



LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE  
BUREAU OF PROSECUTION SUPPORT OPERATIONS

JACKIE LACEY • District Attorney  
JOHN K. SPILLANE • Chief Deputy District Attorney  
PAMELA BOOTH • Assistant District Attorney

SERGIO A. GONZALEZ • Director

**VIA ELECTRONIC MAIL**

January 11, 2015

CALIFORNIA PUBLIC RECORDS ACT REQUEST

The Los Angeles County District Attorney's Office (LADA) has reviewed your Public Records Act request received by our office on January 4, 2016. You have requested the following items:

- 1. Any and all documents, or other items, in your possession, whether or not initially created by your agency or any other agency, individual or entity, relating to Marilyn Monroe who died on August 5, 1962. We ask you to include all documents, photographs, films, videotapes, recordings of any kind, press clippings and any other items in your files related to this matter collected or created from the time surrounding the date of her death until the present. This would include Deputy D.A. Ronald "Mike" Carroll's 1982 report as well any items contemporaneous to her death.*

The LADA has provided you with a copy of the documents related to this request and an inventory list of the items are attached to this letter.

Very truly yours,

JACKIE LACEY  
District Attorney

By

  
NATALIE ADOMIAN  
Deputy District Attorney  
Special Assistant of Prosecution Support Operations and Administration

**MARILYN MONROE INVESTIGATION**  
**MATERIALS FOR PUBLIC RELEASE**

**DOCUMENTS RELEASED**

1. "Transcription of Taped Conversation, Dr. Boyd G. Stephens, Chief Medical Examiner/Coroner, City and County of San Francisco, CA (Oct. 13, 1982) 35 pages
2. "Marilyn Monroe - 1965" -- manila folder containing handwritten notes - 1 page
3. Memo to file, from Assistant District Attorney R. H. "Mike" Carroll (hereafter Carroll), "Attorney For Marilyn Monroe's Estate--Contact" (Aug. 9, 1982) – 1 page
4. Memo to Carroll from Gilbert Garcetti, "Interview with Dr. Sidney Weinberg" (Aug. 9, 1982) - 6 pages
5. Memo to file, from Carroll, "Jim Daugherty" (Aug. 23, 1982) – 1 page
6. Letter to Stephen S. Trott, United States Attorney, from Carroll, "In re Request for Department of Justice Files Relating to Marilyn Monroe" (Aug. 9, 1982) - 2 pages
7. Memo to Van de Kamp and Carroll from Esther Mott, Untitled (Media Inquiry) (Aug. 23, 1982) - 1 page
8. Memo to Van de Kamp from Carroll, "Marilyn Monroe Necrophilia" (Aug. 27, 1982) - 3 pages
9. Letter to Carroll from Warren L. Ettinger, Untitled (Represents Monroe Estate) (Aug. 20, 1982) - 1 page
10. Letter to Van de Kamp from Roger Richman, "Marilyn Monroe Investigation" (Aug. 20, 1982) - 3 pages (including attachment and routing slip)
11. Phone Message Slip to Carroll, "Rick Stone" (Aug. 17) - 1 page
12. Letter from Carroll to Milo Speriglio, Untitled (Correction to Story in California Magazine) (Sept. 30, 1982) - 1 page
13. Letter from Carroll to Steve Oney, Untitled (Correction to Story in California Magazine) (Sept. 30, 1982) - 1 page

14. Letter from William C. Jordan to Carroll, Untitled (Letter of Thanks) (Oct. 1, 1982) - 1 page

15. Phone Message Slip to Carroll, "Jack Schermerhorn" (Aug. 10) - 1 page

16. Legal size yellow paper with handwritten notes - 2 pages

17. Memo to Carroll from Jane de Bracy, Untitled (Regarding copies of magazine articles) (Oct. 20, 1982) - 4 pages (including 3 pages of copies of magazine articles)

18. Legal size yellow paper with handwritten notes - 3 pages

19. Phone Message Slip to Carroll, "Chris Harvis" (Aug. 10, 1982) - 2 page

20. Phone Message Slip to Carroll, "Richard Taylor" (Sept. 28, 1982) - 3 pages (including small piece of paper with handwritten notes)

21. Legal size yellow paper with handwritten notes - 14 pages (paper clipped together - Redacted)

22. Approximately 69 pages of letters received by LADA concerning Marilyn Monroe (May be viewed, but copies will not be provided, see County of Los Angeles v. Superior Court (Kusar) (1993) 18 Cal.App.4th 588, 591-592 [agency may deny burdensome request].)

23. Approximately 42 pages (not including copies of disclosed materials) concerning Public Records Act requests and responses (May be viewed, but copies will not be provided, see County of Los Angeles v. Superior Court (Kusar) (1993) 18 Cal.App.4th 588, 591-592 (agency may deny burdensome request].)

