

**Saint Louis
COUNTY
HEALTH**

6059 N. Hanley Road
St. Louis, MO 63134
<http://www.stlouisco.com>

Office of the Medical Examiner

Office: 314-615-0800
Fax: 314-522-0955
TTY: 314-615-8428

Green, Amonderez

2015-7541

Day: Thursday Date: 10/29/2015 Time: 05:55 am Case Type: Exam Case

Remanded Case From: St. Louis City Medical Examiner's Office

Call Received From: PO Edwards DSN276

Phone No.: (314) 385-3300

Notifying Agency/Institution: Normandy Police Department

Deceased: Green, Amonderez

Phone No.:

Race: Black

Sex: Male

Age: 18 years

DOB: 10/01/1997

Marital Status: Single

SSN:

Address: 80 LYNN MEADOWS LANE

City: FLORISSANT

State: MO

Occupation/Industry:

County: St. Louis County (189) Zip: 63033

Next of Kin: Green, Lakea

Phone No.: 314-853-0489

Address:

City:

State: MO

Relationship: Mother

County: St. Louis County (189) Zip:

Notified: 10/29/2015 4:29:41AM

By: At Hospital

Police Agency: St. Louis County Police Department

Phone No.: (314) 889-2341

Date/Time Called: 10/28/2015 02:00 PM Complaint No.: 2015-59227

During App/In Cust? N

	Date	Time	Location	By
Occurred	10/28/2015	01:50 pm	7738 Paddington Dr., Normandy, MO 63121 [St. Louis County (189)]	Bystander
Pronounced	10/29/2015	04:29 am	Barnes-Jewish Hospital, , MO [St. Louis County (189)] (Inpatient Other:)	Dr Casey Dunn

Manner of Death: Suicide

Injury at Work? No

Type of Death: Firearms

How Injury Occurred: Self-Inflicted Gunshot Wound

Premises: Other Outdoor Area Residence-Single Family House (Detached)

Multiple Deaths Associated with this Incident: No

Activity of decedent: Standing

Depth of Investigation (Investigator): Telephone Only

Investigation Type:

Death Certificate Signed By: Medical Examiner

By: Mary E. Case, M.D., C

Date Signed: 11/23/2015

Private Physician to Sign:

Phone No.:

Address:

Personally Contacted by Investigator: No

When:

Notifications:

Investigator: _____

Smith, Krista

Follow-Up Investigator: _____

Gaylor, Tom

Pathologist: _____

Norfleet, Gershom

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{ Printed: 11/23/2015 at 08:52 am }

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Pathologist: Norfleet, Gershon

Autopsy Performed? Yes

X-Rays Requested: No

Case Disposition: Brought in for Examination

General Scene Description: Hospital

Disposition of Body: Unknown

Livery Service: Lonning Mortuary Services

When:

Body Released: Status: Released Authorized

Authorized By: Norfleet, Gershon

When: 10/30/2015 12:00 am

Arrangements Made? No

Arrangements Authorized By:

Funeral Home: Unknown

Phone No.:

Address:

Notified By:

Who:

When:

Released By: Campbell, Terry

also released: Clothing Property

When: 10/31/2015 12:10 pm

Remains Visually Identified By:

Who: Keisha Green

Date/Time: 10/29/2015 4:29:41AM

Relationship: Mother

Address: , , MO

Phone No.: 314-853-0489

ICD Code:

Cause of Death:

ICD-9 Time Interval

Immediate Cause: Gunshot wound of head (handgun)

Due to (or as a consequence of) (b):

Due to (or as a consequence of) (c):

Due to (or as a consequence of) (d):

Other Significant Conditions (1):

Other Significant Conditions (2):

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Narrative Report of Investigation

On October 29, 2015 at 5:55am Investigator K. Smith with the St. Louis County Medical Examiner's Office received a telephone call from P.O. Edwards DSN 276 with the Normandy Police Department who advised Smith that a subject, Amonderez Green, an 18 year old black male, was pronounced 'brain dead' this date at 4:29am by Dr. Casey Dunn at Barnes-Jewish Hospital. (Refer to Inv. Smith's Supplemental Report for details)

Inv. Smith's report reflects the following information provided by P.O. Edwards, and is copied from Smith's supplemental report to this report:

