



Office of the Medical Examiner  
City of St. Louis

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St. Louis, MO 63103-2718

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Smith, Anthony Lamar

CITY-2011-2463  
Exam Case

Post-Mortem Examination

Name of Deceased: Smith, Anthony Lamar  
 Address: 3908 Ray Ave. 1N, St. Louis, MO 63116  
 Date/Time of Medical Examiner Notification: 12/20/2011 4:19:58 PM-12/20/2011 4:19:58 PM  
 Date/Time of Pathologist's Examination: 12/21/2011 11:00:00 AM  
 Date/Time of Pronounced Death: 12/20/2011 1:12:59 PM  
 Race: Black  
 Sex: Male  
 Age: 24 years  
 Date of Birth: 5/19/1987  
 Manner of Death: Homicide  
 Death Certificate Signed by: Medical Examiner  
 Investigator: Randall Leon Hays  
 Pathologist: Gershom Norfleet, M.D. Assistant Medical Examiner  
 Depth of Investigation (Investigator): Telephone Only  
 Depth of Investigation (Pathologist): Complete Autopsy  
 Police Agency: 6th District - St. Louis Police Department (Complaint No.: 11-70373)

External Examination: The body is not clothed. The appearance of age is approximately as stated. The body weight is 236 lbs and the body length is 71 inches. The state of preservation is good in this unembalmed body. Rigor mortis is well developed. The body is heavier than ideal weight based upon height (BMI 32.9 kg/m<sup>2</sup>). Lividity is difficult to assess due to natural skin pigmentation. There is no peripheral edema present. Personal hygiene is good. No unusual odor is detected as the body is examined. There is no abnormal skin pigmentation. The hair is black. This represents the apparent natural color. The hair is worn short length. There is receding of the hair line in a frontotemporal distribution. There is a goatee present on the face. The face is normally clean shaven but has not been recently shaved. The body hair is of normal male distribution. The pupils are round, regular, equal and somewhat dilated. The sclerae are of normal color. The conjunctival surfaces are not remarkable. The orbital and periorbital tissues are not remarkable. The irides are brown. The teeth are in a fair state of repair with a chipped left maxillary central incisor. There are no injuries to the lips or tongue. There is an area of hypopigmentation present on the lower lip and measures 4.0 cm in greatest dimension. The nose is symmetrical and the air passages are open. The external ears are normal in appearance and the left earlobe is pierced. The male breasts are normal. The abdomen is slightly protuberant. There are gunshot

wounds of the chest, neck, abdomen and left arm and are described below. There is a scar present on the right lower quadrant of the abdomen and measures 1.2 cm in greatest length. There is an abrasion present on the left lower quadrant of the abdomen and measures 2.0 cm in greatest length. The back is symmetrical with normal conformation. The lower extremities and the right upper extremity are symmetrical throughout. There are scattered scars present on the lower extremities and range in size from 0.3 – 2.0 cm in greatest dimension. There are scattered scars present on the upper extremities and range in size from 0.2 – 1.0 cm in greatest dimension. A patent orotracheal airway is in place. There is an intraosseous catheter present in the left tibia. There are tattoos present on the body: left forearm (“BOY”, “4 Zone”), left dorsal surface of the hand (“Angel”), right dorsal surface of the hand (“God’s”), right forearm (“Hot”, “5 War”).

Injuries: There is a gunshot entrance wound of the left neck. There is a gunshot entrance wound of the left chest. There is a gunshot entrance wound of the left mid-flank. There is a gunshot entrance wound of the left lateral dorsal forearm. There is a gunshot entrance wound of the left lower lateral flank. There is a gunshot exit wound of the left medial ventral surface of the forearm.

#### Detailed Description of Specified Injuries:

1. There is a gunshot entrance wound of the left neck. This wound is located 13 cm below the level of the left external auditory meatus and 9 cm left of the anterior midline of the chest. The hole measures 5 x 4 mm. It is oval with dried and inverted edges. There is an abrasion ring measuring up to 8 mm in greatest dimension and is most prominent over the superior aspect of the wound. No powder stipple is identified. No soot is identified. The wound track shows deeper hemorrhage. A fragmented bullet seen on x-ray is found within the soft tissues of the lower neck/upper chest and is recovered and submitted as evidence. Evaluation of this wound indicates that it is an entrance wound. The path of this shot is downward, slightly backward and rightward. The track of this bullet has been traced to have passed via the skin, soft tissue, left clavicle, soft tissue, to rest within the soft tissue of the lower neck/upper chest. The passage of the bullet through the clavicle created a fracture.

