

**San Francisco Homeless Deaths
Identified from Medical Examiner Records:
December 1997 --- November 1998**

Ricardo Bermúdez ¹
Lynn von der Werth ²
Josh Brandon ^{1,2}
Tomás Aragón ¹

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¹ Community Health Epidemiology and Disease Control, San Francisco Department of Public Health, 25 Van Ness Avenue, Suite 710, San Francisco, CA 94102

² Homeless Death Prevention Program, Public Health Division, San Francisco Department of Public Health, Room 323, San Francisco, CA 94102

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I. Introduction

A. Background

Since 1987, Homeless Deaths in San Francisco has been tracked through Medical Examiner (ME) data. This was done first by the Tenderloin Times, a community newspaper and later by the Coalition on Homelessness. Starting in 1997 the Homeless death review has been conducted under the Community Health Epidemiology Section of the City and County of San Francisco Health Department.

The purpose of this study is to determine the number, characteristics, and causes of homeless deaths that fall within the ME jurisdiction in San Francisco during 1998. The results provide current demographic information to the San Francisco Homeless Death Prevention Project (HDPP). Determining the causes of urban homeless deaths assist health planners and policy makers in providing services that may reduce the number of preventable deaths. The annual homeless death review also serves as the foundation for the development and implementation of intervention strategies by the HDPP Health Outreach Team.

II. Methodology

The method used in this study has remained the same since it was developed in 1987. The study design is a retrospective study based on Medical Examiner (ME) records that occurred during the one-year period starting December 1, 1997 through November 30, 1998. The target population is homeless persons in San Francisco who died during the study period and whose deaths were evaluated by the Medical Examiner's office. The study population are those people selected as meeting the selection criteria¹ for homelessness who died in San Francisco during the 12-month study period and whose death was reviewed by the Medical Examiner's Office.

ME-records were reviewed to determine each decedent's housing status. Each case with a residential address was cross-referenced with the addresses of all the homeless housing and service programs in the city. Cases with a matching address were further evaluated applying the selection criteria to determine the decedent's housing status. Cases with non-matching addresses were reviewed to exclude those decedents who were permanently housed. Those remaining cases with a non-matching residential address but an uncertain housing status were determined to be those of homeless people through corroborative statements, institutional records, and interviews with informed witnesses mentioned in the ME-record.

For each case with an unlisted residential address, additional information was used to determine whether the decedent was permanently housed or homeless. To be included in this study, at least two independent, informed sources confirmed or documented the decedent's homelessness at the time of death.

¹ The selection criteria is described fully in the Appendix in the Homeless Status Criteria section.