"PO Edwards had limited information regarding the events that led up to the death. Edwards advised that the decedent had been threatening suicide so family contacting 911 for assistance at approximately 2:00pm on October 28, 2015. Upon PD arrival, the decedent was outside the residence (unknown address at time of call) displaying erratic behavior and fired shots at officers who in turn fired back at the decedent; however, did not hit the decedent. The decedent then ran down an adjoining road (unknown name) that was out of the view of police. Moments later a single gunshot was heard. When police came upon the decedent, he was lying in the road with a single gunshot wound to his head (chin area). Per Edwards, no other wounds were noted at that time. The decedent was then transported (unknown EMS) to Barnes Jewish Hospital where he was placed on life support."

The incident occurred in Normandy, Missouri, and involved police.

At 12:25pm I contacted Det. Percich DSN 3661 with the St. Louis County Crimes against Persons unit and was provided the following preliminary information regarding the case.

Det. Percich advised that County Police are investigating the shooting incident.

Percich advised that on October 28, 2015 at about 1:50pm a Lieutenant with Ferguson Police Department was notified by a concerned citizen that a vehicle was following a subject. The lieutenant attempted to speak with the subject (later identified as decedent, Amonderez Green) which the vehicle was following. The subject was on Bermuda Drive at Mintert Industrial. The subject continued to walk south on Bermuda Drive. At 1:56pm the lieutenant contacted County Police Dispatch and requested Normandy Police Department respond officers to Bermuda, south of Woodstock.

Normandy Police Officers responded to the location and after exiting their police vehicles in attempt to create a dialogue with the subject regarding any issues the subject had. The subject refused to speak with them, and continued south on Bermuda Drive. The officers returned to their vehicles.

The subject then began walking onto Ellington. A Normandy Police Sergeant pulled ahead of the subject to block his way. This was at 7717 Ellington.

Det. Percich advised that the subject then began running westbound through the front yard of 7717 Ellington. Police officers were an estimated 15 to 20 feet behind the subject.

At some point the subject produces a silver-colored revolver from his waist area. He then pointed the revolver over his left shoulder with his right hand holding the revolver. A Normandy police officer used his Taser and one probe struck the subject in the back of the left leg. The subject fired the revolver two times over his shoulder. The officer drops the Taser and a total of three rounds are fired at the subject. Officers did not know if decedent was struck by bullets at that time.

The subject ran northwest between houses and back yard areas. The subject entered the back yard at 7738 Paddington. Officers observed the subject at 7738 Paddington by the carport and front yard area. Officers hear a gunshot and observe decedent collapse on the front yard area.

Police officers approach the subject and observed what appeared to be a gunshot wound to the underside of the subject's chin. The subject was making gurgling sounds, so pressure was applied to the wound and decedent was turned onto his side to keep his airway open.

Det. Percich advised that due to the type of call involved, an ambulance was in the area. EMS responded to the scene and transported the subject to Barnes-Jewish Hospital.

Percich advised that the resident at 7738 Paddington stated he heard 2-3 gunshots fired around his carport area.

Percich advised that during the police investigation, the following was found.

Two residences behind the police the subject fired at were struck by projectiles. At 7735 Paddington a projectile was found inside the residence.

The revolver the subject had was a Smith and Wesson six shot .38 caliber revolver. Percich advised what appeared to be blood was found on the trigger guard. The revolver, when the cylinder was opened, had four spent shell casings and two live rounds.

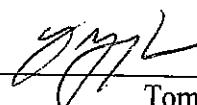
As stated above, the aforementioned information is preliminary, as the investigation is ongoing.

Det. Percich advised requested police be notified of time of examination of decedent. Additionally, he requested a blood card be taken due to blood being located on the revolver.

NOTE: Mr. Mukadi in the expiration records department at Barnes-Jewish Hospital advised that he located records that show decedent tested positive for HIV on July 2015. The test was performed at Christian Hospital Northeast.

Dr. G. Norfleet was notified of the case.

Any further information pertinent to the case will be supplemented in the usual manner.


