Request For Medical Examiner’s Report

Date of request: 8/5/2024

Your name: Katie Proctor

Mailing address: 403 Hamilton Meadows Drive Fenton, MO 63026

Your contact information (email or phone number): 314-607-3585

Name of deceased: Mason McMahon

Date of death: 7/29/2024

Your relationship to the deceased:

I understand that the fee for this report is $12.00, payable by check, money order, or cash. The Medical Examiner’s Office will need to process payment on the date that it is received.

Please make your check or money order payable to: St. Louis County Medical Examiner’s Office

Signature: Katie Proctor

For Office Use Only:

Payment Received (Date):

Reports Delivered (Date):