 11, 1962                                                                                                                                                                                                      |  | DATE OF DEATH                                  |  | CAUSE OF DEATH             |       | Coronary thrombosis                                 |                                 |
| April 14, 1962                                                                                                                                                                                                      |  | DATE OF BURIAL                                 |  |                            |       |                                                     |                                 |
| SECTION                                                                                                                                                                                                             |  | Holy Name                                      |  | ROW                        | LOT   | 76 GRAVE 13                                         |                                 |
| CHURCH                                                                                                                                                                                                              |  | St. Peters                                     |  | T. R. Athinson             |       | Sectional conc.                                     |                                 |
|                                                                                                                                                                                                                     |  | Fr. Donald Nuss                                |  | FUNERAL DIRECTOR (Elliott) |       | TYPE VAULT box                                      |                                 |
| CHURCH PERMIT No.                                                                                                                                                                                                   |  | Dist. 4101 -                                   |  | HEALTH PERMIT No. 215      |       | 2-0" X 1-0" flat marble Vet Marker 4/62             |                                 |
| REMARKS: Born in Steubenville of Wylie and Rose McElcannon Woods.                                                                                                                                                   |  |                                                |  |                            |       |                                                     |                                 |
| World War I Veteran. Retired employee of Wheeling Steel Corporation.                                                                                                                                                |  |                                                |  |                            |       |                                                     |                                 |
| Survived by three nieces, Mrs. Samuel (Ada) Lalich, Mrs. Edw. (Rosemary) Cellini, and Mrs. Gerald (Ellen) Pratt; 3 nephews, James H., and John C. Woods, and George Hale; 2 aunts, Mrs. Mollie Bickerstaff and Mrs. |  |                                                |  |                            |       |                                                     |                                 |

E. P. Connors. Pronounced dead on arrival at Ohio Valley Hosp., Steubenville, of natural causes. (HS 4/13/62)  
10/6/1966: 2-0" X 1-0" X 1-6" marker. Archer (substitute for flat veteran marker).

FAMILY NAME: WOODRUFF  
GIVEN NAME: AGNES JOSEPHINE MRS.  
INTERMENT NUMBER: 14866

|                                                                      |  |                                             |  |                                 |         |
|----------------------------------------------------------------------|--|---------------------------------------------|--|---------------------------------|---------|
| NAME                                                                 |  | WOODRUFF, Mrs. Agnes Josephine              |  | INTERMENT No. 14866             |         |
| ADDRESS                                                              |  | 1216 Ridge Ave., Steubenville, Ohio         |  |                                 |         |
| PERSON RESPONSIBLE ADDRESS                                           |  |                                             |  |                                 |         |
| Mar. 16, 1903                                                        |  | AGE 66-3-8d                                 |  | RACE W                          | SEX F   |
|                                                                      |  | MARRIED <input checked="" type="checkbox"/> |  | SINGLE <input type="checkbox"/> |         |
| June 23, 1969                                                        |  | CAUSE OF DEATH                              |  | June 26, 1969                   |         |
| DATE OF DEATH                                                        |  | Brain tumor                                 |  | DATE OF BURIAL                  |         |
| SECTION All Souls                                                    |  | ROW                                         |  | LOT 107                         | GRAVE 8 |
| CHURCH St. Peters                                                    |  | FUNERAL DIRECTOR McClave                    |  | falcon topseal                  |         |
| Msgr. Cronin Malloy.                                                 |  | Pgh. Pa.,                                   |  | 3-0" X 0-10" X 1-6"             |         |
| CHURCH PERMIT                                                        |  | HEALTH PERMIT No. 277                       |  | dole Memorial.Archer            |         |
| REMARKS: 4/11/70                                                     |  |                                             |  |                                 |         |
| Survived by her husband, Jay C. Woodruff, Died at Monfiore Hospital, |  |                                             |  |                                 |         |
| Pittsburgh, Pa.,                                                     |  |                                             |  |                                 |         |
|                                                                      |  |                                             |  |                                 |         |
|                                                                      |  |                                             |  |                                 |         |



FAMILY NAME: WOODRUFF

GIVEN NAME: JAY C.

INTERMENT NUMBER: 18187

|                                                                                                                                                                                                                             |  |                                          |  |                                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|--|-----------------------------------------------------------------------------|--|
| NAME                                                                                                                                                                                                                        |  | Woodruff, Jay C.                         |  | INTERMENT No. 18187                                                         |  |
| ADDRESS                                                                                                                                                                                                                     |  | 1216 Ridge Ave., Steuebville, ohio 43952 |  |                                                                             |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                  |  | Mosti Funeral Home                       |  |                                                                             |  |
| 11-20-1898                                                                                                                                                                                                                  |  | AGE 88                                   |  | RACE W SEX M                                                                |  |
|                                                                                                                                                                                                                             |  | MARRIED                                  |  | <input checked="" type="checkbox"/> widower <input type="checkbox"/> SINGLE |  |
| DATE OF DEATH 9-26-1987                                                                                                                                                                                                     |  | CAUSE OF DEATH                           |  | Not stated on provisional certificate                                       |  |
|                                                                                                                                                                                                                             |  | DATE OF BURIAL                           |  | 9-29-1987                                                                   |  |
| SECTION All Souls                                                                                                                                                                                                           |  | ROW                                      |  | LOT 107 GRAVE 7                                                             |  |
| CHURCH from funeral home                                                                                                                                                                                                    |  | FUNERAL DIRECTOR Mosti                   |  | TYPE VAULT sentinel eagle                                                   |  |
| CHURCH PERMIT Rev.Leroy Dillener                                                                                                                                                                                            |  | HEALTH PERMIT No. 4101-556               |  |                                                                             |  |
| REMARKS: Surviving are a sister, Flet Vaughn of Grand Rapids, Mich. He was born in Mount Pleasant, Mich., a son of the late George and mary Woodruff. He was also preceded in death by his wife, Josephine Woodruff in 1969 |  |                                          |  |                                                                             |  |

and three sisters. He was a member of the Westminister Presbyterian Church, an Army veteran of W.W.II and was active in the YMCA. He had been an agent with Nation-wide Insurance before his retirement.

Oct.22, 1987 Flat bronze marker ordered.  
Feb.3, 1988 Flat bronze marker received.



FAMILY NAME: WOODS  
GIVEN NAME: CHARLES  
INTERMENT NUMBER: 02300

|                            |    |                                       |                                     |                    |                                 |
|----------------------------|----|---------------------------------------|-------------------------------------|--------------------|---------------------------------|
| NAME                       |    | WOODS, Charles                        |                                     | INTERMENT No. 2300 |                                 |
| ADDRESS                    |    | Steubenville, Ohio                    |                                     |                    |                                 |
| PERSON RESPONSIBLE ADDRESS |    |                                       |                                     |                    |                                 |
| AGE                        | 73 | RACE                                  | W                                   | SEX                | M                               |
|                            |    | MARRIED                               | <input checked="" type="checkbox"/> |                    | SINGLE <input type="checkbox"/> |
| DATE OF DEATH              |    | Dec. 23, 1907                         |                                     | CAUSE OF DEATH     |                                 |
|                            |    |                                       |                                     | Pneumonia          |                                 |
|                            |    | DATE OF BURIAL                        |                                     |                    |                                 |
| SECTION                    |    | St. Patrick                           |                                     | ROW                |                                 |
|                            |    | LOT                                   |                                     | 79                 | GRAVE 11                        |
| CHURCH                     |    | Holy Name                             |                                     | FUNERAL DIRECTOR   | Shannon                         |
|                            |    | TYPE VAULT                            |                                     |                    |                                 |
| CHURCH PERMIT No.          |    | J.A.Weigand                           |                                     | HEALTH PERMIT No.  |                                 |
|                            |    |                                       |                                     |                    |                                 |
| REMARKS:                   |    | Survived by wife, Mrs. Woods Theresa. |                                     |                    |                                 |
|                            |    |                                       |                                     |                    |                                 |
|                            |    |                                       |                                     |                    |                                 |
|                            |    |                                       |                                     |                    |                                 |
|                            |    |                                       |                                     |                    |                                 |

FAMILY NAME: WOODS  
GIVEN NAME: CLARA T.  
INTERMENT NUMBER: 20245B

|                            |  |                                                                                                                                                                   |  |                   |  |                          |  |                                 |  |
|----------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|--------------------------|--|---------------------------------|--|
| NAME                       |  | Woods, Clara T.                                                                                                                                                   |  | CREMATION         |  | INTERMENT No.            |  | 20245                           |  |
| ADDRESS                    |  | 815 N. Sixth St. Steuebnnville, Ohio                                                                                                                              |  |                   |  |                          |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS |  | Mosti Funeral Home                                                                                                                                                |  |                   |  |                          |  |                                 |  |
| 4-21-1912                  |  | RACE                                                                                                                                                              |  | W                 |  | SEX                      |  | F                               |  |
| AGE                        |  | 85                                                                                                                                                                |  | MARRIED           |  | <input type="checkbox"/> |  | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH              |  | 3-11-1998                                                                                                                                                         |  | CAUSE OF DEATH    |  |                          |  | DATE OF BURIAL                  |  |
| SECTION                    |  | Poor Souls                                                                                                                                                        |  | ROW               |  | 33                       |  | LOT                             |  |
| CHURCH                     |  | Fr. Tim Shannon                                                                                                                                                   |  | FUNERAL DIRECTOR  |  | Mosti                    |  | TYPE VAULT                      |  |
| CHURCH PERMIT              |  | Fr. Tim Shannon                                                                                                                                                   |  | HEALTH PERMIT No. |  |                          |  | cremation/box                   |  |
| REMARKS:                   |  | She was born in Steubenville, a daughter of the late Alex and Ida (Karwowski) Witkowski. She was a member of Holy Name Cathedral. She died in Lancia Nursing Home |  |                   |  |                          |  |                                 |  |

FAMILY NAME: WOODS  
GIVEN NAME: JAMES HUGH  
INTERMENT NUMBER: 18895

|                            |  |                                                                                                                                                                                                                                                                   |  |                   |  |                                     |  |
|----------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|-------------------------------------|--|
| NAME                       |  | Woods, James Hugh                                                                                                                                                                                                                                                 |  | INTERMENT No.     |  | 18895                               |  |
| ADDRESS                    |  | 2060 N.E. 238th, Troutdale, Oregon 97060                                                                                                                                                                                                                          |  |                   |  |                                     |  |
| PERSON RESPONSIBLE ADDRESS |  | Mosti Funeral Home                                                                                                                                                                                                                                                |  |                   |  |                                     |  |
| 12-3-1927                  |  | RACE                                                                                                                                                                                                                                                              |  | SEX               |  | MARRIED                             |  |
| AGE 63                     |  | W                                                                                                                                                                                                                                                                 |  | M                 |  | <input type="checkbox"/>            |  |
| 5-12-1991                  |  | CAUSE OF DEATH                                                                                                                                                                                                                                                    |  | Pneumonia         |  | 5-16-1991                           |  |
| DATE OF DEATH              |  | DATE OF BURIAL                                                                                                                                                                                                                                                    |  | SINGLE            |  | <input checked="" type="checkbox"/> |  |
| SECTION                    |  | St. Mary Magdalene                                                                                                                                                                                                                                                |  | ROW               |  | LOT 343                             |  |
| CHURCH                     |  | St.Peter's                                                                                                                                                                                                                                                        |  | FUNERAL DIRECTOR  |  | Mosti                               |  |
| CHURCH PERMIT              |  | Fr. Richard Battocletti                                                                                                                                                                                                                                           |  | HEALTH PERMIT No. |  | Multnomah Co. Oregon                |  |
| REMARKS:                   |  | Surviving are two brothers, John Woods of Wintersville, and George Hale of Hopedale; and two sisters, Mrs. Edward (Rosemary) Cellini of North Miami Beach,Florida and Mrs. Jerry (Ellen Theresa) Pratt of Hacienda Heights, Calif. He was born in Steubenville, a |  |                   |  |                                     |  |

son of the late John Woods and Myrtle Richardson Woods Hale. He was also preceded in death by his sister, Ada lalich in 1988. He was a Navy veteran of W.W.II, Catholic by faith and a member of the Fraternal Order of Eagles Aerie 421.

