



6059 N. Hanley Road
St. Louis, MO 63134
<http://www.stlouisco.com>

Office: 314-615-0800
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TTY: 314-615-8428

Office of the Medical Examiner

BROWN, MICHAEL O.D.

2014-5143

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

Call Received From: P.O. Phone No.: (314)
Notifying Agency/Institution: St. Louis County Police Department

Deceased: **BROWN, MICHAEL O.D.** Phone No.:
Race: Black Sex: Male Age: 18 years DOB:
Marital Status: Never Married SSN:
Address: City: State: MO
Occupation/Industry: Not Currently Employed / County: St. Louis County (189) Zip:

Next of Kin: Phone No.:
Address: City: State: MO
Relationship: MOTHER County: St. Louis County (189) Zip:
Notified: 8/9/2014 3:00:00PM By: ON THE SCENE

Police Agency: St. Louis County Police Department Phone No.: (314)
Date/Time Called: 08/09/2014 (Time Unknov Complaint No.: 2014-43984 During App/In Cust? N

	Date	Time	Location	By
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:

Depth of Investigation (Investigator): Scene Investigation Type:

Death Certificate Signed By: Medical Examiner By: M.D., C Date Signed: 08/19/2014
Private Physician to Sign: Phone No.:

Address:
Personally Contacted by Investigator: No When:

Notifications: Does this case meet MTS Criteria? Yes

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):