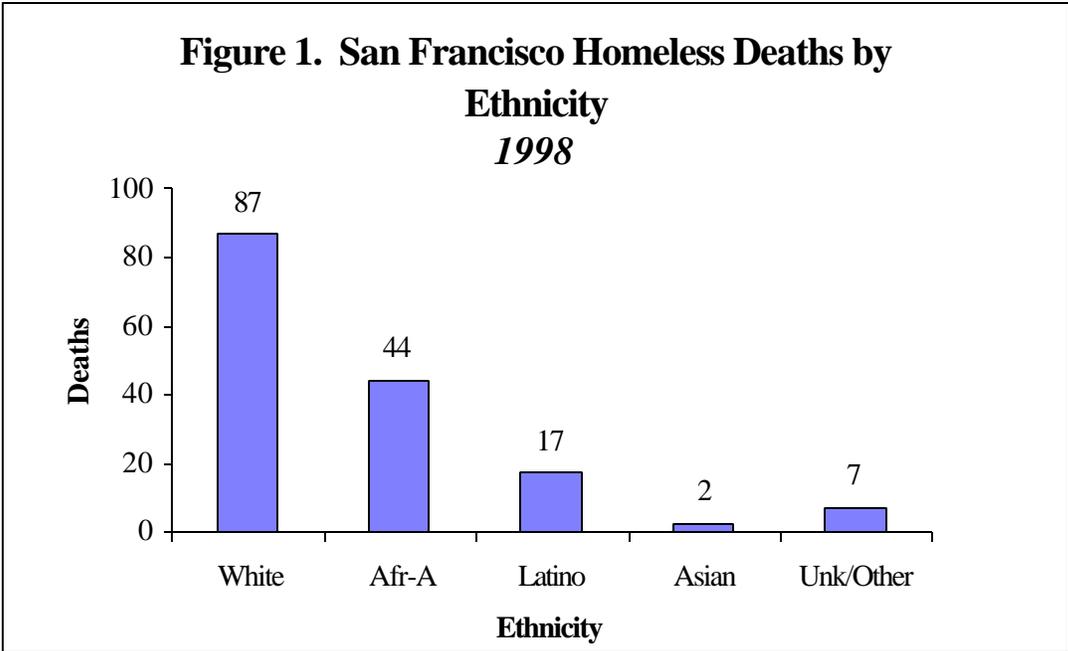
III. Results

A. Number of Homeless Deaths

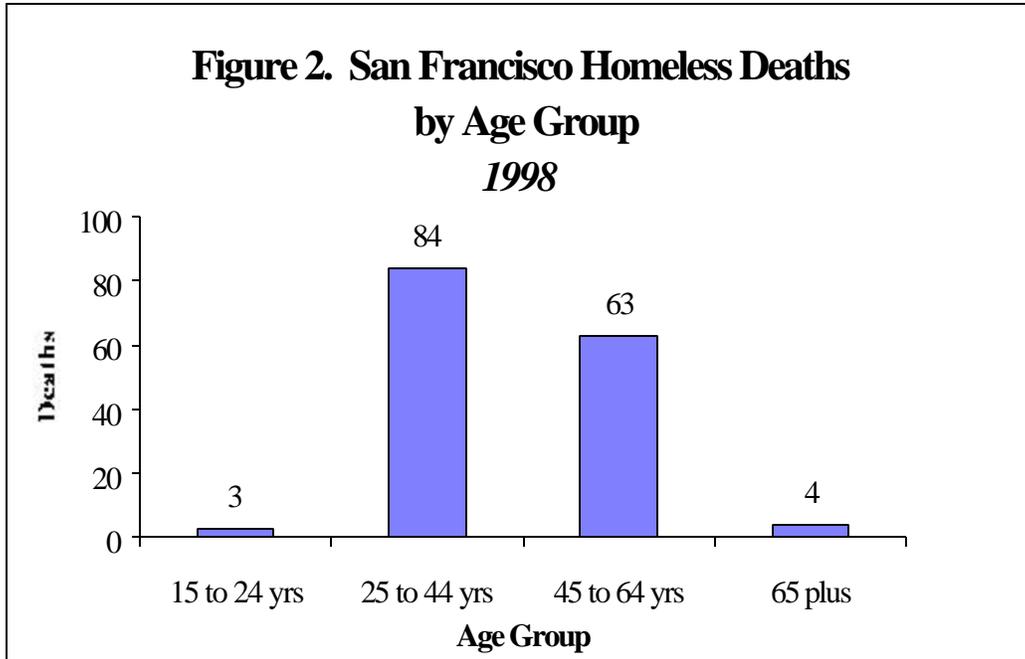
There were 7,051 deaths in San Francisco from December 1, 1997 through November 30, 1998. The Medical Examiner’s Office of San Francisco evaluates roughly 65% of these deaths. Of these, around 25% are determined to have Medical Examiner’s jurisdiction. The remaining cases (approximately 40%) are investigated and cleared for physician’s signature without further evaluation. Of the estimated deaths referred to the Medical Examiner (approximately 4,600 during the period of this study), 157 decedents were classified as homeless. They constitute the study population for this report.

B. Demographic Characteristics

Of the 157 ME-identified homeless deaths in San Francisco during the study period, 134 (85%) were male, 22 (14%) female, and 1 (1%) was male-to-female transgender. The racial/ethnic distribution of these deaths reveals 87 (55.4%) were white, 44 (28%) African American, 17 (10.8%) Latino and 2 (1.3%) were Asian, 7 (4.5%) were either other race or unknown (Figure 1).



The average age of death was 42.3 years overall, 42.9 years for males, 38.8 years for females. The deaths ranged in age from 21 to 80 years of age. The age distribution shows that most 84 (53.5%) died in the 25 to 44 years-old and the 45 to 64 years-old 63 (40.1%) age



**Table 1. San Francisco Homeless
Leading Causes of Death, 1998**

Underlying Cause of Death	Total	
	n	(%)
Drug Poisoning, UI	82	(52.2)
Accidents	15	(9.6)
Alcohol Use	12	(7.6)
Severe Infection	9	(5.7)
Heart Disease	8	(5.1)
Suicide	8	(5.1)
Homicide	6	(3.8)
Neurologic conditions	4	(2.5)
HIV Infection/AIDS	3	(1.9)
Peptic ulcer	2	(1.3)
Liver and Pancreatic Disease	1	(0.6)
Injury: Intention Undetermined	1	(0.6)
Congenital anomalies	1	(0.6)
COPD	1	(0.6)
Asthma	1	(0.6)
Unknown	3	(1.9)
Total	157	(100)

groups. Three (1.9%) died in the 15 to 24 years-old age group and 4 (2.5%) died in the 65 years old-and-above age group (Figure 2).