June 6, 1991 Flat bronze veteran marker ordered  
July 30, 1991 Flat bronze veteran marker received.

FAMILY NAME: WOODS  
GIVEN NAME: JAMES T.  
INTERMENT NUMBER: 13661

|                                                                                                                                                                                                                                                                                                                                                       |  |                                       |  |                  |   |                     |   |                  |                                     |                           |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|------------------|---|---------------------|---|------------------|-------------------------------------|---------------------------|--------------------------|
| NAME                                                                                                                                                                                                                                                                                                                                                  |  | WOODS, James T.,                      |  | INTERMENT No.    |   | 13661               |   |                  |                                     |                           |                          |
| ADDRESS                                                                                                                                                                                                                                                                                                                                               |  | 328 Kingston Ave., Steubenville, Ohio |  |                  |   |                     |   |                  |                                     |                           |                          |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                                                                                            |  | Mrs. Vincentia Woods.                 |  |                  |   |                     |   |                  |                                     |                           |                          |
| Aug. 24, 1915                                                                                                                                                                                                                                                                                                                                         |  | AGE 47-9-5da                          |  | RACE             | W | SEX                 | M | MARRIED          | <input checked="" type="checkbox"/> | SINGLE                    | <input type="checkbox"/> |
| May 28, 1963                                                                                                                                                                                                                                                                                                                                          |  | DATE OF DEATH                         |  | CAUSE OF DEATH   |   | Coronary thrombosis |   | May 31, 1963     |                                     | DATE OF BURIAL            |                          |
| SECTION                                                                                                                                                                                                                                                                                                                                               |  | All Souls                             |  | ROW              |   | LOT                 |   | 52A              |                                     | GRAVE 1                   |                          |
| Old Third Presbyterian.                                                                                                                                                                                                                                                                                                                               |  | CHURCH                                |  | FUNERAL DIRECTOR |   | Cole Bros           |   | concrete airseal |                                     | TYPE VAULT                |                          |
| Rev. Mr. John M. Taylor.                                                                                                                                                                                                                                                                                                                              |  | CHURCH PERMIT No.                     |  | Dist. 4101 -     |   | 2-0" X 1-0" X 1-6"  |   | 326              |                                     | memorial. Hayslip 7/20/63 |                          |
| REMARKS: Born in Steubenville of the late Thomas J., and Frieda Woods. Employed as Foreman at Weirton Steel (Strip Department) and City of Steubenville Councilman; World War II Veteran, Army. President of Belleview Golf Club. Survived by his wife, Vincentia Wood; his mother Frieda Woods, 1 daughter Cassandra ; 1 brother, Thomas; 3 sisters, |  |                                       |  |                  |   |                     |   |                  |                                     |                           |                          |

Mrs. Thomas (Sara) Kincaid, Mrs. Mary Miller, and Mrs. Paul (Barbara) Simpson. Found dead in his sleep.



FAMILY NAME: WOODS

GIVEN NAME: JOHN A.

INTERMENT NUMBER: 09348

|                                                                                                                                                                                                                                             |  |                                             |  |                                 |  |                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--|---------------------------------|--|-----------------------------------------|--|
| NAME                                                                                                                                                                                                                                        |  | WOODS, John A.                              |  | INTERMENT No.                   |  | 9348                                    |  |
| ADDRESS                                                                                                                                                                                                                                     |  | 418 Stanton St.,<br>Steubenville, Ohio      |  |                                 |  |                                         |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                  |  |                                             |  |                                 |  |                                         |  |
| Sept 3, 1887                                                                                                                                                                                                                                |  | AGE 49                                      |  | RACE W                          |  | SEX M                                   |  |
|                                                                                                                                                                                                                                             |  | MARRIED <input checked="" type="checkbox"/> |  | SINGLE <input type="checkbox"/> |  |                                         |  |
| DATE OF DEATH                                                                                                                                                                                                                               |  | Sept. 1, 1936                               |  | CAUSE OF DEATH                  |  | pnumonia                                |  |
|                                                                                                                                                                                                                                             |  | DATE OF BURIAL                              |  | Sept. 1, '36                    |  |                                         |  |
| SECTION                                                                                                                                                                                                                                     |  | Holy Name                                   |  | ROW                             |  | LOT 76                                  |  |
| GRAVE                                                                                                                                                                                                                                       |  | 20                                          |  | CHURCH                          |  | St. Peters                              |  |
| FUNERAL DIRECTOR                                                                                                                                                                                                                            |  | Mettenberger                                |  | TYPE VAULT                      |  |                                         |  |
| CHURCH PERMIT No.                                                                                                                                                                                                                           |  | T.A. Powers                                 |  | HEALTH PERMIT No.               |  | 2-0" X 1-0" flat Gr.<br>Veteran marker. |  |
| REMARKS: Died at Ohio Valley Hosp., Steubenville, Survived by Myrtle Richardson Woods. Survived by following children, Ada, James, John, Rose Mary and Theresa. World War I Veteran. Pvt., Co. "G" 101st Inf. Apr. 2, 1918 to Mar. 18, 1919 |  |                                             |  |                                 |  |                                         |  |

Original upright marble veteran marker, replaced Jan. 1965 with flat granite marker, furnished by Memorial Division.

10/6/1966: 2-0" X 1-0" X 1-6" marker, Archer, substitute for veteran marker described above.



FAMILY NAME: WOODS  
GIVEN NAME: ROSE MRS.  
INTERMENT NUMBER: 09809

|                                                                                                     |  |                                      |       |                                  |                                                   |                                 |  |
|-----------------------------------------------------------------------------------------------------|--|--------------------------------------|-------|----------------------------------|---------------------------------------------------|---------------------------------|--|
| NAME                                                                                                |  | WOODS, Mrs. Rose                     |       | INTERMENT No.                    |                                                   | 9809                            |  |
| ADDRESS                                                                                             |  | 316 Adams St.,<br>Steubenville, Ohio |       |                                  |                                                   |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                          |  |                                      |       |                                  |                                                   |                                 |  |
| AGE 71                                                                                              |  | RACE W                               | SEX F | MARRIED <input type="checkbox"/> | widow                                             | SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH                                                                                       |  | CAUSE OF DEATH Cancer                |       |                                  | DATE OF BURIAL Jan. 17, '40<br><i>between 204</i> |                                 |  |
| SECTION Holy Name                                                                                   |  |                                      |       | ROW                              | LOT 76                                            | GRAVE 19                        |  |
| CHURCH St. Peters                                                                                   |  | FUNERAL DIRECTOR Shannon             |       | TYPE VAULT                       |                                                   |                                 |  |
| CHURCH PERMIT No. Fr. Bryan                                                                         |  | HEALTH PERMIT No.                    |       | 1-8" X 0-8" marker               |                                                   |                                 |  |
| REMARKS: Widow of Wiley Woods. Survived by sister, Mrs. Mohlie Bickerstaff, and Mrs. Ellen Connors. |  |                                      |       |                                  |                                                   |                                 |  |
|                                                                                                     |  |                                      |       |                                  |                                                   |                                 |  |
|                                                                                                     |  |                                      |       |                                  |                                                   |                                 |  |
|                                                                                                     |  |                                      |       |                                  |                                                   |                                 |  |

FAMILY NAME: WOODS  
GIVEN NAME: THERESA MRS.  
INTERMENT NUMBER: 08121

|                                  |      |                     |     |                   |         |                          |          |
|----------------------------------|------|---------------------|-----|-------------------|---------|--------------------------|----------|
| NAME                             |      | WOODS, Theresa Mrs. |     | INTERMENT No.     |         | 8121                     |          |
| ADDRESS                          |      | Steubenville, Ohio  |     |                   |         |                          |          |
| PERSON RESPONSIBLE ADDRESS       |      |                     |     |                   |         |                          |          |
| AGE                              | RACE | W                   | SEX | F                 | MARRIED | <input type="checkbox"/> | widow    |
| DATE OF DEATH                    |      | Dec.27, 1927        |     |                   |         | DATE OF BURIAL           |          |
| SECTION                          |      | St. Patrick         |     | ROW               | LOT     | 79                       | GRAVE 12 |
| CHURCH                           |      | Holy Name           |     | FUNERAL DIRECTOR  |         | TYPE VAULT               |          |
| CHURCH PERMIT No.                |      | E.A.Gilbert         |     | HEALTH PERMIT No. |         |                          |          |
| REMARKS: Widow of Charles Woods. |      |                     |     |                   |         |                          |          |
|                                  |      |                     |     |                   |         |                          |          |
|                                  |      |                     |     |                   |         |                          |          |
|                                  |      |                     |     |                   |         |                          |          |
|                                  |      |                     |     |                   |         |                          |          |

FAMILY NAME: WOODS  
GIVEN NAME: THOMAS INFANT  
INTERMENT NUMBER: 08921

|                            |  |                                                                 |   |                   |     |                |                                 |
|----------------------------|--|-----------------------------------------------------------------|---|-------------------|-----|----------------|---------------------------------|
| NAME                       |  | WOODS, Infant Thomas                                            |   | INTERMENT No.     |     | 8921           |                                 |
| ADDRESS                    |  | 418 Stanton St.,<br>Steubenville, Ohio                          |   |                   |     |                |                                 |
| PERSON RESPONSIBLE ADDRESS |  |                                                                 |   |                   |     |                |                                 |
| AGE                        |  | RACE                                                            | W | SEX               | M   | MARRIED        | <input type="checkbox"/> infant |
|                            |  |                                                                 |   |                   |     | SINGLE         | <input type="checkbox"/>        |
| DATE OF DEATH              |  | Aug. 23, 1933                                                   |   |                   |     | DATE OF BURIAL |                                 |
|                            |  |                                                                 |   |                   |     | Aug. 25, '33   |                                 |
| SECTION                    |  | Holy Name                                                       |   | ROW               | LOT |                | 76                              |
|                            |  |                                                                 |   | GRAVE             |     | 14             |                                 |
| CHURCH                     |  | St. Peters                                                      |   | FUNERAL DIRECTOR  |     | Shannon        |                                 |
|                            |  |                                                                 |   | TYPE VAULT        |     |                |                                 |
| CHURCH PERMIT No.          |  | T.A.Powers                                                      |   | HEALTH PERMIT No. |     |                |                                 |
| REMARKS:                   |  | Buried in same grave with infant Crooks (4/17/1912)             |   |                   |     |                |                                 |
|                            |  | Infant of Thomas Woods, Died in Gill Hospital, Steubenville, O. |   |                   |     |                |                                 |
|                            |  |                                                                 |   |                   |     |                |                                 |
|                            |  |                                                                 |   |                   |     |                |                                 |
|                            |  |                                                                 |   |                   |     |                |                                 |

