



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

St. Louis County Medical Examiner Release Form

I,

Full Name of Next of Kin

Relationship of Deceased

of

Full name of deceased

do hereby authorize

the medical examiner - county 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