C. Leading Underlying Causes of Death

Among the 157 homeless deaths, the leading underlying cause was drug poisoning causing 82 (52.2%) deaths. The second leading underlying cause of death was accidents causing 15 (9.6%) deaths. The third leading underlying cause of death was alcohol use accounting for 12 (7.6%) of deaths. Together substance abuse accounted for 94 (59.8%) of deaths (Table 1).

1. Race/Ethnicity

Of the 55 deaths of homeless people identified as white, the leading underlying cause of death was substance abuse causing 54 (62.1%) deaths- 48 deaths due to drug poisoning and 6 due to alcohol use (Table 2). The second leading underlying cause of death were accidents

Table 2. San Francisco Homeless Underlying Cause of Death by Ethnicity

Underlying cause of death	White		Afr-A		Latino		Asian		Unk/Other	
	n	(%)*	n	(%)	n	(%)	N	(%)	n	(%)
Drug Poisoning	48	(58.5)	24	(29.3)	8	(9.8)	2	(2.4)		
Accidents	10	(66.7)	2	(13.3)	2	(13.3)			1	(6.7)
Alcohol use	6	(50.0)	1	(8.3)	4	(33.3)			1	(8.3)
Severe Infection	4	(44.4)	4	(44.4)					1	(11.1)
Heart Disease	4	(50.0)	1	(12.5)					3	(37.5)
Suicide	3	(37.5)	3	(37.5)	2	(25.0)				
Homicide	2	(33.3)	3	(50.0)	1	(16.7)				
Neurologic condition	3	(75)	1	(25.0)						
HIV Infection/AIDS	1	(33)	1	(33.3)					1	(33.3)
Peptic Ulcer			2	(100)						
Liver and Pancreatic Disease	1	(100)								
Injury: Intention Undetermined			1	(100)						
Congenital anomalies	1	(100)								
COPD			1	(100)						
Asthma	1	(100)								
Unknown	3	(100)								
Total	87	(55.4)	44	(28.0)	17	(10.8)	2	(1.3)	7	(4.5)

* Indicates row percentages

accounting for 10 (11.5%) deaths. Of the 26 deaths identified as African American, the leading underlying cause of death was substance abuse, causing 25(56.8%) deaths — 24(54.5%) from drug poisoning and 1 (2.3%) from alcohol use. The second leading cause of death was severe infection, accounting for 4 (9.1%) deaths. Of the 17 deaths identified as Latino, the leading cause of death was substance abuse, accounting for 12 (70.6%) deaths — 4 (23.5%) from alcohol use and 8 (47.1%) from drug poisoning. Two deaths identified as Asian resulted from drug poisoning (100%). Of the seven deaths with unknown racial identification the leading cause of death was heart disease 3(42.9%).

2. Age

The leading cause of death for the 84 homeless who died between 25 to 44 years old was substance abuse, accounting for 54 (63.1%) deaths —50 (59.5%) from drug poisoning and 3 (3.6%) from alcohol use (Table 3). The leading cause of death for the 63 homeless people who were 45 to 64 years old was also substance abuse, accounting for 34 (54%) deaths — 25(39.7%) from drug poisoning and 9 (14.3%) from alcohol abuse. The leading cause of

**Table 3. San Francisco Homeless
Underlying Cause of Death by Age Group, 1998**

Underlying Cause of Death	15 to 24 yrs		25 to 44 yrs		45 to 64 yrs		65 plus	
	n	(%)*	n	(%)	n	(%)	n	(%)
Drug Poisoning	3	(3.7)	50	(61.7)	25	(30.9)	3	(3.7)
Accidents			7	(53.8)	6	(46.2)		
Alcohol use			3	(25.0)	9	(75.0)		
Severe Infection			4	(44.4)	5	(55.6)		
Heart Disease			1	(12.5)	7	(87.5)		
Suicide			7	(87.5)	1	(12.5)		
Homicide			5	(83.3)	1	(16.7)		
Neurologic condition			2	(50.0)	2	(50.0)		
HIV Infection/AIDS			1	(33.3)	2	(66.7)		
Peptic Ulcer			1	(50.0)	1	(50.0)		
Liver and Pancreatic Disease			1	(100)				
Injury: Intention Undetermined					1	(100)		
Congenital anomalies					1	(100)		
COPD					1	(100)		
Asthma			1	(100)				
Unknown			2	(66.7)	1	(33.3)		
Total	3	(1.9)	85	(55.2)	63	(40.9)	3	(1.9)

* Indicates row percentages

death for the 4 homeless people who were 65 years and older was drug poisoning, accounting for 3 (75%) deaths. The 3 deaths among those homeless people who were 15 to 24 years old were due to drug poisoning.