24. Memo from Investigator Alan B. Tomich to William Hodgman, "Interview of Former DDA John Minor (sic) (Death of Marilyn Monroe)" (Feb. 19,

25. Request for Investigation, Case 82-G-2236, (Aug. 16, 1982) - 1 page 1999) - 2 pages

26. Investigators Report by A. Tomich re. Telephone conversations with Rick Stone, File #82-6-2236 (August 16, 1982) - 4pgs

27. Investigators Report by A. Tomich re interview with Dr. Curphey, former Coroner, File #82-G-2236 (Aug. 18, 1982) - 1 page

28. Investigators Report by A. Tomich re interview with Patrick Obligh, File #82-G-2236 (Aug. 20, 1982) - 2 pages

29. Investigators Report by A. Tomich re interview with Ted Jordan, File #82G-2236 (Aug. 20, 1982) - 2 pages
30. Investigators Report by A. Tomich re interview with April Burd, File #82G-2236 (Aug. 23, 1982) - 2 pages
31. Investigators Report by A. Tomich re interview with Jack Clemmons, former LAPD officer, File #82-G-2236 (Aug. 24, 1982) - 3 pages with 9 page attachment
32. Investigators Report by A. Tomich re interview with Lionel Grandison, former Coroner Dept. Employee, File #82-G-2236 (Aug. 26, 1982) - 5 pages (including 1 page redacted attachment)
33. Investigators Report by A. Tomich re interview with Leigh Weiner, photographer, File #82-G-2236 (Aug. 27, 1982) - 3 pages
34. Investigators Report by A. Tomich re interview with Robert Slatzer, author and acquaintance of Monroe, File #82-G-2236 (Aug. 31, 1982) - 5 pages
35. Investigators Report by A. Tomich re failure of Grandison to appear for Polygraph examination, File #82-G-2236 (Sept. 1, 1982) - 1 page
36. Investigators Report by A. Tomich re interview with Richard Stolley, editor Life Magazine, File #82-G-2236 (Sept. 1, 1982) - 1 page
37. Investigators Report by A. Tomich re interview with Dora Foley, File #82-G-2236 (Sept. 3, 1982) - 1 page
38. Investigators Report by A. Tomich re contact with Manhattan District Attorney regarding Bernard Spindel, File #82-G-2236 (Sept. 3, 1982) - 2 page
39. Memo to Tomich from Clayton Anderson, Chief, Bureau of Investigation, "Telephone Interview of Hal Lipset" (Sept. 15, 1982) -1 page
40. Investigators Report by A. Tomich re interview with Milo Speriglio, private investigator, File #82-G-2236 (Sept. 23, 1982)- 2 pages
41. Investigators Report by A. Tomich re interview with Malvin Wald, writer, File #82-G-2236 (Sept. 24, 1982) - 1 page

42. Investigators Report by A. Tomich reinterview with Frank Tomlinson, private investigator and follow up interview with Ted Jordan, File #82-G2236 (Sept. 30, 1982) — 2 pages
43. Investigators Report by A. Tomich re interview with Robert Slatzer, File #82-G-2236 (Oct. 1, 1982) - 1 page
44. Investigators Report by A. Tomich re interview with Jack Clemmons, File #82-G-2236 (Oct. 4, 1982) - 1 page
45. Investigators Report by A. Tomich re interview with Ralph Barnes, Ann Small & Abe Charles Landau, Monroe's neighbors, File #82-G-2236 (Oct. 4, 1982) - 2 pages
46. Investigators Report by A. Tomich re interview with Paula Layne and Joseph Stanley Manliewicz, File #82-G-2236 (Oct. 5, 1982) - 2 pages
47. Investigators Report by A. Tomich re interview with Ralph Roberts, File #82-G-2236 (Oct. 7, 1982) - 2 pages
48. Investigators Report by A. Tomich concerning examination of Monroe's residence for evidence of wire tap and electronic eavesdropping devices, File #82-G-2236 (Oct. 8, 1982) - 1 page
49. Investigators Report by A. Tomich re interview with Dr. Robert E. Litman, member of 1962 psychiatric investigative team, File #82-G-2236 (Oct. 8, 1982) - 3 pages
50. Investigators Report by A. Tomich re interview with representative of Abbott Laboratories, File #82-G-2236 (Oct. 18, 1982) - 1 page
51. Investigators Report by A. Tomich re interview with Johanna Karl (36), File #82-G-2236 (Oct. 20, 1982) - 1 page
52. Investigators Report by A. Tomich re interview with Dr. Robert Singer from Abbott Laboratories, File #82-G-2236 (Oct. 20, 1982) - 1 page
53. Investigators Report by A. Tomich re interview with Jeanne Carmen, File #82-G-2236 (Oct. 21, 1982) - 2 pages
54. Investigators Report by A. Tomich re interview with Dr. Ronald Kornblum, Los Angeles County Coroner, File #82-G-2236 (Oct. 27, 1982) - 2 pages

55. Investigators Report by A. Tomich re interview with Former Coroner Dr. Thomas Noguchi, File #82-G-2236 (Nov. 4, 1982) - 2 pages
56. Investigators Report by A. Tomich review County records for employee Jack Quinn, File #82-G-2236 (Nov. 8, 1982) - 1 page
57. Investigators Report by A. Tomich re interview with Dr. Boyd Stephens, File #82-G-2236 (Nov. 8, 1982) - 1 page
58. Investigators Report by A. Tomich re interview with Ken Hunter, File #82G-2236 (Dec. 16, 1982) - 4 pages (including 1 page redacted attachment)
59. Investigators Report by A. Tomich research for telephone records, File #82-G-2236 (Dec. 17, 1982) - 1 page
60. Investigators Report by A. Tomich re interview with Dr. Thomas Noguchi, File #82-G-2236 (Oct. 31., 1985) - 17 pages (including 15 page transcript of interview)
61. Yellow legal paper, handwritten notes, 36 pages
62. Twelve photographs from 1982 of exterior of Monroe's home and vicinity - 3 pages
63. Inferior quality Xerox copies of four photographs from 1962. (1 frame redacted)
64. Letter from Dr. Robert Litman, Undated, 4 pages
65. Source material furnished by George Carpozi, Approximately 81 pages (For review only as they contain copyrighted material, see County of Los Angeles v. Superior Court (Kusar) (1993) 18 Cal.App.4th 588, 591-592 [agency may deny burdensome request].)
66. Source material furnished by Milo Speriglio, Approximately 17 pages (For review only as they contain copyrighted material, see County of Los Angeles v. Superior Court (Kusar) (1993) 18 Cal.App.4th 588, 591-592 [agency may deny burdensome request].)
67. Source material furnished by S. Stanton Morehead (8/26/82), Approximately 78 pages (For review only as they contain copyrighted material, see County of Los Angeles v. Superior Court (Kusar) (1993) 18 Cal.App.4th 588, 591-592 [agency may deny burdensome request].)

