

AUTOPSY PROTOCOL
ORLEANS PARISH CORONER'S OFFICE

No. S64-7-288

Name: Dr. Mary Sherman Age: 51 Color: W Sex: F

Date & Time of Death: 7-21-64 at 5:25 A.M.

Date & Time of Autopsy: 7-21-64 at 9:15 A.M.

FINAL DIAGNOSES

1. Stab wound of chest with penetration of heart.
2. Hemopericardium and left hemothorax.
3. Multiple stab wounds of abdomen with incised wound of liver.
4. Multiple stab wounds of left upper extremity and right leg.
5. Laceration of labia minora.
6. Extensive burns of right side of body with complete destruction of right upper extremity and right side of thorax and abdomen.

Classification of Death: Homicide

Lloyd F. LoCascio, M.D.
Asst. Coroner

AUTOPSY PROTOCOL

Dr. Mary Sherman

White Female, 51

EXTERNAL DESCRIPTION: The body measures 5 ft. 6 in. in height and weighs 137 lbs. It appears to be that of a white female. Exact age cannot be adequately ascertained from the appearance of the body. It is tagged with New Orleans Police Department Identification Tag No. 246. This tag is removed by Dr. Lloyd F. LoCascio, Assistant Coroner of Orleans Parish, who is present at the autopsy. External examination of the body shows the hair over the head to be long and dark brown to black in color. It shows extensive charring and there is destruction of hair and scalp over the entire right temporal region of the head and extensive burns. There are extensive drying type burns over the entire face producing marked shrinkage of the skin, with deformity of the facial features and drying and shrinking of the eyeballs, bilaterally. The nasal cavity, the ears and the mouth appear to be essentially normal. There are extensive charring burns all over the right side of the face, the right thorax and the right flank. There has been complete destruction of the right upper extremity. The only portion remaining is a charred fragment of the proximal portion of the humerus. There is extensive destruction of the entire right hemithorax with exposure of the lung and the pleural cavity. In addition there is destruction of the soft tissues of the right side of the abdomen and right flank with exposure of the abdominal viscera. The charring extends over to beneath the left breast and over the anterior abdominal wall and also over the posterior portion of the body, however, it is not as marked in this region. There is desquamation of skin over the right thigh and also over the posterior portion of the left side of the body. The skin of the neck shows disruption of continuity due to the action of heat. On the medial aspect of the right knee is a 2-1/2 x 1-1/2 cm stab wound. A probe inserted into the wound extends a depth of 10 cm. On the left forearm there is a 2 x .4 cm stab wound. A probe inserted into this wound extends a depth of 7 cm. Superior to this is a 2 x 1 cm slightly gaping wound extending a distance of approximately 4 cm into the subcutaneous tissues. On the left index finger, on the distal joint on its medial aspect is a 1 cm laceration and there is a .5 cm laceration on the lateral aspect of the left thumb. There is a 16 cm lower abdominal well-healed scar. There are multiple stab wounds present over the anterior abdominal wall. There is a 2 x .5 cm wound present in the right mid-abdomen. There is a gaping 3 x 2 cm wound in the right lower quadrant. There is a 2 x 1 cm wound in the superior abdomen in the midline. There is a 1 x 1 cm wound in the left upper quadrant. On the anterior chest wall there is a stab wound present 1 cm to the left of the midline at about the level of the 5th rib which measures 2 x 1 cm in size. Further examination of the body shows no other evidence of penetrating injuries nor are there any other discernible identifying marks present. On reflecting the muscles from the anterior abdominal wall and the chest they are seen to be markedly coagulated and pale by the action of heat. The body itself shows a marked increase in temperature. Examination of the left chest wall after removal of the pectoralis muscle and the breast shows a stab wound to pass through the 6th intercostal space immediately adjacent to the sternum on the left side. On removing the sternal plate the left pleural cavity is seen to contain approximately 1000 to 1200 cc of fluid and clotted blood. The pericardial cavity contains approximately 50 cc of partially clotted blood. Examination of the pericardial sac shows a 1.5 cm slit-like wound on the antero-lateral aspect of the pericardial sac on the left side. Examination of the heart in situ shows a slit-like wound on the anterior aspect of the right ventricle immediately adjacent to the interventricular septum. A probe inserted into this wound extends into the right ventricular cavity. On removing the heart the coronary arteries are seen to be patent. The posterior and right portion of the heart

shows changes due to the action of heat. The endocardium is smooth and glistening. The cardiac valves are normal.

RESPIRATORY TRACT: The right lung is markedly contracted and changed by the action of heat. The left lung appears to be essentially normal. Examination of the major bronchi shows the lumen to be patent. The pulmonary arteries are normal. Examination of the left thoracic cavity after removal of the lung and the blood shows no other penetrating injuries.

ABDOMINAL CAVITY: The entire left side of the abdominal wall is missing and charred as previously described. The right side of the liver is markedly hardened and leathery and coagulated. Examination of the surface of the liver shows a slit-like wound to be present extending a depth of approximately 8 cm into the liver and originating in the stab wound in the midline of the upper abdomen. There is no hemorrhage noted around this particular wound. The spleen is essentially normal. The left kidney is grossly normal. The left adrenal appears normal. The pancreas is normal.

GASTROINTESTINAL TRACT: Examination of the stomach shows a small amount of recognizable food material within the lumen showing partial digestion. The remaining portion of the gastrointestinal tract except for changed due to the action of heat is essentially normal.

GENITALIA: Examination of the external genitalia shows a through and through tear through the left labia majora measuring approximately 1 cm in length. There is a smaller similar tear in the right labium which does not extend through and through the structure. Further examination of the external genitalia shows it to be essentially normal. There are no areas of hemorrhage around the lacerations of the labium. Examination of the internal genitalia shows surgical absence of the uterus and right adnexa. The left tube appears moderately cystic.

HEAD: On reflecting the scalp there is extensive change due to the action of heat. The calvarium is intact. On removing the calvarium the brain shows the cerebral hemispheres to be symmetrical. The cerebral substances are coagulated due to the action of heat but otherwise show no gross lesions. Examination of the base of the skull shows no evidence of fracture.

PROVISIONAL ANATOMIC DIAGNOSIS:

1. Stab wound of chest with penetration of heart.
2. Hemopericardium and left hemothorax.
3. Multiple stab wounds of abdomen with incised wound of liver.
4. Multiple stab wounds of left upper extremity and right leg.
5. Laceration of labia minora.
6. Extensive burns of right side of body with complete destruction of right upper extremity and right side of thorax and abdomen.

Monroe S. Samuels
Monroe S. Samuels, M.D.
Pathologist
dba

Lloyd F. LoCascio, M.D.
Assistant Coroner, Parish of Orleans