

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2666

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Clayton
c. LENGTH OF STAY (In this place) DOA
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Brentwood
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 8919 Wrenwood Ave.

3. NAME OF DECEASED
a. (First) ROBERT b. (Middle) J. c. (Last) BROCKMAN

4. DATE OF DEATH (Month) (Day) (Year)
Nov. 16, 1954

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 28, 1926

9. AGE (In years last birthday) 28 if UNDER 1 YEAR Months 5 Days 18 if UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Psychiatrist

10b. KIND OF BUSINESS OR INDUSTRY Medical

11. BIRTHPLACE (City and State or Foreign Country) Pana, Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. Brockman

13b. MOTHER'S MAIDEN NAME Daisy Schultz

14. NAME OF HUSBAND OR WIFE Jimmie Brockman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. 2

16. SOCIAL SECURITY NO. 340-22-6793

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. Jimmie Brockman, Brentwood, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Self-administered fluid containing barbiturates. Body was found lying on the bathroom floor by his wife. A bottle was hanging from a curtain rod with a tube and needle attached, the needle still in his arm.
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid 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 NO 9702

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Brentwood St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11/16/54 6:46P.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Self-administered fluid into arm.

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *Ernest J. Willmann, Coroner*

23b. ADDRESS Clayton, Mo.

23c. DATE SIGNED 11/19/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 11/18/54

24c. NAME OF CEMETERY OR CREMATORY Kettalkamp Cemetery

24d. LOCATION (City, town, or county) (State) Nokomis, Ill.

DATE REC'D BY LOCAL REP. 11/18/54

REGISTRAR'S SIGNATURE *Richard R. Honkney*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Boye, Inc. 1118 N. 1st St. St. Louis, Mo.

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

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.....
Signature of Student Embalmer

Signed *W E Morris*.....

Licensed Embalmer No. *93*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.