

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

REGISTRATION DISTRICT NO. **791**

PRIMARY REGISTRATION DISTRICT NO. **1003**

STATE FILE NO. _____

REGISTRAR'S NO. **3872**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Homer Phellips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days 2 11 2

3. (a) PRINT FULL NAME Archie Douglas

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race col 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years abt 27 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation laborer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Homer Phellips

(b) Address _____

17. (a) _____ (b) Date thereof 4/3/40
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Richter

(b) _____ (c) _____
19. (a) APR 30 1940 (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2711 Washington
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 21
year 1940 hour 3:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____
_____ 19 _____ to _____ 19 _____

that I last saw him alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Shot of abdomen
hemoperitonitis and
shot of left hand suffered
due to
when shot was given
in the hands of police
Officer Harold Poston
the presence of his official
Police Duty in pursuing
deceased after deceased
Major findings:
of operations
bullet at 1301 Washington
about 10:35 p.m. March 20, 1940
in front of about 4250

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

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

(b) Date of occurrence 3/20/40

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature James H. Quinn (M. D. or other)

Address Deputy Coroner Date signed _____

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.....

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, above space should be left blank.