3. Gender

The leading cause of death for the 134 homeless people identified as male was substance abuse, accounting for 80 (59.7%) deaths — 68 (50.7%) from drug poisoning and 12 (9%) from alcohol use (Table 4). The leading cause of death for the 22-homeless identified as female was drug poisoning, accounting for 13(59.1%) deaths. The one death identified as a male-to-female transgender was caused by alcohol use.

**Table 4. San Francisco Homeless
Leading Causes of Death by Sex, 1998**

Underlying Cause of Death	Males		Females		Total	
	n	(%)	n	(%)	n	(%)
Drug Poisoning, UI	68	(50.7)	13	(59.1)	82 *	(52.2)
Accidents	13	(9.7)	2	(9.1)	15	(9.6)
Alcohol Use	12	(9.0)			12	(7.6)
Severe Infection	8	(6.0)	1	(4.5)	9	(5.7)
Heart Disease	7	(5.2)	1	(4.5)	8	(5.1)
Suicide	7	(5.2)	1	(4.5)	8	(5.1)
Homicide	4	(3.0)	2	(9.1)	6	(3.8)
Neurologic conditions	4	(3.0)			4	(2.5)
HIV Infection/AIDS	2	(1.5)	1	(4.5)	3	(1.9)
Peptic Ulcer	2	(1.5)			2	(1.3)
Liver and Pancreatic Disease	1	(0.7)			1	(0.6)
Injury: Intention Undetermined	1	(0.7)			1	(0.6)
Congenital anomalies	1	(0.7)			1	(0.6)
COPD	1	(0.7)			1	(0.6)
Asthma			1	(4.5)	1	(0.6)
Unknown	3	(2.2)			3	(1.9)
Total	134	(100)	22	(100)	157	(100)

* Includes one transgender.

D. Geographical Distribution

1. Neighborhood

Of the 157 homeless deaths, there were 36(%) decedents who died either in a hospital, jail, in a shelter or at an unknown location. Seventeen homeless people died in

**Table 5. San Francisco Homeless Deaths
by Neighborhood, 1998**

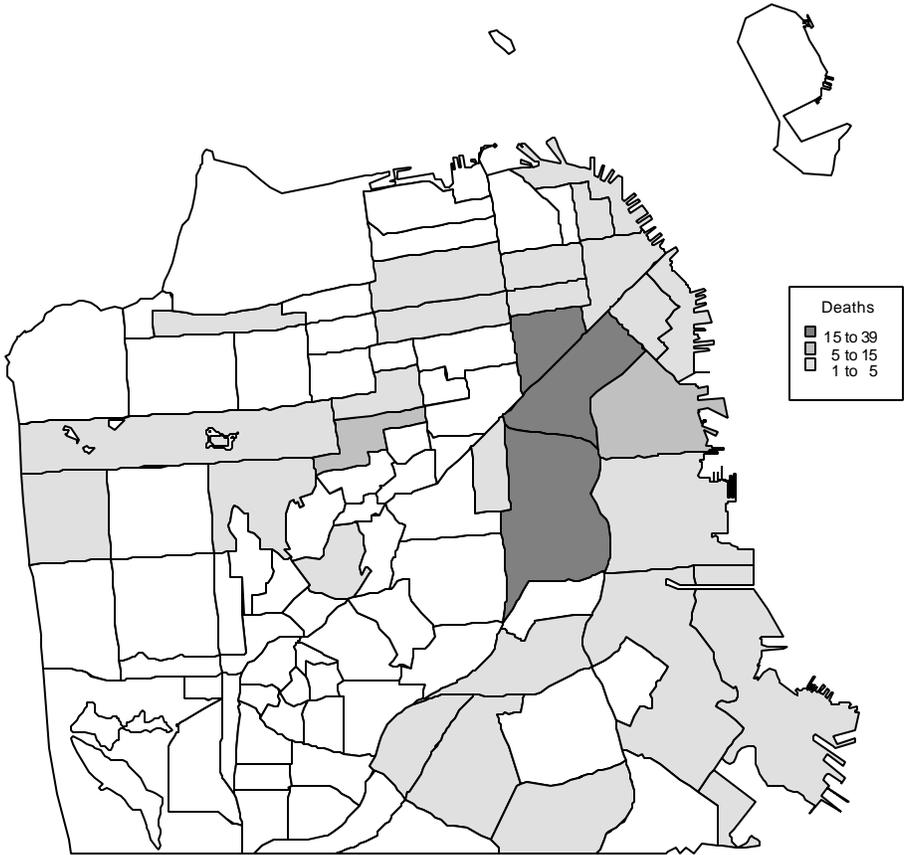
Neighborhood	Deaths
Inner Mission (<i>includes 14 at SFGH</i>)*	39
Tenderloin	36
South of Market	22
Mission Bay	9
Haight Ashbury	6
Golden Gate Park	4
Financial District North	4
North Panhandle	4
Potrero Hill	3
South Beach	3
Financial District South	3
Upper Tenderloin	3
North Waterfront	2
Inner Sunset	2
Visitation Valley	2
Lower Pacific Heights	2
Nob Hill	1
Bernal Heights South	1
Mission Terrace	1
Excelsior	1
Outer Sunset	1
Hunters Point	1
Telegraph Hills	1
Mission Dolores	1
Bayview	1
Midtown Terrace	1
Lake	1
Pacific Heights	1
Bay Waters (<i>found drowned in Bay Waters</i>)	1

