



County of San Diego

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MEDICAL EXAMINER

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CHRISTINA STANLEY, M.D.
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AUTOPSY REPORT

Name of deceased: CHRISTOPHER L. ST. LOUIS ME#: 03-0361
Place of residence: 9650 LUTHERAN WAY Age: 18 YEARS
Santee, CA 92071
Place of death: OPEN AREA, Sex: MALE
9400 BLOCK VIA ZAPADOR
Santee, CA 92071
Date and time of death: FEBRUARY 16, 2003; 1947 HOURS
Date and time of autopsy: FEBRUARY 17, 2003; 0915 HOURS

CAUSE OF DEATH: MULTIPLE GUNSHOT WOUNDS

MANNER OF DEATH: HOMICIDE

AUTOPSY FINDINGS:

- I. Penetrating gunshot wound, right anterior chest.
Pen
A. Entrance wound: Right anterior chest.
B. Exit wound: None.
C. Bullet: Medium to large caliber bullet recovered.
D. Direction: Right to left, front to back and downward.
E. Path: The bullet perforates the right lung, great vessels and left lung.
- II. Penetrating gunshot wound, left anterior chest.
Pen
A. Entrance wound: Left anterior chest.
B. Exit wound: Lateral left mid back.
C. Bullet: None.
D. Direction: Front to back, downward and right to left.
E. Path: The bullet perforates the left lung.
- III. Penetrating gunshot wound of abdomen.
Pen
A. Entrance wound: Right abdomen.
B. Exit wound: None.
C. Bullet: A medium to large caliber bullet is recovered.

- D. Direction: Front to back, downward and right to left.
- E. Path: The bullet perforates the small intestine and penetrates the sacrum.
- IV. Penetrating gunshot wound of proximal right forearm.
 - A. Entrance wound: Proximal right forearm.
 - B. Exit wound: None.
 - C. Bullet: A medium to large caliber bullet is recovered.
 - D. Direction: Upward.
 - E. Path: The bullet perforates the proximal radius and penetrates the muscle of the right upper arm.
- V. Focal superficial abrasions.
- VI. No other significant natural disease.
- VII. No other trauma.

OPINION: According to the Investigator's Report, the decedent was shot by an off duty police officer as he lunged at her. The decedent was found dead a short while later at a second location.

Autopsy shows multiple gunshot wounds to the body causing rapid death. Autopsy also shows focal external superficial abrasions. There is no significant natural disease and no other trauma on the body. The cause of death is multiple gunshot wounds.

From the scene investigation, autopsy examination and circumstances around the death as currently known, the manner of death is classified as homicide



ROBERT E. WHITMORE, M.D. Deputy Medical Examiner

Date signed: 5/14/03

SCENE INVESTIGATION

TIME REQUESTED TO ATTEND SCENE: 2/16/03, 2400 hours.

TIME ARRIVED AT SCENE: 2/17/03, 0020 hours.

LOCATION OF SCENE: 9400 block Via Zapador, Santee.

PERSONS PRESENT:

Medical Examiner: Robert E. Whitmore, M.D.

Deputy Medical Examiner

Investigator: Jennifer Thompson.

Evidence Technician: San Diego Sheriff's Office

TYPE OF SCENE: (Location) Roadway.

BRIEF HISTORY: Shot by police at another location.

TIME OF EXAMINATION: 0030 hours.

Location of body:: Face up on side of road.

Clothing on body: Undershirt, pants, shoes, socks.

Rigor: Full

Lividity: Posterior, unfixed

Body temperature - exposed Cold.

- protected area Warm

Injuries: Multiple gunshot wounds.

Impressions:

1) Time of death: 4 - 6 hours.

2) Cause of death: Multiple gunshot wounds.

3) Manner of death: Homicide.

WITNESSES: I am assisted by Forensic Autopsy Assistant Russell Pryor, Sr.

Also present for the autopsy are representative from the Sheriff's Department, see examination room sign in log.

WITNESSING PATHOLOGIST:

CHRISTOPHER SWALWELL, MD.
Deputy Medical Examiner

Date signed:

IDENTIFICATION: The body is received in a sealed white plastic pouch identified by a Medical Examiner's name band which states the decedent's name "CHRISTOPHER ST. LOUIS" and case number "03-0361". The bag is sealed with red antitamper seal through the zipper and cloth loop with serial number "362323". The seal is broken at 0918 hours.