FAMILY NAME: WORAWSKI

GIVEN NAME: INFANT

INTERMENT NUMBER: 03574

|                                                                                                                                       |      |                              |     |                   |                          |                |        |                          |
|---------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------|-----|-------------------|--------------------------|----------------|--------|--------------------------|
| NAME                                                                                                                                  |      | WORAWSKI, Infant             |     | INTERMENT NO.     |                          | 3574           |        |                          |
| ADDRESS                                                                                                                               |      | Weirton, W. Va.,             |     |                   |                          |                |        |                          |
| PERSON RESPONSIBLE ADDRESS                                                                                                            |      |                              |     |                   |                          |                |        |                          |
| AGE                                                                                                                                   | RACE | W                            | SEX | MARRIED           | <input type="checkbox"/> | infant         | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH                                                                                                                         |      | April 8, 1914                |     |                   |                          | CAUSE OF DEATH |        | DATE OF BURIAL           |
| SECTION                                                                                                                               |      | Unbaptized                   |     | **                |                          | ROW            | LOT    | GRAVE                    |
| CHURCH                                                                                                                                |      | Sacred Heart of Mary Weirton |     | FUNERAL DIRECTOR  |                          | TYPE VAULT     |        |                          |
| CHURCH PERMIT NO.                                                                                                                     |      | S.B.Przybysz                 |     | HEALTH PERMIT NO. |                          |                |        |                          |
| REMARKS: Child of Jos. Worawski. ** Prior to Oct. 1921, no record was kept of the exact location of interments in Unbaptized Section. |      |                              |     |                   |                          |                |        |                          |
|                                                                                                                                       |      |                              |     |                   |                          |                |        |                          |
|                                                                                                                                       |      |                              |     |                   |                          |                |        |                          |
|                                                                                                                                       |      |                              |     |                   |                          |                |        |                          |

FAMILY NAME: WORLEY  
GIVEN NAME: LUCY MORELAND MRS.  
INTERMENT NUMBER: 10498

|                                                                |  |                                          |  |                   |  |                       |  |                                                                                                    |  |               |  |
|----------------------------------------------------------------|--|------------------------------------------|--|-------------------|--|-----------------------|--|----------------------------------------------------------------------------------------------------|--|---------------|--|
| NAME                                                           |  | WORLEY, Mrs. Lucy Moreland               |  | INTERMENT NO.     |  | 10498                 |  |                                                                                                    |  |               |  |
| ADDRESS                                                        |  | Haverfield Convalesent Home, Cadiz, Ohio |  |                   |  |                       |  |                                                                                                    |  |               |  |
| PERSON RESPONSIBLE ADDRESS                                     |  |                                          |  |                   |  |                       |  |                                                                                                    |  |               |  |
| April 1, 1870                                                  |  | AGE 74-7-10 da                           |  | RACE W            |  | SEX F                 |  | MARRIED <input type="checkbox"/> divorced <input type="checkbox"/> SINGLE <input type="checkbox"/> |  |               |  |
| DATE OF DEATH                                                  |  | Nov. 11, 1944                            |  | CAUSE OF DEATH    |  | cerebral homorrhage   |  | DATE OF BURIAL                                                                                     |  | Nov. 15, 1944 |  |
| SECTION                                                        |  | St. Joseph's                             |  | ROW               |  | LOT 4                 |  | GRAVE                                                                                              |  | 2             |  |
| CHURCH                                                         |  | Holy Name                                |  | FUNERAL DIRECTOR  |  | Shannon               |  | TYPE VAULT                                                                                         |  |               |  |
| CHURCH PERMIT NO.                                              |  | Aloysius Berendt                         |  | HEALTH PERMIT NO. |  | Cadiz, Ohio Dist. 550 |  | 48                                                                                                 |  |               |  |
| REMARKS: Born, Steubenville of Michael and Mary Galvin Powers. |  |                                          |  |                   |  |                       |  |                                                                                                    |  |               |  |
| Survived by son, Chas.Emmett Moreland.                         |  |                                          |  |                   |  |                       |  |                                                                                                    |  |               |  |
|                                                                |  |                                          |  |                   |  |                       |  |                                                                                                    |  |               |  |
|                                                                |  |                                          |  |                   |  |                       |  |                                                                                                    |  |               |  |
|                                                                |  |                                          |  |                   |  |                       |  |                                                                                                    |  |               |  |



FAMILY NAME: WORNICK

GIVEN NAME: JOHN

INTERMENT NUMBER: 01273

|                                                                                               |                  |                      |                   |               |   |            |                                     |        |                          |
|-----------------------------------------------------------------------------------------------|------------------|----------------------|-------------------|---------------|---|------------|-------------------------------------|--------|--------------------------|
| NAME                                                                                          |                  | WORNICK, John        |                   | INTERMENT No. |   | 1273       |                                     |        |                          |
| ADDRESS                                                                                       |                  | Mingo Junction, Ohio |                   |               |   |            |                                     |        |                          |
| PERSON RESPONSIBLE ADDRESS                                                                    |                  |                      |                   |               |   |            |                                     |        |                          |
| AGE                                                                                           | 50               | RACE                 | W                 | SEX           | M | MARRIED    | <input checked="" type="checkbox"/> | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH                                                                                 | Jan. 14, 1902    |                      | CAUSE OF DEATH    |               |   | Pneumonia  |                                     |        | DATE OF BURIAL           |
| SECTION                                                                                       | Blessed Virgin   |                      |                   | ROW           |   | LOT        | 71                                  | GRAVE  | 7                        |
| CHURCH                                                                                        | St. Agnes, Mingo |                      | FUNERAL DIRECTOR  |               |   | TYPE VAULT |                                     |        |                          |
| CHURCH PERMIT No.                                                                             | John Meade       |                      | HEALTH PERMIT No. |               |   |            |                                     |        |                          |
| REMARKS: Survived by wife. * Name spelled "Vornich", or "Vognik"                              |                  |                      |                   |               |   |            |                                     |        |                          |
| Anglicized spelling and pronunciation above "Warnick".                                        |                  |                      |                   |               |   |            |                                     |        |                          |
| Originally interred in Sacred Heart Sect. Removal made when lot was purchased, Apr. 29, 1902. |                  |                      |                   |               |   |            |                                     |        |                          |

FAMILY NAME: WORNICK

GIVEN NAME: JOHN

INTERMENT NUMBER: 08584

|                            |     |                                                   |   |                   |   |               |                          |        |                          |
|----------------------------|-----|---------------------------------------------------|---|-------------------|---|---------------|--------------------------|--------|--------------------------|
| NAME                       |     | WORNICK, John                                     |   | INTERMENT NO.     |   | 8584          |                          |        |                          |
| ADDRESS                    |     | Mingo Junction, Ohio                              |   |                   |   |               |                          |        |                          |
| PERSON RESPONSIBLE ADDRESS |     |                                                   |   |                   |   |               |                          |        |                          |
| AGE                        | 48- | RACE                                              | W | SEX               | M | MARRIED       | <input type="checkbox"/> | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH              |     | CAUSE OF DEATH                                    |   | Heart trouble     |   | Jan. 19, 1931 |                          |        | DATE OF BURIAL           |
| SECTION                    |     | Blessed Virgin                                    |   | ROW               |   | LOT           | 71                       | GRAVE  | 5                        |
| CHURCH                     |     | St. Agnes, Mingo                                  |   | FUNERAL DIRECTOR  |   | TYPE VAULT    |                          |        |                          |
| CHURCH PERMIT NO.          |     | Jos. F. Dooley                                    |   | HEALTH PERMIT NO. |   |               |                          |        |                          |
| REMARKS:                   |     | Brother of Mrs. Mary Joseph Godfrey, who survived |   |                   |   |               |                          |        |                          |
|                            |     |                                                   |   |                   |   |               |                          |        |                          |
|                            |     |                                                   |   |                   |   |               |                          |        |                          |
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|                            |     |                                                   |   |                   |   |               |                          |        |                          |

FAMILY NAME: WORNICK

GIVEN NAME: MARY (VARNICK) MRS.

INTERMENT NUMBER: 09755

|                            |  |                                          |  |                   |  |                          |  |
|----------------------------|--|------------------------------------------|--|-------------------|--|--------------------------|--|
| NAME                       |  | WORNICK, Mrs. Mary (Varnick)             |  | INTERMENT NO.     |  | 9755                     |  |
| ADDRESS                    |  | 121 Union Ave., Mingo Junction, Ohio     |  |                   |  |                          |  |
| PERSON RESPONSIBLE ADDRESS |  |                                          |  |                   |  |                          |  |
| AGE                        |  | 92                                       |  | RACE              |  | W                        |  |
| SEX                        |  | F                                        |  | MARRIED           |  | <input type="checkbox"/> |  |
| SINGLE                     |  | <input type="checkbox"/>                 |  |                   |  |                          |  |
| DATE OF DEATH              |  |                                          |  | CAUSE OF DEATH    |  |                          |  |
| DATE OF BURIAL             |  | July 26, '39                             |  |                   |  |                          |  |
| SECTION                    |  | Blessed Virgin                           |  | ROW               |  | LOT                      |  |
| GRAVE                      |  | 8                                        |  |                   |  |                          |  |
| CHURCH                     |  | St. Agnes, Mingo                         |  | FUNERAL DIRECTOR  |  | Murphy                   |  |
| TYPE VAULT                 |  |                                          |  |                   |  |                          |  |
| CHURCH PERMIT NO.          |  | Jos. F. Dooley                           |  | HEALTH PERMIT NO. |  |                          |  |
| REMARKS:                   |  | Survived by daughter, Mrs. Mary Godfrey. |  |                   |  |                          |  |
|                            |  |                                          |  |                   |  |                          |  |
|                            |  |                                          |  |                   |  |                          |  |
|                            |  |                                          |  |                   |  |                          |  |
|                            |  |                                          |  |                   |  |                          |  |