68. Source material furnished by Robert Slatzer, Approximately 34 pages (For review only as they contain copyrighted material, see County of Los Angeles v. Superior Court (Kusar) (1993) 18 Cal.App.4th 588, 591-592 [agency may deny burdensome request].)
69. Source material furnished by Robert Slatzer, Approximately 250 pages (For review only as they contain copyrighted material, see County of Los Angeles v. Superior Court (Kusar) (1993) 18 Cal.App.4th 588, 591-592 [agency may deny burdensome request].)
70. Source material furnished by Robert Slatzer, Approximately 36 pages (For review only as they contain copyrighted material, see County of Los Angeles v. Superior Court (Kusar) (1993) 18 Cal.App.4th 588, 591-592 [agency may deny burdensome request].)
71. Memo from Carroll to file (Dec. 20, 1982) "Deletion In Final Draft" - 3 pages
72. Memo from District Attorney Investigator Bob Seiler to Clayton R. Anderson, Chief Bureau of Investigation (Sept. 23, 1982) "Judy Bell - Psychic" - 2 pages
73. Memo to Carroll from Robert Heflin (Aug. 11, 1982) "Marilyn Monroe: Informant Telephone Call At Approximately 11:50 a.m. This Date" - 2 pages
74. Map (Not to Scale) by A. Tomich (Sept. 24, 1982) - 1 page
75. Phone Message Slip to Carroll call from Lt. Hocking (Nov. 18) - 1 page
76. Bureau of Investigation Routing Slip to Tomich from CA - 1 page
77. A yellow legal page with handwritten telephone numbers "New York Telephone #'s - 1 page (Redacted)
78. Yellow piece of paper to Andy from Ch (Oct. 28) regarding Dept. of Justice telephone number in 1962 - 4 pages (including 3 page attachment of Xerox copy of 1962 Washington D.C. telephone book)
79. Small piece of lined paper (Aug. 11, 1982), notes of interview between former DDA John Miner and Carroll - 6 pages
80. Yellow legal paper with handwritten notes with attached phone message slip for Anderson (8/10/82) call from John Smoote - 3 pages
81. Yellow legal paper with handwritten notes (Aug. 10, 1982) regarding interview with Phil Schwartzberg - 1 page

82. Memo from Robert H. Cravey, Orange County Office of the Sheriff/Coroner, (Nov. 22, 1982) "Marilyn Monroe Investigation" - 2 pages

83. Superior Court Docket Sheet, People v. Grandison, et al. (264204) (Oct. 16, 1962) - 3 pages (Materials Related to Co-defendants will not be released)

84. Superior Court Reporter's Transcript, People v. Grandison (264204), Probation Hearing (Dec. 21, 1962) - 6 pages (Materials Related to Codefendants will not be released)

85. Superior Court Information and Bail Documents, People v. Grandison (264204), (Oct. 16, 1962) - approximately 13 pages

86. Correspondence to LADA regarding Monroe Investigation - Approximately 108 pages (May be viewed, but copies will not be provided, see County of Los Angeles v. Superior Court (Kusar) (1993) 18 Cal.App.4th 588, 591-592 (agency may deny burdensome request].)

87. Documents Provided by Los Angeles Police Department: "Investigation Re: Article in 'Oui' Magazine Who Killed Marilyn Monroe' (Oct. 22, 1975), 10 pages including Addenda (Interview: Peter Lawford (10/16/75) 3 pages; "Herald Examiner - Aug. 15, 62, Peter Lawford statement" (handwritten notes) - 1 page; Investigator Report "Police Reports on Marilyn Monroe Death" (Aug. 27, 74) 1 page; Interdepartmental Correspondence - "Marilyn Monroe Death" (Oct. 1, 75) 2 pages; October 14, 1975 report (2 pages); Business Card, Milton Rudin - 1 page; handwritten notes (Aug. 8, 62) - 5 pages; Letter from Robert Slatzer to Grand Jury (July 29, 74) - 5 pages; Unsigned letter to Herald Examiner (Aug. 7, 62) - 1 page; Monroe's Last Will and Testament - 3 pages; Redacted Telephone Logs - 19 pages

88. A yellow piece of notebook paper, "Phone #'s", (4/4/83) -- (redacted)

**PREVIOUSLY RELEASED MATERIALS**

1. The Death of Marilyn Monroe Report to the District Attorney (December 1982)
2. District Attorney John Van de Kamp's Press Release (December 28, 1982) — 2 pgs
3. District Attorney John Van de Kamp's Press Release (August 10, 1982) - 1 pg
4. Statement by Theodore Curphey (Chief Medical Examiner-Coroner) (August 17, 1962)-1 pg

