

Instructions for Donation of Your Body to Washington University School of Medicine

Thank you very much for expressing an interest in donating your body to Washington University School of Medicine. Attached is the form by which this can be done. This form must be signed in the presence of two witnesses and signed by the witnesses. Return the signed copy to us. You should keep a copy with your personal papers. Additional copies may be made for your funeral director or for the family member or other persons responsible for your remains.

Since such documents – like wills – often are not read until after the funeral, it is important that friends, relatives, physicians or those who might be near at the time of death know of this provision in order that they can carry out your wish. They should at that time make arrangements with a funeral director or transporting company to deliver your **unautopsied and unembalmed** body to the Department of Anatomy's receiving address, 4566 Scott Avenue. Before delivery, the funeral director or transporting company should telephone the Department of Anatomy (314-362-3597) or Security (314-362-4357).

We suggest that at the time transport arrangements are made, a copy of the gift document be given to the funeral director or transporting company so that they have the information needed to complete the death certificate. They must file a Notification of Death form and the Certificate of Death. A copy of the Notification of Death must accompany your body when delivered. Because there is no standard fee for these services by the funeral director or transporting company, we suggest that the person making arrangements inquire about the cost before authorizing delivery. This is the only expense to your family or your estate, inasmuch as we **do not** return remains to the family for burial or cremation.

If your family decides to have an autopsy performed on your body after death or to donate your organs for transplantation, they must contact us – since this may invalidate your plans to donate your body to us. Although many valuable things are learned from an autopsy, the basic understanding of the organization of the human body is derived from careful study of the unautopsied body. For this same reason, organs (other than the eyes) may not be removed after your death for transplantation purposes.

It would be helpful for us to have a brief medical history, which you prepare yourself, including any illnesses, broken bones, or surgery (and, for women, number of children) and the approximate date or age at which these occurred.

Washington University School of Medicine reserves the right to refuse admission to the body donor program or to refuse any body at the time of death. Possible reasons for refusal include, but are not limited to, the following: communicable diseases such as AIDS, Hepatitis B and C, extensive damage due to accident, suicide, extreme obesity, etc. You should have alternate plans for burial or cremation in the event that your body cannot be accepted.

Once your body has been received by Washington University School of Medicine, no further information will be provided to your family concerning the use or final disposition of your body. Currently, remains are cremated and the ashes are spread in an appropriate pastoral setting. Because of the diversity of body donors, the University leaves decisions about memorial services in the hands of every family and does not itself conduct a memorial service for body donors. The timing and nature of such services are wholly at the family's discretion. Families should not plan or attempt a memorial service to coincide with the spreading of ashes inasmuch as information about the timing of the final disposition of remains cannot be made available.

If, after reviewing these instructions, you wish to donate your remains to the School of Medicine, please fill out the attached form and return it to the Department of Anatomy at the address below. If you have any questions, please do not hesitate to contact us.

**ATTN: Body Donation Program
Department of Anatomy & Neurobiology
Washington University School of Medicine
660 South Euclid Avenue, Campus Box 8108
St. Louis, MO 63110**

Name: _____

Address: _____

City, State, Zip: _____

I, (please print) _____, the undersigned being a person of sound mind and eighteen years of age or over, pursuant to the provisions of the Uniform Anatomical Gift Act, hereby make a gift of my body immediately after my death to Washington University School of Medicine, or with the approval of the Chairman of the Department of Anatomy of Washington University School of Medicine, to any other accredited medical or dental school, college or university, within or outside of the State of Missouri, for education, research, and advancement of medical science. (This includes anatomical study or research studies or autopsy or any combination of these at the sole discretion of the Anatomy Department). I hereby direct that my body, **unautopsied and unembalmed**, be delivered to said Department of Anatomy at 4566 Scott Avenue, St. Louis, Missouri, after my death. This is my free act and deed and not my last will and testament and is not intended to revoke, change, alter or cancel or in any other manner whatsoever, affect any will made by me during my lifetime, nor shall any will made by me be construed to revoke or alter this gift unless expressly so stated therein. I understand that my body **will not be returned** for burial or cremation, nor can any information about the use or final disposition of the body be provided once the body has been received by Washington University School of Medicine. I further agree to hold Washington University harmless against any liability arising from the use or disposition of said body.

Date: _____ Signature: _____

The undersigned being persons of more than eighteen years of age acknowledge and certify to the fact that they witnessed the execution of the foregoing Gift of Body by the donor on the date first hereinabove written:

Witness Signature: _____

Address: _____

Witness Signature: _____

Address: _____

Personal Data

Social Security Number: _____

Occupation: _____

Member of Armed Forces: Yes No

Date of Birth: _____ Citizenship (Country): _____

Place of Birth: _____

(City, State, Country)

Father's Name: _____

(First)

(Middle)

(Last)

Mother's Name: _____

(First)

(Middle)

(Maiden)

Marital Status (Circle One): Single Married Widowed Divorced

Spouse's Name (for wife, include maiden name): _____

Return to: Washington University School of Medicine, Dept. of Anatomy & Neurobiology, 660 South Euclid Avenue, Campus Box 8108, St. Louis, MO 63110-1093

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You should have alternate plans for burial or cremation in the event that your body cannot be accepted.

Gift of Body To Washington University School of Medicine

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Personal Data

Social Security Number: _____

Occupation: _____

Member of Armed Forces: Yes No

Date of Birth: _____ Citizenship (Country): _____

Place of Birth: _____

(City, State, Country)

Father's Name: _____

(First)

(Middle)

(Last)

Mother's Name: _____

(First)

(Middle)

(Maiden)

Marital Status (Circle One): Single Married Widowed Divorced

Spouse's Name (for wife, include maiden name): _____

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