No. 2
—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 22 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10887

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 736

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution D.O.A. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")

(d) Street No. 2617 Sutton Ave. 3
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Nora Lee Crosson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Archie

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September (Month) 13 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	6	6	hr. min.

9. Birthplace Clarksville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business

FATHER
12. Name Joseph Pegan
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Mary Curry
15. Birthplace (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Hazel Brockman
(b) Address 2617 Sutton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Rd.

19. (a) 3-20-48 (Date received local registrar) (b) Cecil G. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 19 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cause Unknown	
Due to	
Due to 200	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? Means of injury 0

23. Signature Cecil G. Sharp (M. D. or other)

Address Commissioner of Health Date signed 3-19-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4029

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.