

6059 N. Hanley Road St. Louis, MO 63134

Office of the Medical Examiner http://www.stlouisco.com

Office: 314-615-0800

Fax: 314-522-0955 TTY: 314-615-8428

2014-5143

BROWN, MICHAEL O.D.

Day: Saturday Date: 08/09/2014 Time: 01:30 pm

Case Type:

Exam Case

Call Received From: P.O.

Notifying Agency/Institution:

Phone No.: (314) St. Louis County Police Department

BROWN, MICHAEL O.D. Deceased:

Phone No.:

DOB:

Race: Black

Marital Status: Never Married

Sex: Male Age: 18 years

SSN:

Address:

City:

State: MO

Occupation/Industry:

Not Currently Employed /

County: St. Louis County (189 Zip:

Next of Kin: Address:

City:

State: MO

Relationship:

MOTHER

County: St. Louis County (189) Zip:

Phone No.:

Notified:

Date/Time Called:

8/9/2014 3:00:00PM

By: ON THE SCENE

Phone No.: (314)

Police Agency:

St. Louis County Police Department 08/09/2014 (Time Unknov Complaint No.: 2014-43984

During App/In Cust?

N

	Date	Time	Location	Ву
Occurred	08/09/2014	12:04 pm	2947 CANFIELD DRIVE, Ferguson, MO 63136 [St. Louis County (189)]	
Pronounced	08/09/2014	12:18 pm	2947 CANFIELD DRIVE, Ferguson, MO 63136 [St. Louis County (189)] (Other:)	Christian Hospital EMS Paramedic

Manner of Death: Homicide Injury at Work? No

Type of Death:

Firearms Firearms-Firearm Discharge How Injury Occurred: Gunshot Wound(s) at hands of Law Enforcement

Premises: Roadway

Multiple Deaths Associated with this Incident: No

Activity of decedent:

Investigation Type: **Depth of Investigation (Investigator):** Scene

Date Signed: 08/19/2014 **Death Certificate Signed By:** Medical Examiner By: M.D., C

Private Physician to Sign: Phone No.:

Address:

When: Personally Contacted by Investigator: No

Notifications: Yes Does this case meet MTS Criteria?

Investigator:

Pathologist:

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Pathologist: Autopsy Performed? Yes

X-Rays Requested: No

Case Disposition: Brought in for Examination

General Scene Description: Other Disposition of Body: Unknown

Livery Service: St. Louis Livery Service Inc. When:

Body Released: Status: Released Authorized Authorized By: When:

Arrangements Made? No Arrangements Authorized By:

Funeral Home: Austin A. Layne, Mortuary Inc. Phone No.: (314)

Address: 7239 West Florissant, St. Louis, MO 63136

Notified By: Who: When:

Released By: also released: Property When: 8/18/2014 02:50 pm

Remains Visually Identified By:

Who: INV. Date/Time: 8/9/2014 4:00:00PM Relationship: INVESTIGATOR

Address: Phone No.:

ICD Code:

Cause of Death: ICD-9 Time Interval

Immediate Cause: Gunshot wounds of head and chest

Due to (or as a consequence of) (b):

Due to (or as a consequence of) (c):

Due to (or as a consequence of) (d):

Other Significant Conditions (1):

Other Significant Conditions (2):

{ Printed: 9/9/2014 at 01:22 pm } **2014-5143**