

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

10870

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

2154

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Michigan b. COUNTY Muskegon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Muskegon	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Mary's Infirmary		d. STREET ADDRESS (If rural, give location) 632 West Webster	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) SARAH		(Month) (Day) (Year) Feb. 24, 1956	
b. (Middle) B.			
c. (Last) HOBSON			
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6 Feb. 1901
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Jackson, Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Mike McKee		13b. MOTHER'S MAIDEN NAME Lula (Unknown)	14. NAME OF HUSBAND OR WIFE Erison Hobson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME 632 W. Webster Muskegon, Michigan
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemolytic Anemia ANTECEDENT CAUSES Hemolytic anemia Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
22. I hereby certify that I attended the deceased from 1-14, 1956 to 2-24, 1956 that I last saw the deceased alive on 2-24, 1956, and that death occurred at 7:25 p.m., from the causes and on the date stated above.			
23a. SIGNATURE S. E. Smith		23b. ADDRESS (Degree or title) 111 N. Jefferson	23c. DATE SIGNED 2-29-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/28/1956	24c. NAME OF CEMETERY OR CREMATORY Booker Washington
24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois			
DATE REC'D BY LOCAL REG. FEB-29 1956		25. REGISTRAR'S SIGNATURE J. Earl Smith M.D. 3. P. (Licensed Embalmer's Statement on Reverse 25A)	
25. FUNERAL DIRECTOR'S SIGNATURE Marionette Officer		ADDRESS 2114 Missouri Ave. E. St. Louis, Ill.	

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

798 2 NOV

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ben H. Ballman

Licensed Embalmer No. 721 N. 26

P. O. Address 2420

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.