Tom Gaylor
Medicolegal Investigator

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Supplemental Narrative Report

On October 29, 2015, at 5:55am I was contacted by Police Officer (PO) Edwards (DSN276) with Normandy Police Department (PD) who was calling to notify this office of the brain death of Amonderez Green, an 18 year old black male. PO Edwards advised the decedent had been pronounced brain dead at 4:29am this date by Dr Casey Dunn of Barnes Jewish Hospital. She requested I contact transport for conveyance to this office. I advised her of this offices policies and procedures.

PO Edwards had limited information regarding the events that led up to the death. Edwards advised that the decedent had been threatening suicide so family contacting 911 for assistance at approximately 2:00pm on October 28, 2015. Upon PD arrival, the decedent was outside the residence (unknown address at time of call) displaying erratic behavior and fired shots at officers who in turn fired back at the decedent; however, did not hit the decedent. The decedent then ran down an adjoining road (unknown name) that was out of the view of police. Moments later a single gunshot was heard. When police came upon the decedent, he was lying in the road with a single gunshot wound to his head (chin area). Per Edwards, no other wounds were noted at that time. The decedent was then transported (unknown EMS) to Barnes Jewish Hospital where he was placed on life support.

PO Edwards advised the decedent was not a candidate for organ donation (for unknown reasons). I advised I would need to contact the expiration desk at Barnes Jewish to obtain additional information about the death and then once the death was reported to the city ME's office it would be remanded to this office at which time we could contact transport service for conveyance to this facility for examination.

I then contacted the expiration desk and spoke with Cornelius who advised he had not been notified of the death and that he would contact me back once he had additional information. A few moments later I received a return call from him advising that the decedent was brain dead and that family was waiting for additional family members to arrive at the hospital prior to the decedent being taken off life support. Cornelius opined this would most likely take place later this afternoon.

I contacted Sgt Bradley with St Louis County Police Department (SLCPD) and advised him of the brain death pronouncement. Sgt Bradley advised he would be going out of town but that CAPS would need to be present for examination and to contact Lt Longworth at (314) 889-2341.

Krista Smith
Medicolegal Investigator



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Supplemental Narrative Report

On Tuesday, November 10, 2015 I was made aware that this case had been handled by two police agencies. There was a question as to which was the primary agency and which report was needed for our records.

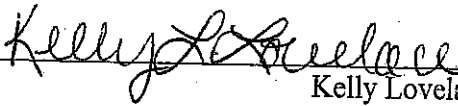
According to Detective J. Percich, St. Louis County Police Department is the primary investigating agency and Normandy Police Department is secondary.

The demographic page has been updated to reflect St. Louis County Police as the primary investigating agency.

Records have been requested via fax from the Normandy Police Department (2015-1740).

Records have been requested via fax from the St. Louis County Police Department (2015-59227).

Any additional information will follow in the usual supplementary manner if obtained.


Kelly Lovelace
Medicolegal Investigator

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Green, Amonderrez

**2015-7541
Exam Case**

Post-Mortem Examination

Name of Deceased: Green, Amonderrez
Date/Time of Medical Examiner Notification: 10/29/2015 5:55:40 AM
Date/Time of Pathologist's Examination: 10/30/2015 1:45 PM
Date/Time of Pronounced Death: 10/29/2015 4:29:40 AM
Race: Black
Sex: Male
Age: 18 years
Date of Birth: 10/1/1997
Investigator: Krista Smith
Pathologist: Gershom Norfleet, M.D.
Depth of Investigation (Investigator): Telephone Only
Depth of Investigation (Pathologist): Complete Autopsy
Police Agency: St. Louis County Police (Complaint No.: 2015-59227)