2. There is a gunshot entrance wound of the left chest. This wound is located 21 cm below the level of the left shoulder and 15 cm left of the anterior midline of the chest. The hole measures 7 x 5 mm. It is round with dried and level edges. There is an abrasion ring measuring up to 2 mm in greatest dimension and is most prominent over the lateral aspect of the wound. No powder stipple is identified. No soot is identified. The wound track shows deeper hemorrhage. A bullet, seen on x-rays, is found beneath the skin of the right mid-flank and is recovered and submitted as evidence. Evaluation of this wound indicates that it is an entrance wound. The path of this shot is downward, backward and rightward. The track of this bullet has been traced to have passed via the skin, soft tissue, left 6<sup>th</sup> anterior rib, left 6<sup>th</sup> intercostal space, pericardial sac, left ventricle of the heart, left diaphragm, left lobe of the liver, right lobe of the liver, right 8<sup>th</sup> intercostal space, soft tissue, to rest within the soft tissue beneath the skin of the right mid-flank. The bullet nearly exited creating a bulge underneath the skin of the right mid-flank with an associated abrasion. This abrasion measures 0.6 cm in greatest dimension. Passage of the bullet through the heart created a 2.5 cm defect within the left ventricle. Passage of the bullet through the left and right lobes of the liver created an 11.0 cm and 6.0 cm defect respectively.

3. There is a gunshot entrance wound of the left mid-flank. This wound is located 20 cm below the level of the left shoulder and 25 cm left of the anterior midline of the chest. The hole measures 5 x 5

mm. It is oval with dried and inverted edges. There is an abrasion ring measuring up to 6 mm in greatest dimension and is most prominent over the lateral aspect of the wound. No powder stipple is identified. No soot is identified. The wound track shows deeper hemorrhage. A bullet seen on x-ray is found within the vertebral body of the 2<sup>nd</sup> lumbar vertebra. This bullet is recovered and submitted as evidence. Evaluation of this wound indicates that it is an entrance wound. The path of this shot is downward, slightly backward and rightward. The track of this bullet has been traced to have passed via the skin, soft tissue, left 9<sup>th</sup> lateral rib, spleen, small bowel, vertebral body of the 2<sup>nd</sup> lumbar vertebra, to rest within the vertebral body of the 2<sup>nd</sup> lumbar vertebra. Passage of the bullet through the spleen created a 2 cm defect.

4. There is a gunshot entrance wound of the left lateral dorsal surface of the forearm. This wound is located 13 cm above the level of the left wrist and 5 cm left of the posterior midline of the left forearm. The hole measures 6 x 5 mm. It is round with dried and slightly inverted edges. There is a concentric abrasion ring measuring up to 1 mm in greatest dimension. No powder stipple is identified. No soot is identified. The wound track shows deeper hemorrhage. X-rays show small lead fragments associated with this gunshot wound injury but are not recovered due to their small size. Evaluation of this wound indicates that it is an entrance wound. This wound pairs with the wound of the left medial ventral surface of the left forearm described immediately below which is an exit wound. The path of this shot is slightly downward, slightly forward and rightward. The track of this bullet has been traced to have passed via the skin, soft tissue, mid-portion of the radius, soft tissue, skin to exit the left medial ventral surface of the forearm. Passage of the bullet through the radius caused a fracture.

5. There is a gunshot exit wound of the left medial ventral surface of the forearm. This wound is located 12 cm above the level of the left wrist and 3 cm right of the anterior midline of the left forearm. The hole measures 10 x 10 mm. It is oval with dried, slightly everted and clean edges. Evaluation of this wound indicates that it is an exit wound. This wound pairs with the wound of the left lateral dorsal surface of the forearm described immediately above which is an entrance wound.

6. There is a gunshot entrance wound of the left lateral lower flank. This wound is located 14 cm above the level of the left hip and 23 cm left of the anterior midline of the chest. The hole measures 5 x 5 mm. It is round with dried and inverted edges. There is an abrasion ring measuring up to 2 mm greatest over the lateral aspect of the wound. No powder stipple is identified. No soot is identified. The wound track shows deeper hemorrhage. A bullet, seen on x-ray, is found within the soft tissues of the left buttock and is recovered and submitted as evidence. Evaluation of this wound indicates that it is an entrance wound. The path of this shot is downward, backward and slightly rightward. The track of this bullet has been traced to have passed via the skin, soft tissue, left pelvis (ilium), soft tissue, to rest within the soft tissue of the left buttock. Passage of the bullet through the left pelvis caused a fracture of the left ilium.

