

**OFFICE OF THE MEDICAL EXAMINER  
OF HUDSON CITY**

1. Name of Decedent (Last, First, Middle, Titles)

2. Body Identified By:

3. Age

4. Race

5. Sex

6. Length

7. Weight

8. Eyes

9. Hair

10. Beard

11. Blood (Type; Alcohol Content)

12. Rigor Mortis (Location; Degree)

13. Livor Mortis (Location; Color)

14. Non-Fatal Wounds; Distinguishing Features (Scars, Tattoos, Other Features)

15. PATHOLOGICAL DESCRIPTION AND DIAGNOSIS

16. PROBABLE CAUSE OF DEATH

17. Name of Pathologist

18. All facts in this report are true and correct to the best of my knowledge and belief.

19. Date and Time of Autopsy

20. Location of Autopsy

21. FILE NUMBER