Total*	157
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hospitals including; San Francisco General Hospital, Laguna Honda Hospital, UCSF Medical Center, R. K. Davies Medical Center, and St. Luke’s Hospital. There were 7 homeless deaths at locations not known nor documented by the ME. There were 2 homeless deaths at the city jail.

Of the remaining 121 homeless deaths, 97 occurred in three adjoining neighborhoods (Table 5 and Figure 3). As shown in Figures 3 and 4, the greatest number of homeless deaths occurred at or near the downtown center of San Francisco. The inner Mission neighborhood had the highest number of homeless deaths (39) followed by the Tenderloin (36)and the South of Market area(22). Additionally, there were 9 deaths in the Mission Bay area, 7 in the North and South of the Financial district area and 6 in the Haight Ashbury area and 4 homeless deaths occurring in Golden Gate Park. Another 33 deaths were scattered in 21 different neighborhoods in San Francisco.

Figure 3. San Francisco Homeless Deaths by Neighborhood 1998



**Figure 4. San Francisco Homeless Deaths by Neighborhood
1998**



2. Living Situation

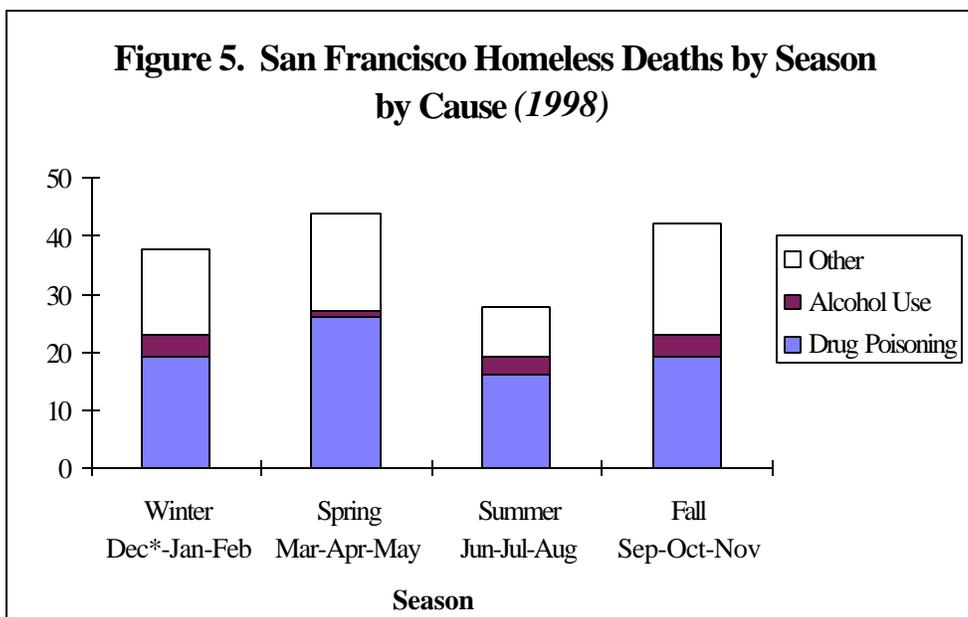
Of the 157 homeless decedents, 70 (46.7%) died outdoors (Table 6). Their leading cause of death was substance abuse, accounting for 36(51.4%) deaths — 28(40%) from drug poisoning and 8 (11.4%) from alcohol use. The second leading cause of was accidents totaling 13 (18.6%) deaths.

Fifty-one deaths (42.1%) occurred indoors. The leading cause for indoor deaths was substance abuse which accounted for 37 (56.9%) deaths. All were caused by drug poisoning.