INTERMENT NUMBER: 06256

FAMILY NAME: WOZNAK

GIVEN NAME: STANLEY

INTERMENT NUMBER: 06566

|                            |    |                        |   |                   |   |                |                          |        |                          |
|----------------------------|----|------------------------|---|-------------------|---|----------------|--------------------------|--------|--------------------------|
| NAME                       |    | WOZNAK, Stanley        |   | INTERMENT No.     |   | 6566           |                          |        |                          |
| ADDRESS                    |    | Steubenville, Ohio     |   |                   |   |                |                          |        |                          |
| PERSON RESPONSIBLE ADDRESS |    |                        |   |                   |   |                |                          |        |                          |
| AGE                        | 27 | RACE                   | W | SEX               | M | MARRIED        | <input type="checkbox"/> | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH              |    | CAUSE OF DEATH         |   |                   |   | DATE OF BURIAL |                          |        |                          |
| Nov. 23, 1918              |    | Pneumonia -influenza   |   |                   |   |                |                          |        |                          |
| SECTION                    |    | Sacred Heart, Div. III |   | ROW               | 2 | LOT            |                          | GRAVE  | 20                       |
| CHURCH                     |    | St. Anthony            |   | FUNERAL DIRECTOR  |   | TYPE VAULT     |                          |        |                          |
| CHURCH PERMIT No.          |    | F.P.Ianelli            |   | HEALTH PERMIT No. |   |                |                          |        |                          |
| REMARKS:                   |    |                        |   |                   |   |                |                          |        |                          |
|                            |    |                        |   |                   |   |                |                          |        |                          |
|                            |    |                        |   |                   |   |                |                          |        |                          |
|                            |    |                        |   |                   |   |                |                          |        |                          |
|                            |    |                        |   |                   |   |                |                          |        |                          |



FAMILY NAME: WRIGHT  
GIVEN NAME: CHARLES  
INTERMENT NUMBER: 10316

|                                                                |  |                                  |  |                                            |  |                    |  |
|----------------------------------------------------------------|--|----------------------------------|--|--------------------------------------------|--|--------------------|--|
| NAME                                                           |  | WRIGHT, Charles                  |  | INTERMENT No.                              |  | 10316              |  |
| ADDRESS St. Anthony's Hospital, Columbus, Ohio                 |  |                                  |  |                                            |  |                    |  |
| PERSON RESPONSIBLE ADDRESS                                     |  |                                  |  |                                            |  |                    |  |
| 1905                                                           |  | AGE 28 yrs                       |  | RACE W                                     |  | SEX M              |  |
|                                                                |  | MARRIED <input type="checkbox"/> |  | SINGLE <input checked="" type="checkbox"/> |  |                    |  |
| DATE OF DEATH                                                  |  | Aug. 13, 1943                    |  | CAUSE OF DEATH                             |  | coronary occlusion |  |
|                                                                |  |                                  |  | DATE OF BURIAL                             |  | Aug. 16, 1943      |  |
| SECTION                                                        |  | All Saints                       |  | ROW                                        |  | LOT 59             |  |
|                                                                |  |                                  |  | GRAVE                                      |  | 1                  |  |
| CHURCH                                                         |  | St. Peter's                      |  | FUNERAL DIRECTOR                           |  | Shannon            |  |
|                                                                |  |                                  |  | Sectional                                  |  | TYPE VAULT         |  |
| CHURCH PERMIT No.                                              |  | Columbus, Ohio                   |  | HEALTH PERMIT No.                          |  | 3168               |  |
| REMARKS: Born, Steubenville of Charles & Teresa Conlon Wright. |  |                                  |  |                                            |  |                    |  |
| Disabled Vet. of WW I.                                         |  |                                  |  |                                            |  |                    |  |
|                                                                |  |                                  |  |                                            |  |                    |  |
|                                                                |  |                                  |  |                                            |  |                    |  |
|                                                                |  |                                  |  |                                            |  |                    |  |

FAMILY NAME: WRIGHT  
GIVEN NAME: CHARLES DARWIN  
INTERMENT NUMBER: 10963

|                                                                                                                                                                                                                                                                    |  |                                       |  |                                |  |                           |  |                                             |  |                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|--------------------------------|--|---------------------------|--|---------------------------------------------|--|---------------------------------|--|
| NAME                                                                                                                                                                                                                                                               |  | WRIGHT, Charles Darwin                |  | INTERMENT No.                  |  | 10963                     |  |                                             |  |                                 |  |
| ADDRESS                                                                                                                                                                                                                                                            |  | 165 McDowell Ave., Steubenville, Ohio |  |                                |  |                           |  |                                             |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                         |  |                                       |  |                                |  |                           |  |                                             |  |                                 |  |
| Jan. 17, 1888                                                                                                                                                                                                                                                      |  | AGE 59                                |  | RACE W                         |  | SEX M                     |  | MARRIED <input checked="" type="checkbox"/> |  | SINGLE <input type="checkbox"/> |  |
| Nov. 8, 1947                                                                                                                                                                                                                                                       |  | DATE OF DEATH                         |  | CAUSE OF DEATH heart condition |  |                           |  | Nov. 11, 1947                               |  | DATE OF BURIAL                  |  |
| SECTION                                                                                                                                                                                                                                                            |  | All Souls                             |  | ROW                            |  | LOT 42                    |  | GRAVE 9                                     |  |                                 |  |
| CHURCH                                                                                                                                                                                                                                                             |  | Westminister Presbyterian             |  | FUNERAL DIRECTOR               |  | McClave                   |  | TYPE VAULT                                  |  |                                 |  |
| Rev. Nygaard                                                                                                                                                                                                                                                       |  | CHURCH PERMIT No.                     |  | Dist. 1654- Columbus, Ohio     |  | 4-0" X 1-0" double marker |  | HEALTH PERMIT No. 3583                      |  |                                 |  |
| REMARKS: Born Edgington, near Hollidays Cove., W. Va., of Dorman & Lydia Wright. Survived by widow, Teresa Conlon Wright; sons Robert T., Mark E., daughters, Mrs. Norman Freidline, Mrs. McBride and Mrs. Malcolm Brady. Chemist at old Carnegie Steel Co., Mingo |  |                                       |  |                                |  |                           |  |                                             |  |                                 |  |
| Died at Columbus, Ohio                                                                                                                                                                                                                                             |  |                                       |  |                                |  |                           |  |                                             |  |                                 |  |

FAMILY NAME: WRIGHT

GIVEN NAME: JOSEPH

INTERMENT NUMBER: 13258

|                                                                                                                                                                                                                                                                  |  |                                  |  |                   |  |                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|--|-------------------|--|---------------------------------|--|
| NAME                                                                                                                                                                                                                                                             |  | WRIGHT, .. Infant .. Joseph      |  | INTERMENT No.     |  | 13258                           |  |
| ADDRESS                                                                                                                                                                                                                                                          |  | 225 High St.,                    |  | Weirton, W. Va.,  |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                       |  | McGill Funeral Home              |  |                   |  |                                 |  |
| May 2, 1961                                                                                                                                                                                                                                                      |  | AGE 11--                         |  | RACE W            |  | SEX M                           |  |
|                                                                                                                                                                                                                                                                  |  | MARRIED <input type="checkbox"/> |  | infant            |  | SINGLE <input type="checkbox"/> |  |
| May 2, 1961                                                                                                                                                                                                                                                      |  | DATE OF DEATH                    |  | CAUSE OF DEATH    |  | still birth                     |  |
|                                                                                                                                                                                                                                                                  |  |                                  |  | May 3, 1961       |  | DATE OF BURIAL                  |  |
| SECTION                                                                                                                                                                                                                                                          |  | Holy Innocents, Div. VI          |  | ROW 8             |  | LOT                             |  |
|                                                                                                                                                                                                                                                                  |  |                                  |  |                   |  | GRAVE 4                         |  |
| CHURCH                                                                                                                                                                                                                                                           |  | Weirton, St. Joseph,             |  | FUNERAL DIRECTOR  |  | McGill                          |  |
|                                                                                                                                                                                                                                                                  |  |                                  |  |                   |  | Wood box TYPE VAULT             |  |
| Fr. J. P. Altmeyer                                                                                                                                                                                                                                               |  | Dist. 4101 0                     |  | 1-4x0-8x0-4 Kurtz |  |                                 |  |
| CHURCH PERMIT No.                                                                                                                                                                                                                                                |  | HEALTH PERMIT No. 13             |  | snngle 9/1979     |  |                                 |  |
| REMARKS: Born in Steubenville at St. John's Hospital of Frank and Mary Jane Hydro Wright. Survived by parents, 2 brothers, John and Frank Jr., 1 sister Judith, and his maternal grandparents, Mr. & Mrs. John Hydro, also paternal grandfather, William Wright. |  |                                  |  |                   |  |                                 |  |

FAMILY NAME: WRIGHT  
GIVEN NAME: MARGARET MRS.  
INTERMENT NUMBER: 08740

|                            |     |                       |   |                   |   |              |                          |        |                          |
|----------------------------|-----|-----------------------|---|-------------------|---|--------------|--------------------------|--------|--------------------------|
| NAME                       |     | Wright, Mrs. Margaret |   | INTERMENT No.     |   | 8740         |                          |        |                          |
| ADDRESS                    |     | Steubenville, Ohio    |   |                   |   |              |                          |        |                          |
| PERSON RESPONSIBLE ADDRESS |     |                       |   |                   |   |              |                          |        |                          |
| AGE                        | 80- | RACE                  | W | SEX               | F | MARRIED      | <input type="checkbox"/> | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH              |     | CAUSE OF DEATH        |   |                   |   | Mar. 2, 1932 |                          |        |                          |
| SECTION                    |     | All Saints            |   | ROW               |   | LOT          | 30                       | GRAVE  | 6                        |
| CHURCH                     |     | St. Peters            |   | FUNERAL DIRECTOR  |   | TYPE VAULT   |                          |        |                          |
| CHURCH PERMIT No.          |     | T.A. Powers           |   | HEALTH PERMIT No. |   |              |                          |        |                          |
| REMARKS:                   |     |                       |   |                   |   |              |                          |        |                          |
|                            |     |                       |   |                   |   |              |                          |        |                          |
|                            |     |                       |   |                   |   |              |                          |        |                          |
|                            |     |                       |   |                   |   |              |                          |        |                          |
|                            |     |                       |   |                   |   |              |                          |        |                          |