External Examination: The body is not clothed. Accompanying the body is a hospital gown and a plastic bag containing a blanket and a long sleeve gray shirt. There is an additional plastic bag containing convenience store items. The appearance of age is difficult to assess due to swelling of the face. The body weight is 146 pounds and the body length is 73 inches. The state of preservation is good to focally fair in this unembalmed body. Rigor mortis is well developed. The body habitus has a normal state of nutrition (BMI 19.3 kg/m²). 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 present. There is no external lymphadenopathy present. The hair is black. The hair is worn medium length on the top of the head and worn short length on the sides of the head. There is a scant amount of hair present on the upper lip and chin. The face is edematous. The body hair is of normal male distribution. The pupils are round, regular, equal and dilated. The scleral surfaces of the eyes are edematous. The conjunctival surfaces of the eyes are congested and associated with focal areas of hemorrhages. There are bilateral periorbital ecchymoses present. The irides are brown. There is distortion of the teeth within the upper and oral cavity. There is distortion of the oral cavity, gums, and tongue. The lips are edematous. There is distortion and swelling of the nose. There is a probable remote piercing of the left ear. The neck is symmetrical and without masses or unusual mobility. The male breasts are normal in appearance. The abdomen is flat. The chest and back are symmetrical with normal conformation. Both the upper and lower extremities are symmetrical throughout. There are scattered scars present on the lower extremities that range in size from 0.1-0.5 cm in greatest dimension. There are scattered scars present on the back that range in size from 0.1-1.0 cm in greatest dimension. There is a scar present near the right foot that

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Exam Case

measures 2.0 cm in greatest dimension. There is a scar present near the lower right leg that measures 4.0 cm in greatest dimension. There is a focal area of hyperpigmentation present near the lower right quadrant of the abdomen that measures 1.5 cm in greatest dimension. There are tattoos present on the body: left shoulder (illegible words and design). The acute gunshot injury of the head is described below.

Evidence of Medical Intervention: There is a patent orotracheal airway in place. There is a cervical collar in place. There are scattered adhesive EKG leads present on the anterior chest and right arm. There are scattered puncture wounds with associated subcutaneous hemorrhage present within the mid right arm. There are scattered puncture wounds with associated subcutaneous hemorrhage present within the left arm. There is a vascular catheter present within the left hand. There is a vascular catheter present within the right forearm. There is a vascular catheter present within the right wrist. There is a vascular catheter present within the right inguinal region. There is an intraosseous catheter present within the lower left leg.

Injuries: There is a gunshot entrance wound of the submental (chin) skin. There is an abrasion present near the dorsal surface of the left thigh that measures 8.0 cm in greatest dimension. There is an abrasion present near the 4th finger of the left hand that measures 1.0 cm in greatest dimension. There is an ill-defined area of subcutaneous hemorrhage present within the lower half of the face/chin/neck area that measures 10.0 x 2.0 cm.

Detailed description of Specified Injuries:

#1. There is a gunshot entrance wound of the submental (chin) skin. This wound is located 12.0 cm below the level of the right external auditory meatus and immediately at the anterior midline of the head. The wound measures 20 mm x 10 mm. It is oval with slightly inverted and discolored edges. The wound edge does not definitely show an abrasion ring. No powder stipple is identified. There is an area of discoloration present around the wound that is dried and gray/black and measures 3.0 x 2.0 cm. The wound track shows deeper hemorrhage. There is dark discoloration within the soft tissue wound margin. Bullet fragments, seen on x-rays, are found distributed through the anterior portions of the intracranial contents. The larger bullet fragments are recovered and submitted as evidence. Evaluation of this wound indicates it is a contact entrance wound. The path of this shot is upward and slightly leftward. The path of this bullet has been traced to pass via the skin, soft tissue, mandible, tongue, hard palate, facial bones of the skull, and basilar portion of the frontal bone of the skull to rest within the left frontal lobe of the brain. Passage of the bullet through the basilar portion of the frontal bone of the skull created a 3 cm defect. The wound track through the brain measures up to 6.0 cm in length. Passage of the bullet through the skull created fractures of the basilar and calvarial bones of the skull. There are also additional fractures of the maxilla, mandible and facial bones of the skull which are secondary to the passage of the bullet through the head. Pneumocephalus is present (confirmed on ante-mortem and post-mortem radiological imaging). There is widening of the sutures (lambdoid) of the skull (confirmed on postmortem radiological imaging).

Fractures: All the fractures have been described above. There are no other external abnormalities present.

Body Cavities: The body is opened with the usual Y-shaped thoracoabdominal and bitemporal scalp incisions. The anterior thoracic musculature and subcutaneous region are not remarkable. The peritoneal cavity contains 300 ml of serous fluid. The left pleural cavity contains 15 mm of serous fluid. The right pleural cavity contains 20 ml of serous fluid. The retroperitoneum is unremarkable. The pericardial cavity is not remarkable.