5. Copies of newspaper reports (October 1985) – 17 pgs
6. Supervisor Antonovich's Press Release (October 8, 1985)–2 pgs
7. Letter to Supervisor Hahn from Mark Bloodgood (Auditor Controller) (January 6, 1983).com  
— 2 pgs
8. Letter to Board of Supervisors from Grand Jury Foreman (November 19, 1985)– 1 pg
9. Motion by Supervisor Antonovich (August 10, 1982) — 1 pg
10. Memorandum to Each Supervisor from District Attorney Ira Reiner with attachments  
(November 7, 1985) – 8 pgs
11. Memorandum to Board of Supervisors from DeWitt Clinton (County Counsel) with  
attachment (September 2, 1992) – 4 pgs
12. Letter from Robert Slatzer to Supervisor Antonovich (September 23, 1985) – 6  
pgs
13. Letter from James Mize (Executive Officer, Board of Supervisors) to District Attorney  
John Van de Kamp (August 12, 1982) – 1 pg
14. Agenda for Board of Supervisors Meeting (September 8, 1992) — 27 pgs (Available for  
Review Only)
15. Copy of L.A. County Coroner's Report, Certificate of Death, Press Release from Norman  
Farberow, L.A.P.D. death report, L.A.P.D. follow-up report, L.A.P.D. employee's report  
(August 1962) – 24 pgs
16. Motion by Supervisor Antonovich (August 10, 1982) — 1 pg (See Item #9.)
17. Investigators Report by A. Tomich re. telephone conversations with Rick Stone, File #82-  
6-2236 (August 16, 1982) — 4 pgs (duplicate to #26 disclosed in above section)
18. Investigators Report by A. Tomich re. Interview with Dr. Hyman Engleberg, File #82-G-  
2236 (October 18, 1982)-1 pg
19. Investigators Report by A. Tomich re. interview with John Miner, File #82-G2236  
(August 20, 1982) — 2 pgs
20. Investigators Report by A. Tomich re. Interviews with David Cunningham, Bill Graff, File  
#82-G-2236 (September 3, 1982) — 2 pgs 21.

21. Investigators Report by A. Tomich re. interview with Patricia Newcomb, File #82-G-2236 (September 7, 1982) — 3 pgs
22. Investigators Report by A. Tomich re. Interview with Dr. Hyman Engleberg, File #82-G-2236 (September 27, 1982)—3 pgs
23. Investigators Report by A. Tomich re. interview with Eunice Murray, File #82-G2236 (October 1, 1982) — 4 pgs
24. Investigators Report by A. Tomich re. Supplemental report re. interview Eunice Murry, File #82-G-2236 (October 1, 1982) - 1 pg
25. Investigators Report by A. Tomich re. interview with Peter Lawford, File #82-G2236 (October 12, 1982) - 2 pgs
26. Letter from Department of Justice, Letter to FBI, Letter to U.S. Attorney's Office — 4 pgs
27. Federal Reports —53 pgs

The following items are for review only as they contain copyrighted material, see County of Los

Angeles v. Superior Court (Kusar) (1993) 18 Cal.App.4th 588, 591-592 [agency may deny burdensome request].

28. Approximately 49 newspaper and magazine articles re. Marilyn Monroe
29. Approximately 124 newspaper and magazine articles re. Marilyn Monroe
30. One hardcopy of "The Life and Curious Death of Marilyn Monroe"
31. Two paperback copies of "The Life and Curious Death of Marilyn Monroe"
32. One paperback copy of "Marilyn Monroe: Murder Cover-Up"
33. One envelope with audiotape marked "WMCA Radio New York Roy Fox Program May 27, 1986 Milo Speriglio on M. Monroe" with copy of letter from Jacqueline Delaney and card with R. Slatzer's address
34. One videotape marked "Hot Seat (Orig) KDOC Wally George July 11, 1984"
35. Two copies of a manuscript (42 pgs, 43 pgs.)

Marilyn Monroe Collection Archive | [marilynmonroecollection.com](http://marilynmonroecollection.com)

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TRANSCRIPTION OF TAPED CONVERSATION

Date: October 13, 1982

Location: San Francisco, California

Present: Ronald H. Carroll, Assistant District Attorney, Los Angeles County; Al Tomich, District Attorney Investigator, Los Angeles County; Dr. Boyd G. Stephens, Chief Medical Examiner/Coroner, City and County of San Francisco.

Mr. Carroll: Ok, let me go through with some introductory questions and, as I say, you can take it in any direction that you feel you'd like to take it. Let me ask you first of all, doctor, if, if you have had occasion in the past to, ah, as, as, as yourself, not vicariously, but, but personally, have you investigated overdose deaths involving Nembutal and related drugs and drugs such as, ah, ah, what does this say?

Dr. Stephens: Chloral hydrate?

Mr. Carroll: Yeah, chloral hydrate.

Dr. Stephens: Yes, very commonly. In fact, San Francisco used to be known as a barbiturate town. We used to do barbiturate analyses routinely up until this last year because it was such a common finding causing or contributing to death. And Nembutal is still a fairly commonly used drug. So, ah, we've seen a large number of deaths over the years; ah, a number of papers have come out of the department on barbiturate deaths.

Mr. Carroll: Number of papers?

Dr. Stephens: Yes.

Mr. Carroll: On, on, on the barbiturate deaths with Nembutal, is there a pattern of dye-tracing in the body normally found?

Dr. Stephens: No, but Nembutal dye, ah, doesn't typically produce a yellow colorish in neither the mouth, the esophagus or the stomach. Ah, it, it is not like the red dye seen in another preparation, and that only occasionally will show staining. On many cases where we've seen massive numbers of the, ah, red pills of Seconal, we

don't see the characteristic staining. Ah, that's been reported in the literature and, ah, it took me about four years before I actually had a case where there was adequate red staining that I could actually photograph. So even that in itself is not as common as the test of --

Mr. Carroll: What works on this, this stain that's in there? The hydrochloric acid or what?