Table 6. Homeless Deaths that Occurred Outside or Inside a Residential Place, 1998

Underlying Cause of Death	Outside		Inside		Total	
	n	(%)*	n	(%)	n	(%)
Drug Poisoning, UI	28	(43.1)	37	(56.9)	65	(100)
Accidents	13	(93)	1	(7)	14	(100)
Alcohol Use	8	(100)			8	(100)
Severe Infection	3	(75)	1	(25)	4	(100)
Heart Disease	4	(80)	1	(20)	5	(100)
Suicide	2	(29)	5	(71)	7	(100)
Homicide	4	(67)	2	(33)	6	(100)
Neurologic conditions	3	(100)			3	(100)
Peptic ulcer	1	(50)	1	(50)	2	(100)
Liver and Pancreatic Disease			1	(100)	1	(100)
Injury: Intention Undetermined	1	(100)			1	(100)
Congenital anomalies			1	(100)	1	(100)
COPD	1	(100)			1	(100)
Unknown	2	(67)	1	(33)	3	(100)
Total	70	(57.9)	51	(42.1)	121	(100)

* Indicates row percentages



E. Temporal Distribution

1. Seasonal

Forty four deaths (28.1%) occurred in the spring (March, April, May). There were 42 (26.7%) deaths in the fall (September, October, November), 38(20.2%) during the winter (December, January, February), and 28 (17.8%) in summer (June, July, August). The leading cause of death for each of the seasons was substance abuse (drug poisoning and alcohol use) (Table 8 and Figure 5).

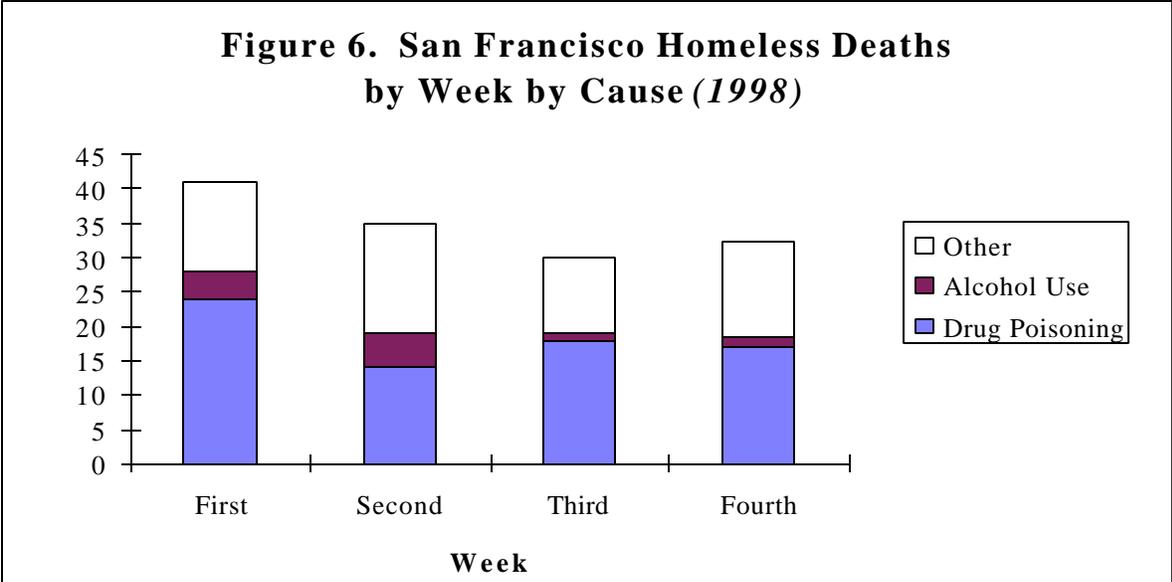
**Table 8. San Francisco Homeless
Underlying Cause of Death by Season
1998**

Cause of Death	SEASON				
	Winter	Spring	Summer	Fall	Total
Drug Poisoning	19	26	16	19	80
Accidents	5	6		4	15
Alcohol use	4	1	3	4	12
Severe Infection	2	2	1	4	9
Heart Disease	3	2	2	1	8
Suicide		3	2	2	7
Homicide	1	2	2	1	6
Neurologic condition	1		1	2	4
HIV Infection/AIDS	1			2	3
Peptic Ulcer				2	2
Liver and Pancreatic Disease		1			1
Injury: Intention Undetermined				1	1
Congenital anomalies			1		1
COPD	1				1
Asthma		1			1
Unknown	1				1
Total	38	44	28	42	152

2. Week of the Month

There were a total of 41 deaths that occurred in the first week of the month , 35 in the second week, 30 in the third week and 44 in the fourth week (Figure 6). Seven deaths occurred in the later part of the month (days 28-31).

Substance abuse was the leading cause of death for any week (Table 8). Accidents was the second leading cause of death with 14 total deaths.



* Fourth week adjusted by a factor of .737 for comparison purposes (actual deaths were 44).