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Neck Organs: The soft tissue of the neck shows focal areas of hemorrhage to match the previously described areas of hemorrhage present within the subcutaneous tissue of the neck. The hyoid bone is intact and is cartilaginous. The glottis, laryngeal and tracheal airways are widely patent. The larynx is normal and the larynx is cartilaginous. There is a focal area of hemorrhage present near the left portion of the thyroid gland. The parathyroids are not identified.

Mediastinum: There is a residual amount of thymus gland tissue present that weighs up to 30 gm. The mediastinum is normal.

Heart: The heart weighs 300 gm. The left ventricular wall thickness measures 1.3 cm and the right ventricular wall thickness measures 0.3cm. There are scattered petechial hemorrhages present on the anterior surface of the heart. The wall is of normal consistency. There is a normal amount of subepicardial fat tissue present. The size and contours of the heart are normal. The endocardium, cardiac valves and chambers are not remarkable. The coronary arteries are thin-walled and of normal diameter throughout. The origin of the right coronary artery is in close approximation to the origin of the left coronary artery (anomalous origin of right coronary artery). The cut surface of the myocardium is the normal reddish brown color.

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

Lungs: The lungs together weigh 1420 gm. The lungs are free of any injuries. The lung surface is maroon/purple. The lung tissue throughout is congested. The air passages are lined by smooth, pink mucosa. The pulmonary arteries and veins are free of emboli, thrombi, and other gross abnormalities.

Liver: The liver weighs 1250 gm. It is red-brown and of normal consistency. The cut surface of the liver is normal.

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 stomach contains approximately 15 ml of homogenate.

Spleen: The spleen weighs 80 gm and is normal on the surface and cut section.

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 lipid material and are free of hemorrhage, inflammation, and primary and secondary neoplasm. The medullary portions are not remarkable.

Kidneys: The kidneys appear grossly of normal configuration and together weigh 250 gm. The cortex measures 0.7 cm in thickness. The renal capsules strip with ease to reveal a normally smooth surface. The surface is the usual reddish brown color. There are no abnormalities of the cut surfaces of the kidneys. The papillae, renal pelves and ureters are not remarkable.

Bladder: The bladder contains scant yellow urine. The wall is entirely normal.

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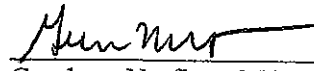
Exam Case

Male Genital System: The external male genitalia is circumcised. The remaining male genital system is unremarkable.

Cranial Cavity: The acute gunshot injury of the head has already been described above. The reflected scalp is edematous and shows an irregular area of hemorrhage present within the anterior subgaleal tissue (frontal) to match the previously described path of the gunshot wound. Gunshot related fractures of the calvarium and the bones at the base of the skull have already been described above. The dura mater is normal in appearance except for the gunshot injury. There is subdural hemorrhage and a focal area of subarachnoid hemorrhage present within the intracranial spaces of the skull. The weight of the unfixed brain is 1550 gm. Cut sections of brain reveal that prior to the gunshot injury, there was symmetry and essentially normal structures throughout. There is poor gray/white matter differentiation of the cerebral cortex/white matter junction of the brain. There is an overall dusky discoloration of the brain parenchyma. There is widening of the gyri and narrowing of the sulci (cerebral cortical edema). The cerebrovasculature is unremarkable. There is compression of the ventricular system. 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.

Special Studies/Specimens Obtained: Hospital blood, post-mortem blood, post-mortem urine, vitreous humor, hospital urine, liver, and brain are sent for toxicology. A blood stain card, bullet fragments and swabs of the oral cavity are submitted as evidence to the St. Louis County Police Department.


Gershon Norfleet, M.D.
Assistant Medical Examiner

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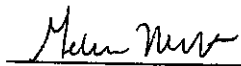
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Microscopic

Microscopic Slide Examination:

Skin and Soft Tissue: Sections of tissue from the "gunshot wound margin" show multiple fragments of skin and soft tissue. The keratinized stratified squamous epithelium is disrupted near the gunshot wound soft tissue margin. Pigmented keratinocytes are present within the stratified squamous epithelium. There are areas of hemorrhage and acute inflammation within the subcutaneous connective tissue. There are focal areas of non-polarizable pigmented and translucent particles of foreign particulate matter present within the subcutaneous connective tissue. Some of these aggregates of foreign material are focally associated with a mild inflammatory process. These aggregates of foreign material are consistent with products discharged from the barrel of a firearm.



