



2135 Chouteau Ave. - St. Louis, MO 63103 - (314) 241-8844 - (314) 241-8855

St. Louis City Medical Examiner Release Form

I, _____
Full Name of Next of Kin Relationship of Deceased

of _____ do hereby authorize
Full name of deceased

the medical examiner - city of St. Louis to release the body of

_____ who died on _____
Full name of deceased Date of Death

for final disposition to St. Louis Cremation. I hereby certify that I am the closest next of kin of the deceased and I am acting in the capacity for the purposes so stated.

Signature of Next of Kin Date Signed

Address, City, State, Zip Phone

Witnessed by:

Witness Signature Printed Name