Dr. Stephens: Yeah, ah, the, ah, the red dye is, ah, is, ah, certified red that's used as a food color. And I assume the yellow is too, although I've never looked that up. And the red color tends to hold up in the acid condition and the yellow just does not. It just does not produce a yellow color that you can see with your eye.

Mr. Carroll: The, the questions I'm putting to you are really, ah, related to the Marilyn Monroe, ah, case. Have you had occasion to read the, the existence, as far as we know--I know you don't know, ah, what exists--the existence of materials concerning the autopsy report or the protocol of Marilyn Monroe?

Dr. Stephens: Yes. All the material that was forwarded to me, ah, by Mr. Tomich I have reviewed including the autopsy report and dictation.

Mr. Carroll: So today we can focus on that particular case and, ah, and related matters. A question has arisen concerning whether or not there should be gelatin remains of the capsules in the stomach of a person who dies of an overdose. And the question is not really now at this point whether it's suicide, accidental, or someone else forcing the pills. We have been told by critics that there are always gelatin capsule remains in the stomach or at least other remains of the, of the chloral hydrate and/or Nembutal pills. Is that accurate?

Dr. Stephens: No, that isn't accurate in the aspect that, ah, ah, the typical clearance time of material from the stomach is two to four hours, and on an empty stomach it may be a little more rapid than that, ah, with food and material, it may be a little longer, but the point is that, ah, even in cases where massive overdoses are shown we may not find collections of tablets or pills in the stomach, and that's even true with Nembutal. Now, sometimes we do, ah, in--that is ordinarily looked for any time that a drug overdose is considered. In fact, you will see it's a standard part of the protocol,

but, ah, the number of times that it's found in overdoses is relatively small to the number of times that you know that large doses of medications were taken. It really reflects the, ah, clearance time or absorption of the preparation. Specifically with Nembutal if it's all taken at one time then you may find a, ah, collection of balls of capsules. Ah, if that passes on down into the intestine or breaks down and dissolves it may not be recognizable.

Mr. Carroll: What would you do now under existing techniques if you suspected a Nembutal poisoning, in terms of your investigation of the stomach contents?

Dr. Stephens: Well, now versus 20 years ago is an important differentiation because, ah, we probably do more toxicology per case on a routine basis than any other office that I know of in the United States. And, ah, what we normally do is we take the stomach and contents for analyses in, ah, any suspected drug overdose like barbiturates. We frequently, in fact routinely, will do at least two or three body compartments; so we do like blood, liver and urine, or blood, liver and stomach contents, primarily looking for amounts of material and whether or not its been absorbed over an acute or chronic period of time. So, now a days we routinely do look at the stomach contents, both for its character and quantity, specifically looking for any pills or capsules and then we routinely do collect it. If we suspect a drug overdose, we'll look for polarizable materials, which is a very non-specific test in itself. And, ah, then we may or may not analyze that contents, depending on the type of case.

Mr. Carroll: In this case there's some indication that Dr. Noguchi took a sample of the fluid. There were, as I understand it, 20 cc's of mucoid-type fluid, ah, in the stomach. Is that correct?

Dr. Stephens: That's correct.

Mr. Carroll: And he examined them under some kind of a, ah, scope and looked for refractile crystals.

Dr. Stephens: That's correct.

Mr. Carroll: According to his report he found none. What does that mean, if anything, to you?

Dr. Stephens: Well, it really doesn't mean anything as far as helping answer the, the question of whether it's a barbiturate death or not. If polarizable material

was found in, in abundance, in large amounts. It suggests that there is a, ah, drug in the stomach. Now, all this test will tell you under polarized light is whether or not there's, there's crystals of material there, whether it's foodstuff or candy or drugs, we don't know. But obviously, from the investigation you're considering a drug overdose, it suggests that there is drugs in the stomach. It also can be helpful in the aspect of directing whether or not you do a chemical analyses of the stomach contents. It's a non-specific test, it's polarized light under a microscope, looking for crystals and the crystals, of course, are most commonly that you're interested in are those representing drugs. And, ah, so his finding of 20 millimeters of mucoid material could simply be just mucous secretions, food residues. It's not described any further. And the fact that he did the test 20 years ago is, is, ah, a pretty impressive, ah, ah, note, because that was not a routine test 20 years ago. And, ah--

Mr. Carroll: Does, does the absence of, of finding refractile crystals mean that she could not have ingested the Nembutal and chloral hydrate and died therefrom?

Dr. Stephens: No, not at all. Chloral hydrate is fairly rapidly absorbed and converted in the body to a chemical called trichloroethanol, it's primary daughter product.

Mr. Carroll: I'm sorry, a primary what?

Dr. Stephens: Daughter product. Or breakdown product. That's the way it's normally handled in the body. And, so when you do your analyses your prime, your, your principal thing you're looking for for chloral hydrate is the trichloroethanol. Ah, for the barbiturates, the Nembutal is absorbed fairly rapidly, too, and, ah, if there is enough period of time, if the patient lives for a period enough of time then that material will not only be absorbed, but any residues will pass on into the gastrointestinal tract where it becomes even more difficult to recognize, ah, tablets, or, or crystalline material.

Mr. Carroll: Is there a, a phenomena called dumping?

Dr. Stephens: Yeah, there, there is a dumping syndrome or dumping phenomena. Ah, this can relate to his--exactly as described when the material can be cleared from the stomach quite rapidly. Ah, also it's important that a person who has a tolerance, ah, to the drugs, ah, is very likely to survive for a longer period of time at

a higher level because of that tolerance before either losing consciousness or losing consciousness to a point of endangering their, their respiration.

