



**Medical Examiner  
Policies and Procedures  
for  
Reportable Deaths**

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***SAINT LOUIS COUNTY DEPARTMENT OF HEALTH  
MEDICAL EXAMINER  
POLICIES AND PROCEDURES***

***TYPES OF DEATHS TO BE REPORTED  
TO THE MEDICAL EXAMINER***

The Saint Louis County Medical Examiner's Office has jurisdiction over certain classes of dead bodies as described in RSMo 58.720. Reporting a death to the Medical Examiner does not necessarily mean that the Medical Examiner will assume jurisdiction for that death or respond to the scene of death. Reporting of deaths assures that appropriate deaths will be assessed by the Medical Examiner's Office and evaluated as to whether investigation by the Medical Examiner is warranted.

Deaths in certain categories **MUST BE REPORTED** to the Medical Examiner in a timely manner. The categories are sometimes redundant to assure that all suspicious deaths are reported. Cases about which there is any question of reporting should be reported to allow evaluation by the Medical Examiner.

***Deaths in the following circumstances and categories  
should be REPORTED to the Medical Examiner:***

1. Deaths in persons who die suddenly when in apparent good health and without medical treatment for any disease thought to be causing death:
  - without known natural cause of death
  - occurring during an acute rapidly fatal illness which might represent a threat of epidemic disease such as meningococcal meningitis
  - occurring when not under the care of a physician
  - maternal deaths
  - deaths in public places (airport, street, buildings)
  - deaths in which the attending physician has no explanation of death

- deaths in which there is no physician willing or able to sign the death certificate
  - deaths occurring outside of medical facilities.
2. Deaths caused by or contributed to by *unnatural* means:
- deaths resulting from violence by homicide, suicide, or accident
  - deaths resulting from thermal, chemical, electrical or radiation injury
  - deaths directly or indirectly related to drug (prescription, over the counter, or illicit), medication, poison or chemical ingestion, use, or abuse
  - all deaths related to trauma, regardless of the interval before death, e.g. falls including hip and other fractures in the elderly; blows and other forms of mechanical violence; cutting or stabbing; firearms; explosion; electric shock
  - deaths related to asphyxia including strangulation either internal (gag or foreign body in airway) or external (ligature or manual compression); collapse of structures; positioning of body to restrict airway; drowning; hanging; exclusion of oxygen; carbon monoxide and other gases; suffocation and smothering
  - deaths resulting from vehicular accidents regardless of interval to death
  - deaths related to weather including lightning, hyperthermia or exposure to heat, exposure to cold, tornado, flood, earthquake
  - deaths occurring while under anesthesia or in the postanesthetic period
  - deaths occurring during or following diagnostic or therapeutic procedures
  - deaths in which the present or past employment may have caused or contributed to death
  - maternal deaths where there is suspicion of illegal interference
  - deaths occurring from apparent natural causes in a victim while in the course of a criminal act (e.g., elderly person dies when purse is snatched).

3. Deaths in special categories of persons:
  - deaths occurring in any correctional facility, while incarcerated or in custody of the law or when interacting with arresting officers
  - deaths in children under age 18 years
  - deaths occurring in public places
  - deaths while on board ships at piers or in aircraft
  - deaths resulting from starvation, neglect, or deprivation of care in persons who are legally dependent upon the care of others
  - deaths at home including hospice patients.
  - deaths occurring in nursing homes.
  
4. Deaths from obscure causes:
  - bodies that are found dead outside medical facilities
  - deaths following an unexplained coma.
  
5. Stillborn and newborn infants where delivery was outside a hospital and infant abandoned; where there is criminal abortion; where there was maternal drug abuse or maternal trauma which may have precipitated birth or injured the fetus.
  
6. Deaths resulting from a contagious disease whose diagnosis is undetermined and that might constitute a public health problem.
  