FAMILY NAME: WRIGHT  
GIVEN NAME: ROSE MARY MRS.  
INTERMENT NUMBER: 12385

|                                                                                                                                                                                                                                                                                                                                                |  |                                      |  |                                  |  |                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--|----------------------------------|--|---------------------------------------------|--|
| NAME                                                                                                                                                                                                                                                                                                                                           |  | WRIGHT, Mrs. Rose Mary               |  | INTERMENT NO.                    |  | 12385                                       |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                        |  | 1125 Wilson Ave., Steubenville, Ohio |  |                                  |  |                                             |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                                                                                     |  | McGill - Nolan Funeral Home          |  |                                  |  |                                             |  |
| Mar. 8, 1892                                                                                                                                                                                                                                                                                                                                   |  | AGE                                  |  | 64-5-14 da                       |  | RACE                                        |  |
| W                                                                                                                                                                                                                                                                                                                                              |  | SEX                                  |  | F                                |  | MARRIED <input checked="" type="checkbox"/> |  |
| SINGLE <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                |  |                                      |  |                                  |  |                                             |  |
| Aug. 21, 1956                                                                                                                                                                                                                                                                                                                                  |  | DATE OF DEATH                        |  | Coronary thrombosis hypertension |  | Aug. 23, 1956                               |  |
| DATE OF BURIAL                                                                                                                                                                                                                                                                                                                                 |  |                                      |  |                                  |  |                                             |  |
| SECTION                                                                                                                                                                                                                                                                                                                                        |  | All Souls                            |  | ROW                              |  | LOT 11 GRAVE 9                              |  |
| Holy Name                                                                                                                                                                                                                                                                                                                                      |  | CHURCH                               |  | McGill-Nolan                     |  | Sectional                                   |  |
| FUNERAL DIRECTOR                                                                                                                                                                                                                                                                                                                               |  | TYPE VAULT                           |  |                                  |  |                                             |  |
| Msgr. Regis Urig                                                                                                                                                                                                                                                                                                                               |  | CHURCH PERMIT NO.                    |  | Dist. 4101 - 379                 |  | Fr. Duffy at cemetery                       |  |
| HEALTH PERMIT NO.                                                                                                                                                                                                                                                                                                                              |  |                                      |  |                                  |  |                                             |  |
| REMARKS: Born in Lisbon, Ohio of Jerry and Margarey Reilly Berrny. Survived by husband, William; 4 sons, Robert E., William T., Richard O., and Frank L.; 3 daughters, Mrs. Alfred Cardell, Miss Mary Jane Wright, and Mrs. Robert L. Chipps. Died at Ohio Valley Hospital, Steubenville, Ohio. 2-0" X 1-0" marker, Archer Marble & Gr.3/22/57 |  |                                      |  |                                  |  |                                             |  |



FAMILY NAME: WRIGHT  
GIVEN NAME: THERESA CONLON MRS.  
INTERMENT NUMBER: 12434

|                                                                                                                                                                                                                                                                                                                                                                                                            |  |                             |  |                                           |  |                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|--|-------------------------------------------|--|---------------------------------|--|
| NAME                                                                                                                                                                                                                                                                                                                                                                                                       |  | WRIGHT, Mrs. Theresa Conlon |  | INTERMENT No.                             |  | 12434                           |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                    |  | 1205 Wellesley Ave.,        |  | Steubenville, Ohio                        |  |                                 |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                 |  | McClave Funeral Home        |  |                                           |  |                                 |  |
| Jan. 17, 1887                                                                                                                                                                                                                                                                                                                                                                                              |  | AGE 69-11-13d               |  | RACE W                                    |  | SEX F                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            |  | MARRIED                     |  | <input checked="" type="checkbox"/> widow |  | SINGLE <input type="checkbox"/> |  |
| Dec. 23, 1956                                                                                                                                                                                                                                                                                                                                                                                              |  | DATE OF DEATH               |  | CAUSE OF DEATH                            |  | Myocardial infarction           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            |  | Dec. 27, 1956               |  | DATE OF BURIAL                            |  |                                 |  |
| SECTION                                                                                                                                                                                                                                                                                                                                                                                                    |  | All Souls                   |  | ROW                                       |  | LOT 42                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            |  | GRAVE 10                    |  |                                           |  |                                 |  |
| CHURCH                                                                                                                                                                                                                                                                                                                                                                                                     |  | St. Peters                  |  | FUNERAL DIRECTOR                          |  | McClave                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            |  | Conc. Wheatley              |  | TYPE VAULT                                |  | #(9)                            |  |
| CHURCH PERMIT No.                                                                                                                                                                                                                                                                                                                                                                                          |  | Msg. H. J. Crigsby          |  | Dist. 4101 -                              |  | 4-0" X 1-0" double marker.      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                            |  | HEALTH PERMIT No.           |  | 565                                       |  |                                 |  |
| REMARKS: Born at Kings Creek, W. Va., of Thomas and Catherine McCutcheon Conlon. Survived by 3 daughters, Mrs. Malcolm Brady, Mrs. E. A. McBride, and Mrs. Norman L. Friedline; 2 sons, Robert T. and Mark E. Wright; 2 brothers, Thomas E. and Joseph Conlon; 2 sisters, Mrs. John Connor, Sister, Mary Uriel, and Miss Katherine; Widow of Chas. Wright. Died at Gill Memorial Hosp., Steubenville, Ohio |  |                             |  |                                           |  |                                 |  |

FAMILY NAME: WRIGHT  
GIVEN NAME: WILLIAM O.  
INTERMENT NUMBER: 15265

|                                                                                                                                                                                                                                                                                  |  |                                |        |                        |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--------|------------------------|-----------------------------------------------------------------------------------|
| NAME                                                                                                                                                                                                                                                                             |  | WRIGHT, William O.             |        | INTERMENT No. 15265    |                                                                                   |
| ADDRESS                                                                                                                                                                                                                                                                          |  | Fort lauderdale, Flo.          |        |                        |                                                                                   |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                       |  | McClave Funeral Home           |        |                        |                                                                                   |
| Feb. 14, 1893                                                                                                                                                                                                                                                                    |  | RACE W                         |        | SEX M                  | MARRIED <input checked="" type="checkbox"/> widow SINGLE <input type="checkbox"/> |
| AGE 78-7-9da                                                                                                                                                                                                                                                                     |  |                                |        |                        |                                                                                   |
| Sept. 22, 1971                                                                                                                                                                                                                                                                   |  | Not stated on Broward County   |        | Sept. 25, 1971         |                                                                                   |
| DATE OF DEATH                                                                                                                                                                                                                                                                    |  | CAUSE OF DEATH Florida permit. |        | DATE OF BURIAL         |                                                                                   |
| SECTION All Souls                                                                                                                                                                                                                                                                |  | ROW                            | LOT 11 | GRAVE 8                |                                                                                   |
| Service from McClave Chapel                                                                                                                                                                                                                                                      |  | R.A. Skidmore-there            |        | Falcon topseal         |                                                                                   |
| CHURCH St. Peters                                                                                                                                                                                                                                                                |  | FUNERAL DIRECTOR McClave       |        | TYPE VAULT conc.       |                                                                                   |
| Fr. Donald K. Nuss.                                                                                                                                                                                                                                                              |  | Dist. Broward County           |        | 2-0" X 1-0" X 1-6"     |                                                                                   |
| CHURCH PERMIT                                                                                                                                                                                                                                                                    |  | HEALTH PERMIT No. L-12541      |        | memorial. Archer 10/71 |                                                                                   |
| REMARKS: Born in Steubenville                                                                                                                                                                                                                                                    |  |                                |        |                        |                                                                                   |
| Retired Penn-Central R.R.Engineer. Survived by 3 daughters, Mrs. Al-fred (Marg't) Cardello, Mrs. Jos. (MaryJane) Sunder and Mrs. Rob't (Elizabeth) Chipps; 4 sons, Frank Thaddeus, William and Robert; 23 grandchildren and 9 great-grandchildren. Died at a Ft. Lauderdale Hosp |  |                                |        |                        |                                                                                   |

FAMILY NAME: WRKICH

GIVEN NAME: JOSEPH

INTERMENT NUMBER: 15211

|                                                                                                                                                                                                                                                                              |  |                                         |  |                                    |       |                                             |                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|------------------------------------|-------|---------------------------------------------|---------------------------------|
| NAME                                                                                                                                                                                                                                                                         |  | WRKICH Joseph                           |  | INTERMENT No.                      |       | 15211                                       |                                 |
| ADDRESS                                                                                                                                                                                                                                                                      |  | 106 Emery Street, Mingo Junction, Ohio  |  |                                    |       |                                             |                                 |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                                   |  | Blaschalk Funeral Home                  |  |                                    |       |                                             |                                 |
| Sept. 7, 1927                                                                                                                                                                                                                                                                |  | AGE 45-9-24d                            |  | RACE W                             | SEX M | MARRIED <input checked="" type="checkbox"/> | SINGLE <input type="checkbox"/> |
| July 1, 1971                                                                                                                                                                                                                                                                 |  | Not stated on provisional certificate.  |  |                                    |       | July 5, 1971                                |                                 |
| DATE OF DEATH                                                                                                                                                                                                                                                                |  | CAUSE OF DEATH                          |  | DATE OF BURIAL                     |       |                                             |                                 |
| SECTION                                                                                                                                                                                                                                                                      |  | Holy Rosary                             |  | ROW                                | LOT   | 115 GRAVE 3                                 |                                 |
| CHURCH                                                                                                                                                                                                                                                                       |  | Mass at St. Agnes, Mingo St. Bernadette |  | FUNERAL DIRECTOR Blaschalk         |       | falcon topseal TYPE VAULT conc.             |                                 |
| CHURCH PERMIT                                                                                                                                                                                                                                                                |  | Fr. Norbert Connally.                   |  | Dist. 4101 - HEALTH PERMIT No. 400 |       | flat marble Veteran marker 7/22/1971        |                                 |
| REMARKS: Born in Cadiz, Ohio of George & Mary Prohart Wrkich.                                                                                                                                                                                                                |  |                                         |  |                                    |       |                                             |                                 |
| Employed as Purchasing Agent, Boice Mining Co., World War II Veteran, Navy. Survived by his wife, Rosemary Katich Wrkich, a son Joseph; his parents; 3 brothers George, Frank and Louis Wrkich; 4 sisters Mrs. James (Mary) Smith, Mrs. John (Marg't) Wroth, and Mrs. Joseph |  |                                         |  |                                    |       |                                             |                                 |

(Rosemarie) Germobesk, and Miss Chtistine Wrkich. Died at St. John Hospital, Steubenville, Ohio

Oct. 18, 1971: 4-0" X 1-0" X 0-10" double memorial. S. White's .

June 11, 1992 Enlargement order from Kurtz monument for 4-6x1-2x0-6

FAMILY NAME: WROBEL

GIVEN NAME: ANDREW

INTERMENT NUMBER: 12570

|                                                                        |  |                               |  |                                    |   |                     |   |               |                                     |        |                          |
|------------------------------------------------------------------------|--|-------------------------------|--|------------------------------------|---|---------------------|---|---------------|-------------------------------------|--------|--------------------------|
| NAME                                                                   |  | WROBEL Andrew                 |  | INTERMENT No.                      |   | 12570               |   |               |                                     |        |                          |
| ADDRESS                                                                |  | R. D. # 2, Steubenville, Ohio |  |                                    |   |                     |   |               |                                     |        |                          |
| PERSON RESPONSIBLE ADDRESS                                             |  | McGill - Nolan Funeral Home   |  |                                    |   |                     |   |               |                                     |        |                          |
| May 5, 1881                                                            |  | AGE 76-3-5 da                 |  | RACE                               | W | SEX                 | M | MARRIED       | <input checked="" type="checkbox"/> | SINGLE | <input type="checkbox"/> |
| Aug. 9, 1957                                                           |  | DATE OF DEATH                 |  | CAUSE OF DEATH cerebral homorrhage |   |                     |   | Aug. 13, 1957 |                                     |        |                          |
| DATE OF DEATH                                                          |  | CAUSE OF DEATH                |  | DATE OF BURIAL                     |   |                     |   |               |                                     |        |                          |
| SECTION                                                                |  | Holy Rosary                   |  | ROW                                |   | LOT                 |   | 228           |                                     | GRAVE  |                          |
| 1                                                                      |  | Blessed Sacrament,            |  | McGill-Nolan                       |   | Wheatley # 9        |   |               |                                     |        |                          |
| CHURCH                                                                 |  | Wintersville,                 |  | FUNERAL DIRECTOR                   |   | TYPE VAULT          |   | conc.         |                                     |        |                          |
| Fr. John Costlow                                                       |  | Dist. 4100 -                  |  | 1-8x0-10 sing.mem                  |   |                     |   |               |                                     |        |                          |
| CHURCH PERMIT NO.                                                      |  | HEALTH PERMIT NO.             |  | 113                                |   | Steckman 10/16/1989 |   |               |                                     |        |                          |
| REMARKS: Born in Poland. Retired employee of Buena Vista Coal Co.,     |  |                               |  |                                    |   |                     |   |               |                                     |        |                          |
| Survived by widow, Mrs. Frances Wrobel, 4 daughters, Mrs. Jos. Stroyls |  |                               |  |                                    |   |                     |   |               |                                     |        |                          |
| Mrs. Chas. Gorso, Mrs. Frank Nedubylek, and Mrs. Wm. Huecherotah;      |  |                               |  |                                    |   |                     |   |               |                                     |        |                          |
| also one son, John Schwener. Died at home of Mrs. Stroyls.             |  |                               |  |                                    |   |                     |   |               |                                     |        |                          |

