

V. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

FILED MAR 26 1946

1003

Registration District No. Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
9779

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Barnes Hospital,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 60 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George Truman Baptist

3. (b) If veteran, name war WoIld War # 1  
3. (c) Social Security No. None

4. Sex Male, race White  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ruth Baptist  
6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased November 11 1895  
(Month) (Day) (Year)

8. AGE: Years 50, Months 4, Days 11  
If less than one day hr. min.

9. Birthplace Shelby County Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Mail Carrier

11. Industry or business U. S. Government

MOTHER FATHER

12. Name Antonio W. Baptist

13. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Cora Alice Boyd

15. Birthplace Shelby County Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Baptist

(b) Address Shelbyville, Ill.

17. (a) Removal (b) Date thereof 3-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbyville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 26 1946 (b) J. F. Prudek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Shelby 999  
(c) City or town Shelbyville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3316 W. Main St.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 3  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1946 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from January 21 1946 to March 22 1946  
that I last saw him alive on March 22 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis of right lung

Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

Duration  
PHYSICIAN  
Underline the cause to 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?

While at work? (Specify type of place)  
(c) Means of injury

23. Signature J. F. Prudek (M. D. or other)  
Address Barnes Hospital, Date signed

2815

**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.....

*John Geronowski*  
3398

Licensed Embalmer No.....

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.**