CLOTHING: There are white paper bags on the feet, hands and head. These are removed and submitted to police representatives.

Accompanying the body is a blood stained undershirt. There are four uniform holes identified.

The body is clad in the following articles of clothing:

1. Gray pants which are at knee level.
2. Black leather belt.
3. White boxers shorts.
4. White socks
5. Left black athletic shoe.

EVIDENCE OF MEDICAL THERAPY: Evidence of medical therapy consists of the following:

1. There is a spacer in the mouth.
2. There are EKG pads on the bilateral shoulders and bilateral thighs.
3. There is a tourniquet loosely around the left upper arm.

EXTERNAL EXAMINATION

GENERAL: The body is that of a normally developed and well nourished Caucasian male appearing consistent with the listed age of 18 years. The length is 71-1/2 inches, and the weight is 161 pounds as received. The body is well preserved, refrigerated and unembalmed. Rigor mortis is present and full. Postmortem

lividity is posterior and fixed. No scars are appreciated. There is a tattoo on the left anterior chest.

HEAD: The scalp is covered with 1/2 inch long light brown hair. There are whiskers on the chin. The ears are normally formed and located. The irides are blue, the corneas clear, and the conjunctivae are free of petechiae. The sclerae are white and free of hemorrhage. The nose is intact. There are a half a dozen focal superficial red abrasions on the upper medial right lip averaging 1/8 inch, in dimension. The lips are normally formed and atraumatic. The frenula are atraumatic. The teeth are natural and in good repair. No foreign material is in the mouth. There are two superficial scratches on the right chin each measuring 3/16 inch in length.

NECK: The neck is symmetrical and atraumatic.

CHST: See "External Evidence of Injury". The chest is normally formed. The breasts are symmetrical without palpable masses.

ABDOMEN: See "External Evidence of Injury". The abdomen is flat and soft without palpable masses.

EXTERNAL GENITALIA: The external genitalia are those of a normal adult male with bilateral descended testes and no palpable masses.

ARMS: The arms are normally formed. There is an apparent recent right antecubital needle puncture mark and no other recent needle puncture marks appreciated. No old track marks are appreciated. There is a superficial abrasion on the upper right shoulder measuring 1-1/2 x 3/4 inches. No wrist scars are appreciated. The palms are unremarkable. The dorsum of the hands and knuckles are otherwise atraumatic except for a superficial abrasion on the proximal knuckle of the right middle finger 3/16 x 1/8 inch. The fingernails are short and clean. The nailbeds are cyanotic. See "External Evidence of Injury".

LEGS: The legs are normally formed without evidence of edema or deformity.

BACK: The back is straight and symmetrical. See "External Evidence of Injury". The anus is atraumatic.

EXTERNAL EVIDENCE OF INJURY.

There are four gunshot wounds on the body. :

I. GUNSHOT WOUND #1:

- A. ENTRANCE WOUND: There is a gunshot entrance wound located on the right anterior chest with a central

defect centered 15-1/2 inches down from the top of the head and 2 inches to the right of the anterior midline. The central defect is round measuring 3/8 inch in diameter surrounded by a 1/8 inch wide dark red circumferential marginal abrasion. There is no soot deposition on the skin. There are four punctate uniform small red circular abrasions above the wound at 1 o'clock centered 1-3/4 inches away from the defect averaging less than 1/16 inch in greatest dimension.

B. EXIT WOUND: None.

C. BULLET: A deformed jacketed medium to large caliber bullet is recovered and submitted to police representatives.

D. DIRECTION: The direction of the bullet is from front to back, right to left and slightly downward.

E. PATH: The bullet perforates the right anterior chest, the medial right upper lobe, the upper right anterior pericardium, the proximal superior vena cava, aorta and pulmonary artery, multiple pulmonary veins, perforates the left lung hilum, perforates the left upper lobe exiting through the inferior posterior left upper lobe, perforates the posterior left pleura between ribs 7 and 8 and penetrates the muscle of the left back where it is recovered.

II. GUNSHOT WOUND #2:

A. ENTRANCE WOUND: There is a gunshot entrance wound located on the left anterior chest with a central defect centered 17-1/2 inches down from the top of the head and 3 inches to the left of the anterior midline. The central defect is round and measures 3/8 inch in diameter surrounded by a 1/16 inch wide dark red circumferential marginal abrasion. There is no soot deposition or powder tattooing on the skin.