FAMILY NAME: WROBLEWSKI

GIVEN NAME: EDMUND

INTERMENT NUMBER: 06745

|                            |  |                          |  |          |  |                   |  |      |  |     |  |         |  |                                 |  |        |  |                          |  |  |  |
|----------------------------|--|--------------------------|--|----------|--|-------------------|--|------|--|-----|--|---------|--|---------------------------------|--|--------|--|--------------------------|--|--|--|
| NAME                       |  | WROBLEWSKI, Edmund       |  | (Infant) |  | INTERMENT No.     |  | 6745 |  |     |  |         |  |                                 |  |        |  |                          |  |  |  |
| ADDRESS                    |  | Steubenville, Ohio       |  |          |  |                   |  |      |  |     |  |         |  |                                 |  |        |  |                          |  |  |  |
| PERSON RESPONSIBLE ADDRESS |  |                          |  |          |  |                   |  |      |  |     |  |         |  |                                 |  |        |  |                          |  |  |  |
| AGE                        |  | 3 mo                     |  | RACE     |  | W                 |  | SEX  |  | M   |  | MARRIED |  | <input type="checkbox"/> infant |  | SINGLE |  | <input type="checkbox"/> |  |  |  |
| DATE OF DEATH              |  | Aug. 29, 1919            |  |          |  | CAUSE OF DEATH    |  |      |  |     |  |         |  | DATE OF BURIAL                  |  |        |  |                          |  |  |  |
| SECTION                    |  | Holy Innocents, Div. III |  |          |  | ROW               |  | 13   |  | LOT |  |         |  | GRAVE                           |  | 1      |  |                          |  |  |  |
| CHURCH                     |  | St. Stanislaus           |  |          |  | FUNERAL DIRECTOR  |  |      |  |     |  |         |  | TYPE VAULT                      |  |        |  |                          |  |  |  |
| CHURCH PERMIT No.          |  | Casmir Smogor            |  |          |  | HEALTH PERMIT No. |  |      |  |     |  |         |  |                                 |  |        |  |                          |  |  |  |
| REMARKS:                   |  |                          |  |          |  |                   |  |      |  |     |  |         |  |                                 |  |        |  |                          |  |  |  |
|                            |  |                          |  |          |  |                   |  |      |  |     |  |         |  |                                 |  |        |  |                          |  |  |  |
|                            |  |                          |  |          |  |                   |  |      |  |     |  |         |  |                                 |  |        |  |                          |  |  |  |
|                            |  |                          |  |          |  |                   |  |      |  |     |  |         |  |                                 |  |        |  |                          |  |  |  |
|                            |  |                          |  |          |  |                   |  |      |  |     |  |         |  |                                 |  |        |  |                          |  |  |  |
|                            |  |                          |  |          |  |                   |  |      |  |     |  |         |  |                                 |  |        |  |                          |  |  |  |



FAMILY NAME: WSZEBOROWSKI

GIVEN NAME: FLORIAN

INTERMENT NUMBER: 19272

|                                                                                                                                                                                                                           |  |                                        |  |                                       |  |                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------|--|---------------------------------------|--|---------------------------------------------|--|
| NAME                                                                                                                                                                                                                      |  | Wszeborowski, Florian                  |  | INTERMENT No.                         |  | 19272                                       |  |
| ADDRESS                                                                                                                                                                                                                   |  | 120 Cool Springs Rd., Mingo Jct., Ohio |  |                                       |  |                                             |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                |  | Mosti Funeral Home                     |  |                                       |  |                                             |  |
| 5-2-1927                                                                                                                                                                                                                  |  | RACE W                                 |  | SEX M                                 |  | MARRIED <input checked="" type="checkbox"/> |  |
| AGE 65                                                                                                                                                                                                                    |  | SINGLE <input type="checkbox"/>        |  |                                       |  |                                             |  |
| DATE OF DEATH 4-15-1993                                                                                                                                                                                                   |  | CAUSE OF DEATH                         |  | Not stated on provisional certificate |  | DATE OF BURIAL 4-19-1993                    |  |
| SECTION Assumption                                                                                                                                                                                                        |  | ROW                                    |  | LOT 403                               |  | GRAVE 5                                     |  |
| CHURCH Holy Name                                                                                                                                                                                                          |  | FUNERAL DIRECTOR Mosti                 |  | TYPE VAULT eagle sentinel             |  |                                             |  |
| CHURCH PERMIT Fr. William Cross                                                                                                                                                                                           |  | HEALTH PERMIT No. 4101-none            |  | 3-8x1-0 dbl.mem. Kurtz 5/20/1994      |  |                                             |  |
| REMARKS: Surviving are his wife, Elizabeth Odroneic Wszeborowski, a son David of Mingo Jct., three daughters, Mrs. Robert (Linda) Nickoson of Tallmadge, Mrs. Richard (Janet) Tweedy of Hopedale, Mrs. Robert (Josephine) |  |                                        |  |                                       |  |                                             |  |

McConnell of Stowe, three brothers, Albert and James of Mingo Jct., and Stephen Forrest of Novelty; a sister, Anna Verhovic of Yorkville; and eight grandchildren. He was born in Mingo Jct., a son of the late Ignatius and Michaelina Chojnocki Wszeborowski. He was also preceded in death by three brothers and a sister. He was a Marine Corps veteran of W.W.II and a member of Holy Name Cathedral.

June 11, 1993 Flat bronze veteran marker ordered.  
Aug. 19, 1993 Flat bronze veteran marker received.

FAMILY NAME: WSZEBOROWSKI

GIVEN NAME: IGNATZ

INTERMENT NUMBER: 11393

|                                                                                                                                                                                                                                                           |  |                          |  |                  |  |                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--|------------------|--|-------------------------------------|--|
| NAME                                                                                                                                                                                                                                                      |  | WSZEBOROWSKI, Ignancy    |  | INTERMENT No.    |  | 11393                               |  |
| ADDRESS R. D. # 1, Mingo Junction, Ohio                                                                                                                                                                                                                   |  |                          |  |                  |  |                                     |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                                |  |                          |  |                  |  |                                     |  |
| AGE                                                                                                                                                                                                                                                       |  | 73-1-1da.                |  | RACE             |  | W                                   |  |
| SEX                                                                                                                                                                                                                                                       |  | M                        |  | MARRIED          |  | <input checked="" type="checkbox"/> |  |
| SINGLE                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> |  |                  |  |                                     |  |
| DATE OF DEATH                                                                                                                                                                                                                                             |  | July 14, '50             |  | CAUSE OF DEATH   |  | Cardiac decomposition               |  |
| DATE OF BURIAL                                                                                                                                                                                                                                            |  | July 17, 1950            |  |                  |  |                                     |  |
| SECTION                                                                                                                                                                                                                                                   |  | Poor Souls               |  | ROW              |  | LOT 91 GRAVE 11                     |  |
| CHURCH                                                                                                                                                                                                                                                    |  | St. Agnes, Mingo         |  | FUNERAL DIRECTOR |  | Murphy                              |  |
| TYPE VAULT                                                                                                                                                                                                                                                |  |                          |  |                  |  |                                     |  |
| CHURCH PERMIT NO.                                                                                                                                                                                                                                         |  | Jos. F. Dooley           |  | Dist. 654 -      |  | 2-0" X 1-0" Marker                  |  |
| HEALTH PERMIT NO.                                                                                                                                                                                                                                         |  | 374                      |  | Hayslip - 1952   |  |                                     |  |
| REMARKS: Husband of Michalena Wszeborski. One daughter, Mrs. Mary Williams of Steubenville, seven sons, James, Symon, Thomas, and Florian, Frank, Albert, and Stephen. 30 grandchildren and 10 great-grandchildren. Seven children preceded him in death. |  |                          |  |                  |  |                                     |  |

FAMILY NAME: WSZEBOROWSKI

GIVEN NAME: JAMES L.

INTERMENT NUMBER: 19281

|                                                          |                            |                                    |                                                                             |
|----------------------------------------------------------|----------------------------|------------------------------------|-----------------------------------------------------------------------------|
| NAME Wszeborski, James L.                                |                            | INTERMENT No. 19281                |                                                                             |
| ADDRESS 500 Cool Spring Mingo Jct., Ohio                 |                            |                                    |                                                                             |
| PERSON RESPONSIBLE ADDRESS Blaschalk Funeral Home        |                            |                                    |                                                                             |
| 7-1-1922                                                 | RACE W                     | SEX M                              | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| AGE 70                                                   | Not stated on provi-       |                                    | 5-3-1993                                                                    |
| DATE OF DEATH 4/29/1993                                  | CAUSE OF DEATH             | sional certificate                 | DATE OF BURIAL                                                              |
| SECTION Our Lady of Sorrows                              | ROW                        | LOT 115                            | GRAVE 4                                                                     |
| CHURCH St. Agnes                                         | FUNERAL DIRECTOR Blaschalk | TYPE VAULT #9                      |                                                                             |
| CHURCH PERMIT Msgr. Lewis Gaetano                        | HEALTH PERMIT No. 4101-249 | 4-6x1-2 dbl.mem. Hayslip 3/22/1995 |                                                                             |
| REMARKS: Surviving are his wife, Ann Odroneic Wszeborski |                            |                                    |                                                                             |
| one son, Timothy of Mingo Junction, two daughters, Mrs.  |                            |                                    |                                                                             |
| Albert (Rita) Habash of Toronto and Mrs. David (Nancy)   |                            |                                    |                                                                             |
| Bednarek of Mingo Junction; three brother Albert and     |                            |                                    |                                                                             |

Thomas Wszeborski, both of Mingo Jct. and Stephen Forrest of Novelty; one sister, Anna Verhovec of Yorkville and one grandchild. He was born in Mingo Jct., a son of ~~XX~~ the late Ignatius and Michelena Hojnacki Wszeborski. He was also preceded in death by two sisters and four brothers. He was a Navy veteran of W.W.II. He was a retired steelworker and a member of St. Agnes Church, American Legion and Knights of Columbus Chapter 1492.