7. Anatomic material such as tissue or bone suspected of being or determined to be of human origin.

After a death report is received, a determination is made by the medicolegal death investigator whether or not to assume jurisdiction of the case. Deaths in which no jurisdiction is assumed will be assigned a case number and a report will be taken and entered into the Medical Examiner's records.

## **OFFICE OF THE MEDICAL EXAMINER**

*The Chief Medical Examiner is a board certified forensic pathologist who is appointed by the Director of the Department of Health of Saint Louis County to investigate sudden, unexpected, suspicious, unnatural or violent deaths. The purpose of the Medical Examiner Program is to utilize the knowledge of forensic science and medicine to investigate deaths that constitute a concern to the public health and safety.*

*Accurate determinations of cause and manner of death in the deaths of concern to the public are essential for a variety of reasons, including the proper administration of justice by identifying murders and exonerating the innocent; recognizing and maintaining evidence for use in criminal and civil proceedings; recognizing epidemic threats to the public health; recognizing defective materials, structures, or products; detecting dangerous occupational environments; establishing causes of deaths in cases of therapeutic intervention; and ensuring that law enforcement officials do not engage in or be unjustly accused of brutality.*

*The Medical Examiner's Office is a Division of the Department of Health under the County Executive of Saint Louis County. Personnel of the Medical Examiner's Office consist of assistant medical examiners who assist the Chief Medical Examiner and have similar qualifications as the Chief, medicolegal death investigators, autopsy assistants, toxicology personnel, and administrative and support staff.*

### **WHO REPORTS A DEATH**

According to RSMo 58.720 "the police, sheriff, law enforcement officer or official, or any person having knowledge of such a death shall immediately notify the office of the Medical Examiner of the known facts concerning the time, place, manner and circumstances of the death. Immediately upon receipt of notification, the Medical Examiner or his designated assistant shall take charge of the dead body and fully investigate the essential facts concerning the medical causes of death."

It is the responsibility of any institution having custody of the body or any person having knowledge of such a death to immediately report it to the Medical Examiner's Office. The law specifically provides for cooperation with the Medical Examiner for proper investigation and examination as regards medical and other information. This includes providing photocopies of emergency or hospital records or other medical and physician's records to supply proper background for accurate evaluation and may include x-rays, blood and urine specimens taken on admission to the hospital, or other objects.

The statute further states: "Penalty for failing to supply information - any person failing to supply the information required by section 58.720, subsection 4, is guilty of misdemeanor and upon conviction shall be punished by a fine of not more than one thousand dollars, or by imprisonment in the county jail for not more than sixty days, or by both the fine and imprisonment."

Any institution or individual reporting a death should understand that providing information to the Medical Examiner's Office is to comply with the law and that failure to do so would place them in jeopardy of prosecution.

## ***AUTOPSIES***

Not all cases reported to the Medical Examiner fall into the above categories after investigation and therefore may be returned to the jurisdiction of the reporting person or institution. Not all cases accepted into Medical Examiner jurisdiction will be autopsied. The Medical Examiner and his/her assistants are authorized by statute to perform an autopsy on any body within jurisdictional criteria and do not require the consent or concurrence of the family or legal guardian.

In those cases where the cause of death cannot be established with a reasonable degree of certainty without autopsy, and in those cases where the actual pathological detail must be documented for

future courtroom work, autopsies will be performed. In those cases in which there is evidence of violence (recent or remote) or evidence of suspected unnatural death or a death that needs explanation, generally autopsies are done but the extent of examination of the body is dependent upon the judgement of the pathologist. The Medical Examiner will not perform an autopsy simply because the attending physician refuses to sign the death certificate and wants to know the extent of the natural disease process.

Although no consent is required of the family to autopsy a body within the jurisdiction of the Medical Examiner, whenever possible, the wishes of the family will be considered and in some cases an autopsy will not be performed over family objections if they release the Chief Medical Examiner from his/her responsibility for a complete investigation by signing a formal document opposing the autopsy (Admonition Against Autopsy form).

