



CONSENT TO AUTOPSY

110007670671

TERLIP, ELLE

07/12/2017



9942972841

F/U 07/13/2017



I hereby authorize St. Louis Children's Hospital and Washington University School of Medicine physicians and staff to perform an autopsy, including the head and eyes, upon the remains of Elle Terlip, to such an extent as in their judgment may be necessary or desirable to determine full diagnosis, pathological study and /or approved research including the retention and use of such organs or tissue as may be helpful for any such study or other permissible purposes.

Exclusions or limitations: ☒ None ☐ Exclude:

Signed [Signature] Corbin Terlip 9/8/17 3:25 p.m.
Signature Printed Name Date Time

Relationship to Decedent father

Address 12847 Daylight Dr., Apt. 1106

City St. Louis State MO Zip 63131

Telephone (620) 249-9079 Date 9/8/17 Time

Physician Witness [Signature] Renee Fisher NMPBC Renee Fisher
Signature Printed Name Pager # NMPBC

Witness _____
Signature Printed Name

(Must be co-witnessed for telephone consent)

Medical Record # 9942972841 This is a Medical Examiner's Case ☐ Yes ☒ No

Washington University School of Medicine - Department of Pathology
[Signature] Renee Fisher 9/8/17 15:26
Signature Printed Name Date Time

You are authorized to proceed within the limitation of the above consent. You may take temporary possession of the decedent's medical record and safeguard it in accordance with hospital policy.

St Louis Children's Hospital

By [Signature] Anna Mack Anna Mack 9/11/17 8:00
Name of Undertaker, if known Signature Printed Name Date Time

SLCH 10-7400-0019 APPROVED BY HIMFC 07/01/2010 TAB: Admission/Discharge/Consent SCAN: Expiration Summary