Sept. 11, 1993 Flat bronze veteran marker received.

FAMILY NAME: WSZEBOROWSKI

GIVEN NAME: MICHALENA MRS.

INTERMENT NUMBER: 11891

|                                                                                                                                                                                                                                                     |  |                                 |  |                       |  |                                                |  |                                        |  |                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------|--|-----------------------|--|------------------------------------------------|--|----------------------------------------|--|-----------------------------------|--|
| NAME                                                                                                                                                                                                                                                |  | WSZEBOROWSKI, Mrs. Michelena    |  | INTERMENT No.         |  | 11891                                          |  |                                        |  |                                   |  |
| ADDRESS                                                                                                                                                                                                                                             |  | R. D. # 1, Mingo Junction, Ohio |  |                       |  |                                                |  |                                        |  |                                   |  |
| PERSON RESPONSIBLE ADDRESS                                                                                                                                                                                                                          |  | Murphy Funeral Home             |  |                       |  |                                                |  |                                        |  |                                   |  |
| Sept 15, 1884                                                                                                                                                                                                                                       |  | AGE 69-1-3 da                   |  | RACE W                |  | SEX F                                          |  | MARRIED <input type="checkbox"/> widow |  | SINGLE <input type="checkbox"/>   |  |
| DATE OF DEATH                                                                                                                                                                                                                                       |  | Oct. 18, 1953                   |  | CAUSE OF DEATH        |  | cerebral homorrhage, diabetes arteriosclerosis |  | DATE OF BURIAL                         |  | Oct. 21, 1953                     |  |
| SECTION                                                                                                                                                                                                                                             |  | Poor Souls                      |  | ROW                   |  | LOT 91                                         |  | GRAVE 12                               |  |                                   |  |
| St. Bernadette's                                                                                                                                                                                                                                    |  | CHURCH                          |  | Funeral fm. St. Agnes |  | FUNERAL DIRECTOR                               |  | Murphy                                 |  | Wheatley # 9                      |  |
| Fr. Rob't. Mascolino                                                                                                                                                                                                                                |  | CHURCH PERMIT No.               |  | Dist. 4101            |  | HEALTH PERMIT No.                              |  | 523                                    |  | 2-0" X 1-0" marker Hayslip - 1954 |  |
| REMARKS: Born in Pittsburgh, Pa., of Lawrence & Catherine Hojnaci. widow of Ignacy. Survived by 8 sons, Stanley, James, Sam, Thomas, Florian, Albert and Frank, Stephen; 3 daughters Mrs. Helen Daniels Mrs. Anna Veshovic, and Mrs. Mary Williams. |  |                                 |  |                       |  |                                                |  |                                        |  |                                   |  |



FAMILY NAME: WUJNOVICH

GIVEN NAME: INFANT

INTERMENT NUMBER: 03581

|                            |                                                                                                                             |                      |                   |                |                          |        |                |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------|----------------|--------------------------|--------|----------------|
| NAME                       |                                                                                                                             | WUJNOVICH, Infant    |                   | INTERMENT No.  |                          | 3581   |                |
| ADDRESS                    |                                                                                                                             | Mingo Junction, Ohio |                   |                |                          |        |                |
| PERSON RESPONSIBLE ADDRESS |                                                                                                                             |                      |                   |                |                          |        |                |
| AGE                        | RACE                                                                                                                        | W                    | SEX               | MARRIED        | <input type="checkbox"/> | infant | SINGLE         |
| <input type="checkbox"/>   | DATE OF DEATH                                                                                                               | Apr. 21, 1914        |                   | CAUSE OF DEATH | Stillborn                |        | DATE OF BURIAL |
| SECTION                    | Unbaptized **                                                                                                               |                      | ROW               | LOT            | GRAVE                    |        |                |
| CHURCH                     | B. Bukorovich                                                                                                               |                      | FUNERAL DIRECTOR  | TYPE VAULT     |                          |        |                |
| CHURCH PERMIT No.          |                                                                                                                             |                      | HEALTH PERMIT No. |                |                          |        |                |
| REMARKS:                   | Infant of Eli Wujnovich. ** Prior to Oct. 1927, no record was kept of the exact location of interments in Unbaptized Sect., |                      |                   |                |                          |        |                |
|                            |                                                                                                                             |                      |                   |                |                          |        |                |
|                            |                                                                                                                             |                      |                   |                |                          |        |                |
|                            |                                                                                                                             |                      |                   |                |                          |        |                |



FAMILY NAME: WUKELIC

GIVEN NAME: ANNA

INTERMENT NUMBER: 03548

|                            |  |                         |  |                   |  |                                  |  |                                        |  |
|----------------------------|--|-------------------------|--|-------------------|--|----------------------------------|--|----------------------------------------|--|
| NAME                       |  | WUKELIC, Anna           |  | (Infant)          |  | INTERMENT No.                    |  | 3548                                   |  |
| ADDRESS                    |  | Steubenville, Ohio      |  |                   |  |                                  |  |                                        |  |
| PERSON RESPONSIBLE ADDRESS |  |                         |  |                   |  |                                  |  |                                        |  |
| AGE                        |  | RACE W                  |  | SEX F             |  | MARRIED <input type="checkbox"/> |  | infant SINGLE <input type="checkbox"/> |  |
| DATE OF DEATH              |  | Feb. 20, 1914           |  | CAUSE OF DEATH    |  |                                  |  | DATE OF BURIAL                         |  |
| SECTION                    |  | Holy Innocents, Div. II |  | ROW               |  | 3                                |  | LOT GRAVE 32                           |  |
| CHURCH                     |  | Holy Name               |  | FUNERAL DIRECTOR  |  |                                  |  | TYPE VAULT                             |  |
| CHURCH PERMIT No.          |  | J.A. Weigand            |  | HEALTH PERMIT No. |  |                                  |  |                                        |  |
| REMARKS:                   |  |                         |  |                   |  |                                  |  |                                        |  |
|                            |  |                         |  |                   |  |                                  |  |                                        |  |
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|                            |  |                         |  |                   |  |                                  |  |                                        |  |

FAMILY NAME: WUORENMAN

GIVEN NAME: CARL

INTERMENT NUMBER: 02938

|                            |             |                    |  |               |   |                          |                          |
|----------------------------|-------------|--------------------|--|---------------|---|--------------------------|--------------------------|
| NAME                       |             | WUORENMAN, Carl    |  | INTERMENT No. |   | 2938                     |                          |
| ADDRESS                    |             | Steubenville, Ohio |  |               |   |                          |                          |
| PERSON RESPONSIBLE ADDRESS |             |                    |  |               |   |                          |                          |
| AGE                        | 21          | RACE               |  | SEX           | M | MARRIED                  | <input type="checkbox"/> |
|                            |             |                    |  | SINGLE        |   | <input type="checkbox"/> |                          |
| DATE OF DEATH              |             | CAUSE OF DEATH     |  | Typhoid fever |   | Feb. 18, 1911            |                          |
|                            |             | DATE OF BURIAL     |  |               |   |                          |                          |
| SECTION                    |             | Pottersfield       |  | ROW           | 1 | LOT                      |                          |
| GRAVE                      |             | 14                 |  |               |   |                          |                          |
| CHURCH                     | St. Peters  | FUNERAL DIRECTOR   |  | TYPE VAULT    |   |                          |                          |
| CHURCH PERMIT No.          | T.A. Powers | HEALTH PERMIT No.  |  |               |   |                          |                          |
| REMARKS:                   |             |                    |  |               |   |                          |                          |
|                            |             |                    |  |               |   |                          |                          |
|                            |             |                    |  |               |   |                          |                          |
|                            |             |                    |  |               |   |                          |                          |
|                            |             |                    |  |               |   |                          |                          |

FAMILY NAME: WYATT  
GIVEN NAME: HERBERT LINTHCUM  
INTERMENT NUMBER: 12148

|                    |  |                                                                                                                                                                                                                                                                                                                             |  |                  |  |                     |  |                    |  |               |  |   |  |         |  |                                     |  |        |  |                          |  |
|--------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|--|---------------------|--|--------------------|--|---------------|--|---|--|---------|--|-------------------------------------|--|--------|--|--------------------------|--|
| NAME               |  | WYATT, Herbert Linthcium                                                                                                                                                                                                                                                                                                    |  | INTERMENT NO.    |  | 12148               |  |                    |  |               |  |   |  |         |  |                                     |  |        |  |                          |  |
| ADDRESS            |  | 529 Dresden Ave.,      Steubenville, Ohio                                                                                                                                                                                                                                                                                   |  |                  |  |                     |  |                    |  |               |  |   |  |         |  |                                     |  |        |  |                          |  |
| PERSON RESPONSIBLE |  | McClave for interment charges                                                                                                                                                                                                                                                                                               |  |                  |  |                     |  |                    |  |               |  |   |  |         |  |                                     |  |        |  |                          |  |
| ADDRESS            |  | Mrs. H.L Wyatt for cemetery space.                                                                                                                                                                                                                                                                                          |  |                  |  |                     |  |                    |  |               |  |   |  |         |  |                                     |  |        |  |                          |  |
| Feb. 5, 1912       |  | AGE                                                                                                                                                                                                                                                                                                                         |  | 43-2-23 da       |  | RACE                |  | W                  |  | SEX           |  | M |  | MARRIED |  | <input checked="" type="checkbox"/> |  | SINGLE |  | <input type="checkbox"/> |  |
| DATE OF DEATH      |  | April 28, 1955                                                                                                                                                                                                                                                                                                              |  | CAUSE OF DEATH   |  | Coronary Thrombosis |  | DATE OF BURIAL     |  | May 2, 1955   |  |   |  |         |  |                                     |  |        |  |                          |  |
| SECTION            |  | All Souls                                                                                                                                                                                                                                                                                                                   |  | ROW              |  | LOT                 |  | 11                 |  | GRAVE         |  | 7 |  |         |  |                                     |  |        |  |                          |  |
| CHURCH             |  | St. John's Luthern                                                                                                                                                                                                                                                                                                          |  | FUNERAL DIRECTOR |  | McClave             |  | TYPE VAULT         |  | Clarke-metal  |  |   |  |         |  |                                     |  |        |  |                          |  |
| CHURCH PERMIT NO.  |  | Rev. Lester Polenz                                                                                                                                                                                                                                                                                                          |  | Dist. 4101 -     |  | 204                 |  | 2-0" X 1-0" marker |  | S. White 2/62 |  |   |  |         |  |                                     |  |        |  |                          |  |
| REMARKS:           |  | Born in Baltimore, Maryland of Dr. and Mrs. Bertha Santella Wyatt. Survived by wife, Mary Kozup Wyatt, 1 daughter Veronica, 1 brother Z.W. Wyatt, his father and 1 sister, Nina Wyatt Carlton. Veteran of W.W.II. AirForces. Self-employed general contractor. President of St. John Luthern Vestrymen. Steubenville, Ohio. |  |                  |  |                     |  |                    |  |               |  |   |  |         |  |                                     |  |        |  |                          |  |