Mr. Carroll: So a person who is habituated to barbiturates might, ah, have had more absorption before the toxic level killed them.

Dr. Stephens: Because the--that's exactly true and the rest of that is because they are likely to survive for a longer period of time before reaching that toxic level. Ah, the, the best example I can give you is, ah, a person who has, ah, little or no exposure to alcohol who has a blood alcohol of .1 ordinarily is very seriously under the weather. He's showing a lot of signs of [unintelligible]. On the other hand, ah, as you drive out towards Market Street, ah, this time of day, you find guys stumbling around on the, ah, street. If they don't have a blood alcohol of .2 or higher, they may not really be awake. So, tolerance plays a big role on how the effects of the drugs are seen.

Mr. Carroll: And chloral hydrate has a tolerance just like the, ah, the barbiturates?

Dr. Stephens: Yes, it does, and people actually get habituated to chloral hydrate and, ah, ah, as patients, ah, instead of using one just to go to sleep or even as a drug of abuse to some extent, will actually get to the point where they're taking quite a number of them per day.

Mr. Carroll: That's the old knockout drops?

Dr. Stephens: Yeah, technically it is knockout drops, ah, that's more or less a, ah, a legend, but, ah, one that's not completely without some facts and the key point about that story is that chloral hydrate is rapidly absorbed.

Mr. Carroll: So the bartender might slip it into some Mickey Finn or something, is that right?

Dr. Stephens: Yeah, in theory, but the, the next thing about it is that the amount that he has to get into that drink to get the effect that's desired is fairly high. It's not an impossible story, but it's more legend than anything else.

Mr. Carroll: So if we, ah--if you were, as a pathologist, to examine the stomach and, and saw the same things that Dr. Noguchi saw or didn't see the same things he didn't see as well, ah, you could, ah, reach a conclusion that's compatible with the conclusion he reached?

Dr. Stephens: I think so, because recall that even as he started the case it was a suspected barbiturate overdose. I mean, that's the information he has on his investigation sheets before he even starts the autopsy. And, ah, the question really that he's looking for is whether there's material in the stomach. He has done a, a non-specific test which would help him in the direction of whether there is large amounts of material in the stomach or not. The test does not support that there is large residues of crystalline material. He's still gone on and, and, ah, done the rest of the autopsy and what drug testing they did at the time. So it's a perfectly acceptable cand, and reasonable, ah, conclusion based on what he's done. And there certainly is nothing to the story that just because it is a lethal amount of barbiturates, there must be residue in the stomach. We, ah, up until the last few, ah, years, have been seeing between two and three hundred suicides per year here of which barbiturates was a sizeable proportion. And, ha, although I can't give you an exact number of the percent that didn't have it in their stomach, ah, it's much more common that the opposite case of death.

Mr. Carroll: How about the peripheral matters around this, including the allegation somewhere that a person who dies of barbiturate poisoning or chloral hydrate poisoning is contorted and in a position of, ah, what looks like discomfort at the time of death?

Dr. Stephens: No, that's not correct. It's not, ah, in keeping with the hundreds of scenes that I've seen or, ah, my office has investigated. It's not in keeping with the way that barbiturates typically cause death, which is respiratory depression. The patient literally dies in their sleep. Now, it's possible for a person under a toxic, ah, effect of a drug to have a seizure, and that can result in contractions and so forth. But certainly that's not the common way that a barbiturate death occurs.

Mr. Carroll: How about vomiting? Somebody alleged that if, if, if Marilyn Monroe had overdosed like this she would have vomited or purged or something.

Dr. Stephens: Well, vomiting and purging are two different things. Vomiting, of course, can occur with any kind of toxic material, whether it's alcohol or barbiturates or whatever. But barbiturates tend to, at higher levels, have a, ah, a degree of anti-vomiting effect, and ah-- but it's still possible that she could, it's just not an absolute thing.

Mr. Carroll: When you see these 300 cases a year--or your department does--how many of these involve, ah, vomiting as a--

Dr. Stephens: It, it--I can't give you a number, a percentage, because it's not something that we would keep as a separate record, but it's, it's not unheard of, it's just not that common, ah, to the point where if we look at a case and see vomiting, ah, that we would immediately associate that with barbiturates. That's not, ah, true. But finding drug overdoses with vomiting does occur, ah, it's a reaction the body has of trying to get rid of the toxic compound. It just--it does not, ah, always occur and in barbiturate deaths it's certainly less than half, and probably less than a quarter of the cases that we see.

Mr. Carroll: So the absence of vomiting is not significant?

Dr. Stephens: No, it really isn't and if you look in the pharmacology books you'll find that, ah, high doses of drugs like barbiturates can actually inhibit vomiting. Ah, in children, for example, that take drugs, ah, accidentally, ah, one of the problems frequently--

Mr. Carroll: When you want to induce vomiting.

Dr. Stephens: You want to induce vomiting and sometimes you may not. You may have trouble because of this effect. And the second thing, purging is a, ah, phenomena where as a person starts to, ah, breakdown, that is, their body tissues, that fluids are driven out of their, ah, airways, so forth, by the gases that are formed and, ah, that's a little different phenomena.

Mr. Carroll: How long does it take, ah, after, say death, for purging to--

Dr. Stephens: Well, if whenever that decomposition process takes place. It doesn't necessarily have to involve the body decomposing in, in the way that's usually thought of, but as long as fluids start building up and gases are formed. That could be in some situations as little as a few hours after death, or typically it's a day or two after death.