B. EXIT WOUND: There is a gunshot exit wound located on the lateral left mid back with a central defect centered 18 inches below the top of the head and 5 inches to the left of the posterior midline. The exit defect consists of a horizontal gaping lacerated defect measuring 1/2 inch in horizontal dimension and gaping to 1/4 inch in vertical dimension. The wound is lacerated and shows fine marginal irregularities. There is no circumferential marginal abrasion, soot deposition or powder tattooing.

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- C. BULLET: None.
- D. DIRECTION: The direction of the bullet is from front to back, downward and slightly right to left.
- E. PATH: The bullet perforates the left anterior 4th rib, the anterior left lower lobe, the posterior left lower lobe and the posterolateral left 8th rib fracturing it, and the muscle and skin of the lateral left back exiting the body.

III. GUNSHOT WOUND #3:

- A. ENTRANCE WOUND: There is a gunshot entrance wound located on the right abdomen with a central defect centered 29-1/2 inches down from the top of the head and 1-3/4 inches to the right of the anterior midline. The central defect is round and measures 3/8 inch in diameter surrounded by a 1/8 inch wide circumferential red marginal abrasion. There is no soot deposition or powder tattooing on the skin.
- B. EXIT WOUND: None.
- C. BULLET: A deformed jacketed medium to large caliber bullet is recovered and submitted to police representatives.
- D. DIRECTION: The direction of the bullet is from front to back, slightly downward and slightly right to left.
- E. PATH: The bullet perforates the abdominal wall, the small bowel three times, the small bowel mesentery and penetrates the right upper sacrum where it is recovered.

IV. GUNSHOT WOUND #4:

- A. ENTRANCE WOUND: There is a gunshot entrance wound located on the posterolateral proximal right forearm with a central defect centered 1 inch distal to the point of the elbow and 1 inch to the right of it. The central defect is ovoid and measures 5/16 inch in horizontal by 1/2 inch in vertical dimension and is surrounded by a circumferential pink-red marginal abrasion measuring 1/16 inch in width. The inferior border of the wound shows a rectangular superficial red abrasion measuring 3/16 inch in vertical by 1/4 inch in horizontal dimension.
- B. EXIT WOUND: None.

- C. BULLET: A separated jacketed deformed medium to large caliber bullet is recovered and submitted to police representatives.
- D. DIRECTION: The direction of the bullet is upward (standard anatomic position).
- E. PATH: The bullet shatters the proximal radius and penetrates the posterior muscle of the right upper arm.

INTERNAL EXAMINATION

BODY CAVITIES: The abdominal fat measures 2.0 cm in thickness. There is 500 cc left, and 900 cc liquid and clotted blood in the pleural cavities and an estimated 200 cc in the peritoneal cavity and 30 cc in the pericardial cavity. There is no other abnormal fluid in the cavities. The serosal surfaces are smooth and glistening. The organs are normally located.

CARDIOVASCULAR SYSTEM: The heart weighs 310 grams and is not enlarged. It has a normal shape with a smooth, glistening epicardium. The coronary arteries have a normal origin and distribution with right dominance. They show no significant atherosclerosis, and are widely patent. The endocardium is intact, smooth and glistening. The cardiac valves are of normal number, intact and free of vegetations. The myocardium is red-brown, firm and uniform. The right ventricular wall measures 0.3 cm in thickness, and the left, 1.5 cm. The septum is unremarkable.

See Gunshot Wound. The aorta otherwise follows a normal course and shows no significant atherosclerotic changes. There are no other vascular anomalies, aneurysms or thromboses.

RESPIRATORY SYSTEM: The right and left lungs weigh 330 and 300 grams, respectively. They have the usual lobation. There is minimal anthracotic pigmentation. The left lung is moderately atelectatic and shows three ovoid to irregular defects surrounded by 1 inch bands of purple-black intraparenchymal hemorrhage. The pleura is otherwise smooth and glistening. The lungs are pink to purple-black and on the right show a moderate number of purple subpleural hemorrhages taking on a "checkerboard pattern" and mild focally on the left. The lungs are otherwise well aerated and subcrepitant. Cut surfaces are pink and show a moderate to large number of bilateral purple intraparenchymal hemorrhages with a "checkerboard pattern", greater on the right. Cut surfaces also show diffuse intraparenchymal purple-black hemorrhage through the mid left lung. Cut surfaces exude mild amounts of blood and minimal pulmonary edema fluid. There are no areas of

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consolidation or enlargement of the airspaces. The bronchi contain a large amount of liquid blood bilaterally, but are otherwise patent. The pulmonary arteries are patent.

