

MEMORIAL HOSPITAL OF DUPPAGE COUNTY
Elmhurst, Illinois

REPORT OF POSTMORTEM EXAMINATION

CORONER'S CASE

Name: SEIFERT, DANIEL R. Age: 29 Sex: M Lab.No. A-128-74
Date of death: 9/27/74 Date of admission: DOA
Date of autopsy: 9/28/74 Hospital No. --
Marital status: M Race: W Occupation: Owner of a plastics factory
Place of autopsy: Memorial Hospital of DuPage County
Case doctors: Coroner Matthews Those attending: Coroner
Pathologist H. Dolz, M.D.

FINAL DIAGNOSIS:

1. Multiple shotgun wounds to head with extensive laceration and hemorrhage of brain.
2. Close range shotgun wound of left side of neck with extensive fracture of mandible.
3. Multiple lacerations of scalp, occipital area, caused by blows with blunt object (gun butt).

HD:vs

H. Dolz, M.D.
Pathologist

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SEIFERT 29

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MICROSCOPIC EXAMINATION

Heart: Within normal limits.

Lungs: There is some acute passive congestion.

Liver: Minimal fatty change and portal infiltration by lymphocytes.

COMMENT:

There are some discrepancies in this case and it is not entirely possible to reconcile the injuries received with the stories of eye-witnesses and the results of police search.

Any of the injuries to the head and neck are considered of lethal potential except possibly the one in the forehead midline. Only the wound in the left neck can be definitely identified as caused by close range shotgun blast. The other wounds could have been caused by gunshot or pellets from shotgun. The fact that only shotgun shell cases were found at the scene would favor the assumption that the wounds originated from large shotgun pellets. Also the ballistics experts feel that the metal projectiles recovered are consistent with shotgun pellets (buckshot).

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Skull (Continued):

This is again related to the wound described as at a distance of 5 cm. above the left ear. In the posterior midline, the brain shows an irregular defect in the dura 1.5 cm. in length. A ragged metallic fragment 0.5 cm. in diameter is removed from this area. The entrance wound immediately anterior to the left ear connects to a projectile tract partially destroying the left petrous bone, the left occipital lobe of the brain, and the left cerebellar lobe. A projectile fragment is embedded in the occipital bone causing a depressed fracture 1.5 cm. in diameter. The wound described of the forehead appears to have been inflicted by a projectile passing through the skull at a downward angle and entering adjacent to the crista galli. The projectile which entered the left temporal area and caused a punched-out rounded defect in the left temporal-parietal bone with multiple fracture lines running from it, has penetrated the brain in the left frontoparietal area and a metal projectile, markedly deformed, 1 cm. in diameter is discovered at the base of the brain. A third metal projectile is extracted from immediately beneath the dura overlying the right occipital lobe 2 cm. to the right of the sylvian fissure. There is marked cerebral edema and subarachnoid hemorrhage overlying both occipital lobes, cerebellum and base of the brain. A fourth metal projectile is found in the right posterior neck beneath the right mastoid bone. It measures 1 cm. in diameter. The large blast wound beneath the left ear seems to connect with the exit wound described in the right mandibular area.

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Internal Examination

There is no free fluid. Pericardial sac contains the normal amount of fluid. There are a few adhesions of the left base of the lung to the diaphragmatic aspect of the pleura. There are no pulmonary emboli. Also the right lower lobe is partly adherent to the diaphragmatic aspect of the pleura by fibrous adhesions.

Heart: The heart weighs 300 grams. The epicardium is smooth and glistening. There is a normal amount of epicardial fat tissue. The left ventricle measures 1.5 cm. in thickness. The right 0.3 cm. The valves are functional, within normal limits. The coronary arteries are thin-walled and widely patent.

Lungs: The lungs have a combined weight of 800 grams. They are purplish pink, soft, flarly well aerated. There is no bronchial obstruction. A small amount of anthracosis is noted. The pulmonary arteries are not remarkable. The cut surface is purplish tan, somewhat moist with blood.

Liver: The liver is tan brown and weighs 1330 grams. The capsule is smooth. The cut surface is tan brown, moist with blood. The lobular architecture is indistinct. The gallbladder is normal.

Spleen: The spleen is purplish pink, weighs 110 grams. Cut surface is pink. Follicles are indistinct.

Kidneys: The kidneys are normal in size, weight, and shape. They weigh 350 grams combined. The capsule strips with ease. There are no lesions. Ureters and urinary bladder are not remarkable. Prostate is normal in size, weight and shape.

Adrenal glands: Normal.

Pancreas: Normal.

Upper and Lower Gastrointestinal Tract: Show no lesion.

Skull: Upon deflecting the scalp, there is extensive fracture of the frontal and left parietal bones, partially following or approximating the suture lines. There is a punched-out, rounded defect related to the previously described wound above the left ear. Also an irregular defect is seen beneath the wound of the forehead. Related is a large irregular wound in the dura in midline with some hemorrhagic brain tissue escaping from it. A left temporal-parietal laceration of the brain with defect of the dura 3 cm. in diameter is noted.

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GROSS EXAMINATION

External Examination

The body is that of a well developed, well nourished, white male measuring 183 cm., weighing approximately 170 lbs. The head is covered with brown hair. The pupils are round and equal, each measuring 0.3 cm. in diameter. The ears and nose are not remarkable except for some blood in both nostrils. In the center of the forehead, about 3.5 cm. above the root of the nose, there is a large roughly triangular skin defect with extensive fracture and opening of the skull bone measuring 5.5 cm. in length and up to 1.2 cm. in diameter. The wound runs into the hairline for a distance of 2 cm. There appears to be a round area of contusion around the lower angle of the wound with an area of excoriation or contusion adjacent to it 1 x 0.3 cm. in diameter. The left temporal - parietal area 7 cm. above the ear shows an irregular rounded wound, probably an entrance wound 1.3 cm. in diameter. Posterior to this wound the skin of the scalp displays numerous irregular, sometimes triangular, lacerations which are grouped in one area about 8 cm. in maximum diameter. They measure up to 3 cm. in length. There are a total of 7 such lacerations. Also areas of hematoma and bruising are scattered between these areas. Immediately proximal to the tragus of the left ear, there is a rounded irregular wound showing contusion of the edges and splitting of the medial skin edges. It measures 1 cm. in diameter and probably represents an entrance wound. Below the left ear, and immediately beneath the left mandibular angle, there is a large irregular wound of "cookie-cutter" appearance 5 x 3 cm. There is extensive laceration of skin and subcutaneous tissue and associated fracture of the mandibular ramus. This wound is surrounded by a large halo of pinpoint and confluent superficial hemorrhages suggestive of powder burns. Above the right eyebrow, there is a roughly triangular laceration 1.5 cm. in maximum diameter. It leaves a rounded area of skin intact which at its lower angle measures 0.5 cm. in diameter. Beneath the right ear is a soft tissue swelling and hematoma associated with multiple small irregular lacerated wounds scattered over an area of 8 cm. and involving the right mandibular area. There are approximately 5 such wounds which measure from 0.5 to 1.2 cm. in diameter and may represent shotgun pellet exit wounds. There is one large such wound immediately above a smaller wound as just described, and this one measures 1.2 cm. in diameter and according to police, a metallic projectile was recovered from this area. There is apparently extensive fracture of both mandibular arches.

The chest is symmetrical. The abdomen is flat. External genitalia and extremities are not remarkable.