Mr. Carroll: Although I'm sorta going around in waggly, ah, desperate questions here, there has been an allegation, I think by Dr. Weinberg or someone, that, ah, women do not commit suicide in the nude.

Dr. Stephens: Well, you know, we've seen them commit suicide in every way possible. Most commonly, that is true. There is a generalization we used to have as a policy in the department that any time we found a woman alone in her nightgown with her makeup on, in the age range of about 40 years of age, she was a barbiturate death until proven otherwise. They were not that common. And, ah, most commonly women are not nude, ah, but that certainly isn't a law or a rule. And now we see, ah, women sleeping nude or committing suicide nude. Now, not all the time. I don't mean to imply every one, but certainly if during an investigation we found that a woman was nude, that would not aid or alter our considering a drug overdose such as barbiturates, one way or the other.

Mr. Carroll: That's not a controlling and dispositive fact, in other words?

Dr. Stephens: It doesn't, doesn't help me one way or the other. Most women who commit suicide are wearing clothing, ah, conversely, you could say that most women wear clothing and, ah, whether it's an accident or suicide or homicide, it doesn't help me that much.

Mr. Carroll: Of course we're dealing with an actress who used to take her clothing off, right?

Dr. Stephens: Well, that's true and, and the way things were done 20 years ago versus now, as far as the morals and, ah, what's acceptable is a little bit different. But nowadays, ah, we rarely see the 40-year-old woman committing suicide with a barbiturate, ah, mainly because barbiturates are so much harder to get. There are other drugs that are used. But that, ah, that, that hallmark of a 40-year-old woman alone with her makeup is just not as common now. It's not seen.

Mr. Carroll: I see. As you looked over the autopsy report, ah, I noticed--and, and I think we all noticed--there are some things that were sent for examination for toxicological and we don't have the documents to tell us what happened to them.

Dr. Stephens: That's true. Ah, we don't have the, ah, listing of the evidence that was sent from the toxicology department, that is, material logged in, ah, there is a statement about phenobarbital and yet I never see phenobarbital mentioned, ah, as evidence either at the scene or in the toxicology report and I never see something listed as a toxicant. Ah, I've never seen any report in that respect.

Mr. Carroll: Some of the material you have, of course, is not official. It's just popular writers writing about it, you understand that?

Dr. Stephens: Yes, sir, I do.

Mr. Carroll: I'd like you to, if you can, to keep focused on the actual official autopsy report so that we can differentiate that between some writers who might have used the word phenobarbital interchangeably with, ah, other barbiturates.

Dr. Stephens: Ok.

Mr. Carroll: As you look over the report, ah, I guess its necessary to reach some, ah, ah, understandings, or a better word is to--some assumption, I guess. For instance, you either assume that the autopsy surgeon really did look for marks in a conscientious way or was sloppy. I guess that's the first thing, right? And if you assume, however, that the autopsy surgeon, in this case Dr. Noguchi, was conscientious and, for the sake of our discussion here today, used a, ah, magnifying glass looking for marks, for needle marks, would that have any significance to you, the fact that there were no needle marks?

Dr. Stephens: Well, it wouldn't rule them out. In other words, ah, if I gave you an injection right now and then, ah, six or eight hours later, and, and no, you know, we are careful when we gave you a shot, whether it is a T.B. shot, whatever you want, ah, drew some blood from you, if we talk about entering a vein then the probability of finding that mark six or eight hours later is quite high. The veins are commonly entered in certain parts of the body. However, if you're talking about me giving just a shot in the buttocks or the shoulder or the hip or something of that nature, and then waiting six or eight hours, if there is no bruise it may be difficult to find that mark to start with with a small needle and the longer after that incident, ah, the more difficult it becomes. so, the only thing I'm saying is the fact that I or Noguchi or anybody looked at a body even with a hand lens doesn't certify that there couldn't possibly be a needle mark anywhere. That's the main thing. However, on the other hand, ah, most commonly if a needle mark is present, there's any bruising or hemmorage, it would be fairly apparent to a person who's gone over a body carefully with or without a hand lens.

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Mr. Carroll: Let me give you a scenario that was given to us and see how you respond. Ed Farb calls in and says I was present. I was an ambulance driver that night. I was one of the first on the scene. While I was there a man walked in with a black bag, took out from his bag a large syringe, I mean a large syringe filled already with a liquid when he then, after the patient was on the floor in the bedroom, plunged into the heart cavity--heart, pardon me--or the chest and, ah, emptied what obviously appeared to be something like adrenalin or something. Ok, that's the end of the story. Would that kind of intrusion into the body show up in a normal autopsy?

Dr. Stephens: It should. Ah, it probably would be a bicarbonate solution with what you described. Epinephrine intracardiac is usually given in volumes of like a milliliter, or maybe a couple of milliliters. Bicarbonate, when it is given like that, is frequently given as 20, 30, or 50 milliliters depending on the situation, so that would be more of an argument for bicarbonate. But then the mark should be clearly visible.

Mr. Carroll: And it would be in the heart area?

Dr. Stephens: It ordinarily would be located just slightly to the left of the lower portion of the breastbone and I'm pointing now to my left lower rib cage in the center, ah, because that's the area where you would make the entry to pick up the, ah, ventricles of the heart, that's where it's normally given. That should be visible.

Mr. Carroll: And what happens when you do the autopsy and you open up? You also see what the inside of what that syringe did? In other words, is it--

Dr. Stephens: Well, if, if there's life force, in other words if there is blood pressure, then very commonly you'll see a little hemorrhagic track and, ah, that would be visible in the scan and in the tissue underneath. If the person was absolutely and totally dead there may be no hemorrhage.