Gershom Norfleet, M.D.
Assistant Medical Examiner

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Green, Amonderez

2015-7541
Exam Case

Summary Sheet:

Age: 18 years

Race: Black

Sex: Male

Findings:

- I. Gunshot wound of head
 - A. Entrance, submental (chin) skin (contact wound)
 - 1. Track upward, slightly backward and slightly leftward
 - 2. Track via skin, soft tissue, mandible, tongue, hard palate, facial bones of skull, basilar portion of frontal bone of skull, to rest within left frontal lobe of skull (bullet fragments recovered)
 - a. Skull fractures, basilar and calvarial bones
 - i. Bilateral periorbital ecchymoses
 - ii. Pneumocephalus
 - iii. Sutural diastasis (postmortem x-ray)
 - b. Subdural and subarachnoid hemorrhage
 - c. Brain, cerebral cortex, edema
- II. Cardiovascular System
 - A. Heart, coronary artery, anomalous origin of right coronary artery
 - B. Aorta, fatty streaks
- III. History of Human Immunodeficiency Virus (per medical records)

Cause of Death:

Immediate Cause: Gunshot wound of head

Due to (b):

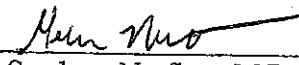
Due to (c):

Due to (d):

Other Significant Conditions:

Other Condition (2):

Manner of Death: Suicide


Gershon Norfleet, M.D.
Assistant Medical Examiner

Name: GREEN, AMONDEREZ
Age: 18 years

Race: Black

Tox # 2015-6640
Sex: Male

Requesting Agency: ST. LOUIS COUNTY MEDICAL EXAMINER
(Agency Case No.: 15-7541)

=====

Blood:

Alcohol: Postmortem

Ethanol:	Negative
Acetone:	Negative
Isopropanol:	Negative
Methanol:	Negative

Blood Drug Screen: Postmortem

Amphetamines:	Negative
Antidepressants:	Negative
Barbiturates:	Negative
Benzodiazepines:	Negative
Cocaine/Metabolites:	Negative
Lidocaine:	Negative
Methadone:	Negative
Non-Opiate Narcotic Analgesic:	Negative
Opiates:	Negative
Phencyclidine:	Negative
Phenothiazines:	Negative
Propoxyphene:	Negative
Acetaminophen:	Negative
Salicylates:	Negative
Oxycodone:	Negative
Fentanyl:	Negative
Oxymorphone:	Negative
CANNABINOIDS:	POSITIVE

Cannabinoid Quantitation: Postmortem

DELTA-9-THC:	Negative
11-HYDROXY-THC:	Negative
11-NOR-DELTA-9-THC-COOH:	LESS THAN 10 NANOGRAMS/ML

Urine:

Cannabinoid Quantitation: Postmortem

DELTA-9-THC:	Negative
11-HYDROXY-THC:	Negative
11-NOR-DELTA-9-THC-COOH:	36 NANOGRAMS/ML

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Name: GREEN, AMONDEREZ

Age: 18 years

Race: Black

Tox # 2015-6640

Sex: Male

Ante Mortem Blood:

Cannabinoid Quantitation: Serum 10/28/15 @1430:

Delta-9-THC: _____ Negative

11-Hydroxy-THC: _____ Negative

11-NOR-DELTA-9-THC-COOH: _____ Negative

Antemortem Urine:

Cannabinoid Quantitation:

Delta-9-THC: _____ Negative

11-Hydroxy-THC: _____ Negative

11-NOR-DELTA-9-THC-COOH: _____ 47 NANOGRAMS/ML

Comments: Cut-off values available upon request

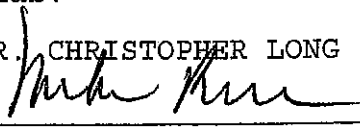
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Requested by: DR. NORFLEET

Date: 10/30/15

Received in Lab:

Date/Time: 11/02/15//05:15 AM

Report by: DR. CHRISTOPHER LONG


Date/Time: 11/20/2015//09:18 AM

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