Table 8. San Francisco Homeless Leading Causes of Death by Week, 1998

Leading Causes of Death	WEEK									
	First wk		Second wk		Third wk		Fourth wk		Total	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
Drug Poisoning	24	(30.4)	14	(17.7)	18	(22.8)	23	(29.1)	79	(100)
Accidents	4	(28.6)	5	(35.7)	2	(14.3)	3	(21.4)	14	(100)
Alcohol use	4	(33.3)	5	(41.7)	1	(8.3)	2	(16.7)	12	(100)
Other	9	(12.3)	11	(15)	9	(12.3)	44	(60)	73	(100)

IV. Discussion

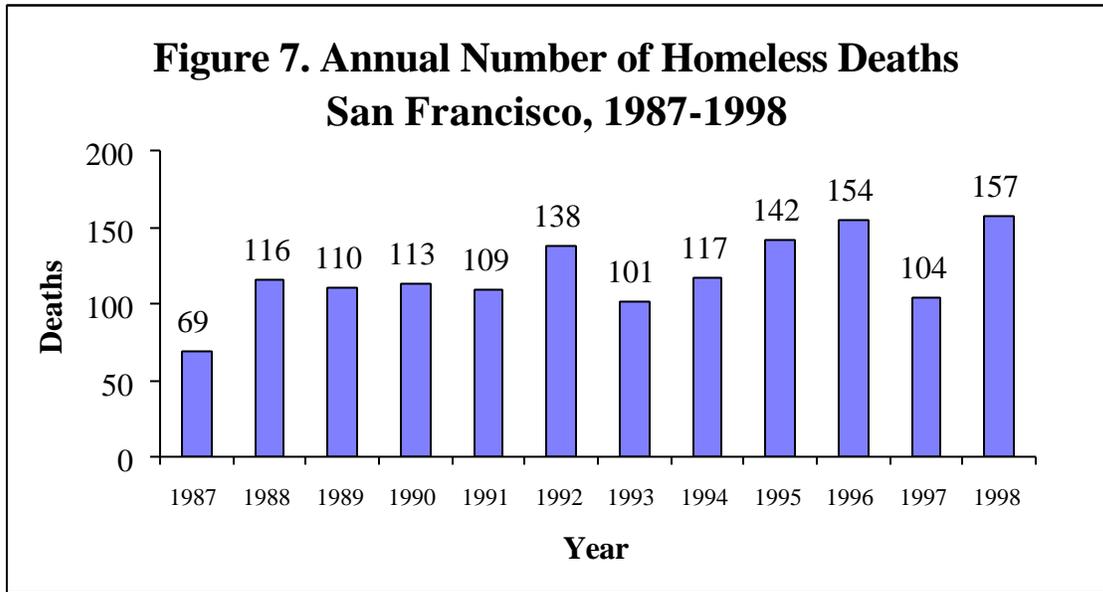
A. Limitations of the Study

Only deaths reported to the ME were considered². All other deaths falling outside of the ME jurisdiction were not evaluated. The ME records reviewed for this study constitute only 65% of the deaths that occurred in San Francisco during the study period. Hence, there were approximately 2,468 deaths which were not reported to the Medical Examiner and, therefore, not available for this study. Homeless decedents who lived in other areas outside San Francisco, but whose death occurred in San Francisco, were also excluded. Also excluded were those decedents who had an attending physician at a medical facility for 20 days or longer prior to their death. Others not included were those formerly homeless but housed for 30 consecutive days or more at the time of death, even though the cause of death may have been directly related to conditions acquired or exacerbated while homeless. Cases with unverifiable housing status and cases where the body could not be identified were not included. Homeless who died in hospices were not included because they did not fall within ME's jurisdiction. Therefore, the annual number of homeless deaths reported in this study do not represent all the homeless deaths in San Francisco and the 157 deaths reported should be considered a conservative estimate.

B. Comparison to Previous Data

Approximately 1,273 homeless deaths in San Francisco have been identified through

² See Appendix B for a definition of deaths reported to the Medical Examiner's Office.



ME records since 1987 (Figure 7). The annual number of deaths have ranged from a low of 69 in 1987 to a high of 154 in 1996. The mean annual number of homeless deaths during the previous eight years (1990-1997) was 122. The 157 homeless deaths found in 1998 shows a 51% increase from the previous year.