A copy of the medical findings will be provided to the family, physicians, and appropriate institutions on written request. There is a charge for copying the report.

If a case is reportable to the Medical Examiner, the family should not be asked for hospital autopsy permission until such time as the Medical Examiner has disposed of the case either by: 1) declining jurisdiction; or 2) after investigation, performing of necessary examinations and release of the body. It is not proper for the hospital to ask for autopsy permission until the Medical Examiner has determined whether or not to accept the case. This spares the family a difficult decision in a case in which the Medical Examiner finds he must autopsy under his own authority.

If family permission for autopsy is later obtained by the hospital in a case released without autopsy by the Medical Examiner, but is within the Medical Examiner's jurisdiction, the Medical Examiner's Office would expect to receive a copy of the autopsy findings when it is complete. This is necessary in the event the details of the death become a subject of courtroom activity and may well make it unnecessary for hospital personnel to appear in court.

## ***TRANSPLANT PERMISSION ORGAN DONATION***

A potential organ donor is a patient who has suffered an injury or insult to the brain resulting in brain death. Such a potential organ donor will generally be maintained on respiratory and hemodynamic support until the organ procurement service has an opportunity to assess donor potential. Once this is established, it is necessary that the Medical Examiner's investigator be notified of the potential donor status so that an assessment of the circumstances of the injury can be made by the Medical Examiner and a determination made whether or not organ or tissue procurement authorization can continue. Once assessment has been made and all concerns of local law enforcement have been answered, then organ procurement authorization can proceed. Generally, the only instances where the Medical Examiner will obstruct organ procurement are in homicidal deaths involving infants and children where there may be hidden injury. Every death must be evaluated on its own merit. Every effort will be made by the Medical Examiner to ensure there is maximum utilization of organs for donation.

## ***TISSUE DONATION***

Postmortem tissue utilization does not have the same requirement as organ donation. Potential donors are not maintained on respiratory or hemodynamic support and death can occur outside the hospital without undue interference with tissue utilization, particularly if the postmortem interval is short. The Medical Examiner will attempt to meet all requests for tissue donations. The Medical Examiner's Office works in conjunction with tissue procurement agencies to enable requests for donation to be made of all possible donor families.

## ***DEATH CERTIFICATE***

Only the Medical Examiner can legally sign a death certificate of a person who has died as a direct or indirect result of any cause falling under the jurisdiction of the Medical Examiner. The Medical Examiner has 30 days in which to certify the death of persons within his jurisdiction. This time period is necessary to complete the toxicological testing, microscopic studies, metabolic studies, chemistry, or other testing following an autopsy. In cases in which no autopsy is performed but the Medical Examiner is evaluating the case on medical records (In *Abstentia* cases), it is necessary that all records be received so that such an evaluation can be completed.

An attending physician should sign the death certificate of a patient recently under his care when they have died of established natural causes. Sometimes physicians state that they are uncertain why a patient died although they have been treating the patient for years for a stable, although not necessarily life threatening condition; for example, a 55-year-old hypertensive patient, quite well controlled, who drops dead suddenly and in view of many witnesses. The physician may feel that the death is unexplained and requires an autopsy for specific anatomic diagnosis. However, this death would be viewed as outside the Medical Examiner's jurisdiction, since medical history provides adequate information for a reasonable cause of death, i.e. hypertensive heart disease, and should be so certified.

Mechanisms of death frequently encountered on death certificates include cardiac arrest, cardiorespiratory arrest, etc. These common pathways of death are so general as to be meaningless for purposes of certification. If a physician has difficulty in completing the certificate, the physician should consult with the Medical Examiner's Office. Mechanism of death listed on the certificate as the cause of death and not secondary to the underlying disease process will cause Vital Statistics, who registers the death certificates, to send the certificate to the Medical Examiner to evaluate. This evaluation is untimely and will cause a delay in the family receiving the death certificate.