Fractures: All of the fractures have been described. There are no other skeletal abnormalities present.

Body Cavities: The body is opened with the usual Y-shaped thoracoabdominal and bitemporal scalp incisions. Hemorrhage is present to match the gunshot wounds described above. There are 50 ml of blood present in the peritoneal cavity. There is hemorrhage present within the left retroperitoneal soft tissues. The right pleural cavity contains 400 ml of blood. The left pleural cavity contains 1300 ml of blood. The pericardial sac contains 100 ml of blood.

Neck Organs: There is hemorrhage present within the soft tissues of the left neck. The hyoid bone is intact. The hyoid bone is cartilaginous. The glottis, laryngeal and tracheal airways are widely patent. The larynx is normal. The larynx is cartilaginous. The thyroid gland is normal. The parathyroid glands are not identified.

Mediastinum: The thymus gland is present and is pink-tan and lobular. There is a right sided shift of the mediastinal contents (x-ray). The hemorrhage within the mediastinal cavity has already been described.

Heart: The heart weighs 430 gm. The surface of the heart, prior to the acute gunshot injury, was smooth, glistening and transparent. The wall is firm in consistency. There is a normal amount of subepicardial fat tissue present. The left ventricular wall thickness measures 1.1 cm and the right ventricular wall thickness measures 0.3 cm. Prior to the acute gunshot injury, the endocardium, cardiac valves and chambers were not remarkable. The coronary arteries are thin-walled and of normal diameter throughout. Prior to the acute gunshot injury, the cut surface of the myocardium was the normal reddish brown color.

Vascular System: There are fatty streaks present within the aorta. The remainder of the arterial system is not remarkable. The systemic veins are normal.

Lungs: The lungs together weigh 750 gm. The color of the lung surface is maroon. The lung tissues throughout are somewhat spongy with a minimal amount of crepitation present. The lungs are congested. The air passages are normal throughout and are lined by smooth, pink mucosa. The pulmonary arteries and veins are free of emboli, thrombi, and other gross abnormalities.

Liver: The liver weighs 1700 gm. The liver is pale brown in color and slightly soft in consistency. The gunshot injury of the liver has already been described. Prior to the acute gunshot injury of the liver the surface and cut sections of the liver were unremarkable.

Biliary Tract: The gallbladder and biliary tract are normal and free of stones.

Pancreas: The pancreas is normal in consistency and in appearance.

Gastrointestinal Tract: The entire gastrointestinal tract is examined. The gunshot injury to the small bowel has already been described.

Spleen: The spleen weighs 100 gm. The acute gunshot injury to the spleen has already been described.

Lymphatic System: The lymph nodes are normal in size and appearance.

Bone Marrow: The bone marrow is normal.

Adrenals: The adrenals are well supplied with lipoid material and are free of hemorrhage, inflammation, and primary and secondary neoplasm. The medullary portions are not remarkable.

Kidneys: The kidneys together weigh 300 gm. The cortex measures 0.8 cm in thickness. The renal capsules strip with ease to reveal a normally smooth surface. The surfaces of the kidneys are pale brown in color. There are no abnormalities of the cut surfaces of the kidneys. The papillae are not remarkable. The renal pelves and ureters are not remarkable. The retroperitoneal hemorrhage around the left kidney has already been described.

Bladder: The bladder wall is entirely normal.

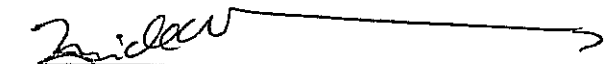
Male Genital System: Unremarkable.

Cranial Cavity: The reflected scalp shows no evidence of contusion, hematoma, or other lesion. The calvarium and bones at the base of the skull are not remarkable. No fractures or other injuries are present. The dura mater and pia arachnoid and associated spaces are normal in appearance. They are without hemorrhage or evidence of inflammation. The weight of the unfixed brain is 1400 gm. The gyri are of normal distribution and development. No brain injury is detected on careful search. Cut sections of brain substance show symmetry and essentially normal structures throughout. The cerebrovasculature is unremarkable. The ventricular system and spinal fluid are normal. The pituitary gland is grossly normal. The pineal gland is not identified.

Spinal Cord: The upper spinal cord as viewed from the cranial cavity is not remarkable. The acute gunshot injury to the 2<sup>nd</sup> lumbar vertebral body has already been described.