V. Bibliography

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VI. Appendix A

A. Homeless Status Criteria

Medical Examiner investigators do not determine whether the deceased was permanently housed or homeless at the time of death. Therefore, every Medical Examiner case was reviewed to determine the decedent's housing status. The following criteria was used to determine housing status;

- No known residential address appearing on the ME record of death
- A ME investigator's conclusion in the ME record of death based upon an analysis of the death scene
- Staying at a public or private homeless shelter
- Staying in a public-funded hotel room used as emergency shelter
- Client status at a homeless service or treatment program
- Staying in a structure not defined by code as habitable housing
- Staying in a vacant building
- Statements in the ME report by informed witnesses, acquaintances, and relatives confirming the decedent's homelessness
- Timely institutional records that note whether the deceased was permanently housed or homeless
- Visiting at another person's residence
- Any death occurring in a residential building where the decedent was a stranger to staff and residents
- Residency in a hotel for less than 30 consecutive days
- Staying at a non-relative's residence for less than 30 days
- Any death where the decedent was undergoing an imminent legal eviction; and,

- The presence of other homeless indicators in the ME record of death, such as no q identification and the presence of camping gear

The ME cases which met the above criteria were analyzed to determine if there were at least two documented sources that confirm the decedent's homeless status.

The majority of cases could be confirmed as homeless through information found in the ME report. The unknown or vague housing status cases were determined through follow-up interviews with witnesses and acquaintances who knew the decedent. This included attending medical staff, police investigators, hotel staff, friends, and other homeless people.

Medical Examiner policy prohibits researchers from contacting the decedent's relatives; therefore, some cases could not be confirmed from two different sources, and were not included in this study.

B. Definitions

1. Homeless

Homelessness is defined as; any person lacking a fixed and adequate nighttime residence for less than 30 consecutive days. Included are persons temporarily living in:

- public and private shelters
- public-funded hotel rooms used as emergency shelters
- vehicles
- public or private places not designed for, or ordinarily used as, regular sleeping accommodation for human beings
- private dwelling units in which he/she is under imminent eviction, or
- an institution from which he/she will be discharged with no place to go.

2. ME No-Case

"No-case" is the term used by the ME to identify the cases which are referred to the ME but do not fall within the ME jurisdiction after investigation. Although the "No-cases" are not included in the statistics compiled and analyzed in the ME's Annual Report, the "No-cases" remain in the records and are accessible to researchers. "No-cases" constitute approximately 3,500 cases annually. By reviewing the ME "No Cases" in the annual homeless death review over 60% of the annual deaths in San Francisco could be reviewed. This category of ME cases is also inclusive of decedents who receive an indigent burial.

Because most of ME “No-cases” originate from hospitals, the information given to the ME regarding social security, witnesses, relatives, personal property, and a comprehensive narrative including information pertaining to housing status are not included in the ME “No-cases.”

3. Neighborhoods

San Francisco neighborhoods used in this study are derived from the San Francisco Realtors Association map, with some modifications. These modifications were necessary to create realistic neighborhoods for the analysis of homeless deaths in San Francisco.

VII. Appendix B

A. Responsibilities of the San Francisco’s Medical Examiner-Coroner³

The Medical Examiner is appointed by law to many responsibilities, the foremost of which is the investigation and certification of a variety of deaths, including all deaths of other than natural causation, and any apparently natural deaths in which no physician can reasonably state the cause. The Medical Examiner can utilize any and all medico-legal investigative techniques, including autopsy, to establish both the medical cause of death and the mode or circumstances of death (natural, accident, homicide, suicide, or undetermined).

The deaths which must be reported to the Medical Examiner-Coroner, as required by various sections of the Government, Health and Safety and Penal codes, are as follows:

1. Homicide - known or suspected
2. Suicide - known or suspected
3. Following accident or injury (whether the accident or injury is the primary cause or contributory, with death occurring immediately or at some remote time)
4. Medical attendance of less than 20 days
5. No physician in attendance
6. Physician is unable to state the cause of death (must be unable, not merely unwilling)
7. Poisoning (food, chemical, drug, therapeutic agents)
8. Occupational or industrial deaths
9. All deaths where a patient has not fully recovered from an anesthetic, whether in surgery, recovery room, or elsewhere

³ Abstracted from the San Francisco Medical Examiner’s Office Annual Report, July 1, 1995 – June 30, 1996, page 1.

10. All deaths in operating rooms
11. All solitary deaths (unattended by physicians or other person in the period immediately preceding death)
12. All deaths in which the patient is comatose throughout the period of the physician's attendance
13. All deaths of unidentified persons
14. All deaths in which there are grounds to suspect that the death occurred in any degree from a criminal act
15. All deaths involving contagious disease - known or suspected – and constituting a public health hazard
16. Deaths in prison or while under sentence
17. All deaths associated with rape – known or alleged - or crime against nature
18. All deaths related to or following abortion – known or suspected
19. All deaths involving drowning, fire, hanging, gunshot, stabbing, cutting, starvation, exposure, alcoholism, drug addiction, strangulation, or aspiration

Additional mandated responsibilities include protecting and safekeeping of property belonging to deceased individuals, conducting inquests when indicated, maintaining proper public records, making reports to other agencies, identification of deceased persons, internment of indigent dead, and many other death-related activities.