FAMILY NAME: WYATT

GIVEN NAME: MARY

INTERMENT NUMBER: 17439

|                                                                                                                                                                                                                |                                                         |                     |                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------|-----------------------------------------------------------------------------|
| (CREMATED REMAINS)                                                                                                                                                                                             |                                                         |                     |                                                                             |
| NAME Wyatt, Mary                                                                                                                                                                                               |                                                         | INTERMENT No. 17439 |                                                                             |
| ADDRESS 505 Pine Valley Dr. Apt.G-333 Steubenville,Ohio                                                                                                                                                        |                                                         |                     |                                                                             |
| PERSON RESPONSIBLE Mrs. Veronica Pesuit<br>ADDRESS                                                                                                                                                             |                                                         |                     |                                                                             |
| June 30, 1922                                                                                                                                                                                                  |                                                         | widow               |                                                                             |
| AGE 61                                                                                                                                                                                                         | RACE W                                                  | SEX F               | MARRIED <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> |
| DATE OF DEATH 8-21-1983                                                                                                                                                                                        | CAUSE OF DEATH Arteriosclerotic cardio-vascular disease |                     | DATE OF BURIAL 9-2-1983                                                     |
| SECTION All Souls                                                                                                                                                                                              | ROW                                                     | LOT 11              | top of GRAVE 7                                                              |
| From funeral home                                                                                                                                                                                              |                                                         | cremation           |                                                                             |
| CHURCH                                                                                                                                                                                                         | FUNERAL DIRECTOR Mosti                                  | TYPE VAULT urn      |                                                                             |
| CHURCH PERMIT Fr. Kenneth Uram                                                                                                                                                                                 | HEALTH PERMIT No. 4101- none                            |                     |                                                                             |
| REMARKS: Surviving are a daughter, Veronica Pesuit of Steubenville, a brother, John Kozup of Pittsburg, and one grandson. She was born in Mingo Junction, the daughter of late John and Helen Dobransky Kozup. |                                                         |                     |                                                                             |

FAMILY NAME: WYNNE

GIVEN NAME: ANNA GIBBONS MRS.

INTERMENT NUMBER: 02402

|                                                             |               |                          |                |                   |   |         |                                       |        |                          |    |
|-------------------------------------------------------------|---------------|--------------------------|----------------|-------------------|---|---------|---------------------------------------|--------|--------------------------|----|
| NAME                                                        |               | WYNNE, Mrs. Anna Gibbons |                | INTERMENT No.     |   | 2402    |                                       |        |                          |    |
| ADDRESS                                                     |               | Steubenville, Ohio       |                |                   |   |         |                                       |        |                          |    |
| PERSON RESPONSIBLE ADDRESS                                  |               |                          |                |                   |   |         |                                       |        |                          |    |
| AGE                                                         | 71            | RACE                     | W              | SEX               | F | MARRIED | <input checked="" type="checkbox"/> X | SINGLE | <input type="checkbox"/> |    |
| DATE OF DEATH                                               | July 18, 1908 |                          | CAUSE OF DEATH |                   |   | Grippe  |                                       |        | DATE OF BURIAL           |    |
| SECTION                                                     | St. Patrick   |                          |                | ROW               |   |         | LOT                                   | 75     | GRAVE                    | 10 |
| CHURCH                                                      | St. Peters    |                          |                | FUNERAL DIRECTOR  |   |         | TYPE VAULT                            |        |                          |    |
| CHURCH PERMIT No.                                           | T.A.Powers    |                          |                | HEALTH PERMIT No. |   |         | Monument in center of lot.            |        |                          |    |
| REMARKS: Survived by husband and lot owner, Matthew W ynne. |               |                          |                |                   |   |         |                                       |        |                          |    |
| Also daughter, Agnes and Cecelia.                           |               |                          |                |                   |   |         |                                       |        |                          |    |
|                                                             |               |                          |                |                   |   |         |                                       |        |                          |    |
|                                                             |               |                          |                |                   |   |         |                                       |        |                          |    |
|                                                             |               |                          |                |                   |   |         |                                       |        |                          |    |
|                                                             |               |                          |                |                   |   |         |                                       |        |                          |    |



FAMILY NAME: WYNNE

GIVEN NAME: MATTHEW PATRICK

INTERMENT NUMBER: 03255

|                            |      |                                                      |     |                  |         |                                     |        |                          |
|----------------------------|------|------------------------------------------------------|-----|------------------|---------|-------------------------------------|--------|--------------------------|
| NAME                       |      | WYNNE, Matthew Patrick                               |     | INTERMENT NO.    |         | 3255                                |        |                          |
| ADDRESS                    |      | Steubenville, Ohio                                   |     |                  |         |                                     |        |                          |
| PERSON RESPONSIBLE ADDRESS |      |                                                      |     |                  |         |                                     |        |                          |
| AGE                        | RACE | W                                                    | SEX | M                | MARRIED | <input checked="" type="checkbox"/> | SINGLE | <input type="checkbox"/> |
| DATE OF DEATH              |      | Oct. 21, 1912                                        |     | CAUSE OF DEATH   |         | DATE OF BURIAL                      |        |                          |
| SECTION                    |      | St. Patrick                                          |     | ROW              | LOT     | 75                                  | GRAVE  | 9                        |
| CHURCH                     |      | St. Peters                                           |     | FUNERAL DIRECTOR |         | TYPE VAULT                          |        |                          |
| CHURCH PERMIT NO.          |      | HEALTH PERMIT NO.                                    |     |                  |         |                                     |        |                          |
| REMARKS:                   |      | Lot owner. Survived by daughters, Agnes and Cecelia. |     |                  |         |                                     |        |                          |
|                            |      |                                                      |     |                  |         |                                     |        |                          |
|                            |      |                                                      |     |                  |         |                                     |        |                          |
|                            |      |                                                      |     |                  |         |                                     |        |                          |
|                            |      |                                                      |     |                  |         |                                     |        |                          |

FAMILY NAME: WYNNE

GIVEN NAME: PETER

INTERMENT NUMBER: 08227

|                            |      |                    |     |                   |         |                          |        |
|----------------------------|------|--------------------|-----|-------------------|---------|--------------------------|--------|
| NAME                       |      | WYNNE, Peter       |     | INTERMENT NO.     |         | 8227                     |        |
| ADDRESS                    |      | Steubenville, Ohio |     |                   |         |                          |        |
| PERSON RESPONSIBLE ADDRESS |      |                    |     |                   |         |                          |        |
| AGE                        | RACE | W                  | SEX | M                 | MARRIED | <input type="checkbox"/> | SINGLE |
| DATE OF DEATH              |      | Sept 29, 1928      |     | CAUSE OF DEATH    |         | DATE OF BURIAL           |        |
| SECTION                    |      | St. Patrick        |     | ROW               | LOT     | 75                       | GRAVE  |
| CHURCH                     |      | St. Peters         |     | FUNERAL DIRECTOR  |         | TYPE VAULT               |        |
| CHURCH PERMIT No.          |      | T.A. Powers        |     | HEALTH PERMIT No. |         |                          |        |
| REMARKS:                   |      |                    |     |                   |         |                          |        |
|                            |      |                    |     |                   |         |                          |        |
|                            |      |                    |     |                   |         |                          |        |
|                            |      |                    |     |                   |         |                          |        |
|                            |      |                    |     |                   |         |                          |        |

FAMILY NAME: WYNNE  
GIVEN NAME: SYLVESTER  
INTERMENT NUMBER: 07370

|                            |      |                           |     |                   |         |                                 |        |                          |   |
|----------------------------|------|---------------------------|-----|-------------------|---------|---------------------------------|--------|--------------------------|---|
| NAME                       |      | WYNNE, Sylvester (Infant) |     | INTERMENT No.     |         | 7370                            |        |                          |   |
| ADDRESS                    |      | New Cumberland, W. Va.,   |     |                   |         |                                 |        |                          |   |
| PERSON RESPONSIBLE ADDRESS |      |                           |     |                   |         |                                 |        |                          |   |
| AGE                        | RACE | W                         | SEX | M                 | MARRIED | <input type="checkbox"/> infant | SINGLE | <input type="checkbox"/> |   |
| DATE OF DEATH              |      | Apr. 20, 1923             |     | CAUSE OF DEATH    |         | DATE OF BURIAL                  |        |                          |   |
| SECTION                    |      | St. Patrick               |     | ROW               | LOT     | 75                              | GRAVE  |                          | 7 |
| CHURCH                     |      | New Cumberland, W. Va     |     | FUNERAL DIRECTOR  |         | TYPE VAULT                      |        |                          |   |
| CHURCH PERMIT No.          |      | Fr. F.Olszewski           |     | HEALTH PERMIT No. |         |                                 |        |                          |   |
| REMARKS:                   |      |                           |     |                   |         |                                 |        |                          |   |
|                            |      |                           |     |                   |         |                                 |        |                          |   |
|                            |      |                           |     |                   |         |                                 |        |                          |   |
|                            |      |                           |     |                   |         |                                 |        |                          |   |
|                            |      |                           |     |                   |         |                                 |        |                          |   |

FAMILY NAME: WYNNE

GIVEN NAME: WILLIAM

INTERMENT NUMBER: 10429

|                                                             |  |                                            |  |                   |  |                                  |  |
|-------------------------------------------------------------|--|--------------------------------------------|--|-------------------|--|----------------------------------|--|
| NAME                                                        |  | WYNNE, William                             |  | INTERMENT No.     |  | 10429                            |  |
| ADDRESS                                                     |  | 718 Sixth Ave., Steubenville, Ohio         |  |                   |  |                                  |  |
| PERSON RESPONSIBLE ADDRESS                                  |  |                                            |  |                   |  |                                  |  |
| April 5, 1867                                               |  | RACE W                                     |  | SEX M             |  | MARRIED <input type="checkbox"/> |  |
| AGE 77-0-23                                                 |  | SINGLE <input checked="" type="checkbox"/> |  |                   |  |                                  |  |
| DATE OF DEATH                                               |  | April 28, 1944                             |  | CAUSE OF DEATH    |  | cerebral homorrhage              |  |
|                                                             |  |                                            |  | DATE OF BURIAL    |  | May 1, 1944                      |  |
| SECTION                                                     |  | St. Patrick's                              |  | ROW               |  | LOT 75 GRAVE 11                  |  |
| CHURCH                                                      |  | St. Peter's                                |  | FUNERAL DIRECTOR  |  | Shannon                          |  |
|                                                             |  |                                            |  | TYPE VAULT        |  |                                  |  |
| CHURCH PERMIT No.                                           |  | Dist. 654-                                 |  | HEALTH PERMIT No. |  | 227                              |  |
| REMARKS: Born, Steubenville, Ohio of Matthew and Ann Wynne. |  |                                            |  |                   |  |                                  |  |
| Occupation, Retired railroad Conductor.                     |  |                                            |  |                   |  |                                  |  |
|                                                             |  |                                            |  |                   |  |                                  |  |
|                                                             |  |                                            |  |                   |  |                                  |  |
|                                                             |  |                                            |  |                   |  |                                  |  |