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Assistant Medical Examiner

  
Michael A. Graham, MD  
Chief Medical Examiner

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PATHOLOGIC FINDINGS

- I. Thoracoabdominal Gunshot Wound
- A. Entrance, left chest
1. Track downward, backward and rightward
  2. Track via skin, soft tissue, left 6<sup>th</sup> anterior rib, 6<sup>th</sup> intercostal space, pericardial sac, left ventricle of heart, left diaphragm, left lobe of liver, right lobe of liver, right 8<sup>th</sup> intercostal space, soft tissue, to rest beneath skin of right mid-flank (bullet recovered)
    - a. Hemothorax, 1700 ml
    - b. Hemoperitoneum, 50 ml
    - c. Pericardial sac, hemorrhage, 100 ml
    - d. Right sided mediastinal shift (x-ray)
- II. Gunshot Wound of Chest
- A. Entrance, left neck
1. Track downward, slightly backward and rightward
  2. Track via skin, soft tissue, left clavicle, soft tissue, to rest within soft tissue of upper chest/lower neck (bullet recovered)
- III. Gunshot Wound of Abdomen
- A. Entrance, left mid-flank
1. Track downward, slightly backward and rightward
  2. Track via skin, soft tissue, left 9<sup>th</sup> lateral rib, spleen, small bowel, spine, to rest within the 2<sup>nd</sup> lumbar vertebral body (bullet recovered)
- IV. Gunshot Wound of Pelvis
- A. Entrance, left lower lateral flank
1. Track downward, backward and slightly rightward
  2. track via skin, soft tissue, left pelvis (ilium), soft tissue, to rest within the soft tissue of the left buttock (bullet recovered)
- V. Gunshot Wound of Left Arm
- A. Entrance, lateral dorsal surface of left forearm
1. Track slightly downward, slightly forward and rightward
  2. Track via skin, soft tissue, radius mid shaft, soft tissue, skin, to exit the medial ventral surface of the left forearm (bullet recovered at hospital)
- VI. Respiratory System
- A. Lungs, acute congestion
  - B. Lungs, smoker's bronchiolitis

PATHOLOGIC FINDINGS

- VII. Cardiovascular System
  - A. Aorta, fatty streaks
  - B. Heart, left ventricle, hypertrophy
- VIII. Hepatobiliary System
  - A. Liver, steatosis

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Microscopic Slide Examination

**Heart:** Sections of the heart show hypertrophied myofibers.

**Lungs:** Sections of the lungs reveal congestion of the pulmonary vasculature. There are lightly pigmented (ochre) macrophages within pulmonary airspaces. There are scattered dilated pulmonary airspaces. There is minimal thickening of the bronchial basement membrane.

**Liver:** Sections of the liver show steatotic (predominantly macrovesicular) changes of the hepatocytes. There is congestion within the hepatic sinusoids.

**Kidneys:** Sections of the kidneys reveal congestion of the renal vasculature. There is autolysis of the renal tubules. There are rare sclerotic glomeruli.

**Brain:** Sections of the brain show rare neurons with increased cytoplasmic contents.

**Pancreas:** Sections of the pancreas are autolyzed which precludes further histological analysis.

**Endocrine System:** Sections of the thyroid show follicles of varying sizes and are distended with colloid accumulation.

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Case Type: Exam Case

Cause of Death:

Immediate Cause: Thoracoabdominal Gunshot Wound

Manner of Death: Homicide

Toxicology Results

Blood: -

Blood Alcohol

Acetone	Negative
Ethanol	Negative
Isopropanol	Negative
Methanol	Negative

Blood Cannabinoid Quant

11-Hydroxy-THC	< 2.5 ng/ml
11-Nor-Delta-9-THC-CooH	> 150 ng/ml
Delta-9-THC	5.5 ng/ml

Blood Drug Screen

Acetaminophen	Negative
Amphetamines	Negative
Antidepressants	Negative
Barbiturates	Negative
Benzodiazepines	Negative
Cannabinoids (THC)	Positive
Cocaine/Metabolites	Negative
Fentanyl	Negative
Lidocaine	Negative
Methadone	Negative
Non-Opiate Narcotic Analgesic	Negative
Opiates	Negative
Oxycodone	Negative
Oxymorphone	Negative
Phencyclidine	Negative

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Case Type: Exam Case

Phenothiazines	Negative
Propoxyphene	Negative
Salicylates	Negative

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