HEPATOBIILIARY SYSTEM: The liver weighs 1450 grams. The capsule is smooth, glistening and intact. Cut surfaces are red-brown and uniform with no change in consistency.

The gallbladder contains a few ml of bile and no stones. The mucosa is intact. The bile ducts are patent.

The pancreas has a normal size and shape. Cut surfaces are pink-tan, firm and show the usual lobulated architecture.

HEMOLYMPHATIC SYSTEM: The spleen weighs 150 grams. The capsule is smooth, glistening and intact. Cut surfaces are maroon, firm and uniform.

There is no enlargement of the lymph nodes in the neck, chest or abdomen. Where sectioned, their parenchyma is unremarkable.

ENDOCRINE SYSTEM: The thyroid gland is not enlarged, and the lobes are symmetrical. Cut surfaces show a uniform, firm, red-brown parenchyma.

The adrenals have their usual size and shape. Sections show a normal structure with thin, uniform, yellow cortices. The pituitary is not enlarged.

GASTROINTESTINAL SYSTEM: The esophagus is patent. The stomach contains approximately 20 ml of green-brown mucoid material containing no solid food, pills or capsules. The gastric mucosa is intact. The pylorus is patent. The duodenum is intact. The small and large intestines are otherwise unremarkable to inspection and palpation. See "Gunshot Wound". The appendix is present. The rectal mucosa is unremarkable.

GENITOURINARY SYSTEM: The right and left kidneys weigh 140 and 150 grams, respectively. They have their normal shape and position. The capsules strip with ease revealing smooth cortical surfaces. Cut surfaces show the usual corticomedullary structure. The pelves and ureters are not dilated or thickened. The bladder contains approximately 75 cc of clear, yellow urine. The mucosa is intact, and the bladder wall is not hypertrophied.

The prostate is of average size and grossly unremarkable. The testes are of normal size and palpably unremarkable.

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NECK: The neck organs are removed en bloc with the tongue. There are no hemorrhages in the tongue, strap muscles, thyroid or pharyngeal constrictors. The cartilaginous and bony structures of the larynx and hyoid are intact. The airway is unobstructed and lined by smooth, diffusely blood-stained pink-tan mucosa. There is no displacement or crepitus of the cervical vertebrae.

MUSCULOSKELETAL SYSTEM: The musculoskeletal system is normally developed. There are no natural deformities. The ribs are not brittle. The skeletal muscle is dark red and firm.

The following fractures are identified:

1. Left rib fractures as follows:
 - a. Posterolateral left 8th rib fracture associated with gunshot wound #2.
 - b. Anterior 4th left rib associated with gunshot wound #2.
2. Sacral ovoid defect associated with gunshot wound #3.

There are no other fractures.

HEAD: Reflection of the scalp reveals no hemorrhage. The calvarium is intact. There is no epidural or subdural hemorrhage. Removal of the dura from the base of the skull reveals no fractures. The proximal spinal cord is intact.

CENTRAL NERVOUS SYSTEM: The brain weighs 1390 grams. The leptomeninges are glistening and transparent. There is no subarachnoid hemorrhage or exudate. The hemispheres are symmetrical with a normal gyral pattern. There is no evidence of herniation. The arteries at the base of brain are intact and show no significant atherosclerotic changes or aneurysms.

Cross sections through the cerebral hemispheres show a uniform, intact cortical ribbon. The basal ganglia, thalamus and other internal structures are symmetrical and without focal changes. The white matter is uniform. The ventricles are not enlarged, and their linings are smooth and glistening. Cross sections through the brainstem and cerebellum show an intact structure without focal lesions.

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SPECIMENS RETAINED

TOXICOLOGY: Samples of central and peripheral blood, vitreous humor, urine and liver are retained.

HISTOLOGY: Sections of the heart, lung, liver and kidney are submitted for histology.

PHOTOGRAPHS: An identification photograph is taken. Additional digital photographs are taken. Multiple police photographs are taken.

X-RAYS: Multiple body x-rays are taken.

MICROSCOPIC EXAMINATION

HEART (1 section): No significant pathology.

LUNG (1 section): Hemorrhage. Atelectasis.

LIVER (1 section): No significant pathology.

KIDNEY (1 section): No significant pathology.

REW:CS:jc

D: 2/17/03 T: 2/18/03

Rev. 5/9/03 jc