Mr. Carroll: Would there be an accumulation of that liquid there or something?

Dr. Stephens: Well, there may or may not be, ah, if it was really given into the heart itself. In other words, when you give this injection, if you try to do it--if I use my hand as the heart itself--is you push the needle in until you actually feel it enter the heart and you suck back just a little bit so that you get

a free blood flow and then you actually inject into the cavity of the heart, because the purpose of giving that medicine is to, ah, lower the acid condition that's developing in the body even if the person isn't breathing or circulating blood. So, technically if it was actually given into the woman or the cavity of the heart, it would just simply mix with the blood and it wouldn't be visible. If it were injected outside the heart, then it should be collected in that sac around the heart. If it was into the tissue, it might be absorbed or less visible.

Mr. Carroll: Well, the entry point along the outside--the exterior--

Dr. Stephens: It should be clearly visible.

Mr. Carroll: Especially if it's a big enough needle to draw--

Dr. Stephens: This is normally a, a pretty big needle in the aspect of it's, ah, usually in the neighborhood of a 20- or a 21-gauge because you're putting a fairly big volume in and you want to get it in in a reasonable hurry now.

Mr. Carroll: Is that a part of the body normally checked for marks and so forth?

Dr. Stephens: Yes. It it--when I say that, I mean, obviously you're looking for any type of injury. Here, there could be some confusion if you know that there's been some resuscitation. You might, ah, not put as much attention to bruises or injuries about the front of the chest that may be associated with resuscitation. We see those very commonly now with the advent of CPR, traumas.

Mr. Carroll: If you have an important case, though, you, you remark on them, do you now?

Dr. Stephens: Yeah. They're, they're listed, ordinarily they're photographed, ah, in fact they're usually entered into the protocol as documentation of the resuscitation that's taken place, for many reasons. One of them is to document what's been done, the other is to help sort out artifact from injury.

Mr. Carroll: Artifact?

Dr. Stephens: Artifact from injury. In other words, an artifact, ah, is something that's not real as far as being an injury inclined to causing or contributing to the death, but caused by the resuscitation or medical care.

Mr. Carroll: Is the pattern of lividity in the reports and in the sketches consistent with a person who died on her face and was later transported to the coroner's, ah, facility on her back?

Dr. Stephens: Well, it, it actually, ah, is consistent with this. There's noted that, ah, fixed lividity is noted in the face, neck, chest, upper portions of the arms and the right side of the abdomen, and then a slight, ah, degree is in the back, so it's consistent with her having died and been dead on her face during the time that the majority of the lividity was forming. You understand what lividity is? Or do you need anything for your records?

Mr. Carroll: No, but I have to--maybe you can remark on how you can die on your face, have the blood flow to that part of the body then have it on the back.

Dr. Stephens: Well, lividity here means that death is simply a gravity of theft and the blood will flow in the vessels as long as it's liquid and as it, ah, loses its oxygen it turns darker and darker which you recognize as a bluish coloration or almost a reddish-blue. And the blood will then slowly start to gel, turn solid, to some extent as the body cools but some of it's a chemical reaction. As it gels, then it becomes thick and now if you turn that body that lividity will always stay. And obviously there's a maximum reaction. You'll get to the point where the maximum amount of lividity that's going to form will form. If the body's turned prior to the time that that occurs, then some blood may go ahead and form lividity in a new position. And the only real value of lividity is at the scene to help answer whether the body's been moved before or not. Ah, there is a point that lividity will then start to, ah, break down again, but by and large once the gel is formed, ah, so that it's somewhat solid, it will hold that. And so, if--and the second thing to tell you about it is that occasionally, and in especially the older literature, you'll see nice time charts that it tends to start at a certain time and keep at a certain time and dissipate. Ah, that's not valid. It's totally without basis and, ah, so that the thing about it is that it's helpful at the scene. It really gives you a little additional data beyond that. It does not always form exactly at three to six hours and peak at 12 to 18. It may be sooner; it may be later.

Mr. Carroll: How about rigor?

Dr. Stephens: Rigor mortis is also another, ah, factor that's, ah--it's a chemical mediated change in the, ah, muscle. Ah, again you'll see those same types of, ah, charts with knife- and bell-shaped curves. They're totally without basis. Again, its most useful aid is at the scene because if, ah, acidotic conditions--as the energy source is used up in the muscles, ah, acid is produced that causes the muscle bands to contract and that starts to set the muscle. Occasionally in the older literature you'll see reports that it starts at the head and goes to the toes. Now, that is without basis either. It, it really starts in a relatively uniform, ah, process, but you see its effect in the shorter muscles first, and, ah, its principal bases is that, ah, if the body has started to stiffen and hold the position, if this person has been moved, we may be able to detect it by seeing that the body is in a stiff position not consistent with the position they're in. Other than that, it has little use. And its time at forming is dependent upon the rate of chemical change. So if I am sick or fighting for my life, it may form rapidly. On the other hand, in some situations it doesn't form at all. People over about 350 pounds rarely form it; somebody who died in Alaska may not form it until the spring thaw. So, I mean it's a highly variable thing.

Mr. Carroll: Sounds like you've been asked that question before.

Dr. Stephens: We've been around that horn a couple of times, yeah.

Mr. Tomich: When someone is in an advanced state of rigor and they have to move the body or they break the limbs, put it-- in this case on a gurney--will that cause, ah, lividity at a breaking point?

Dr. Stephens: No, it might cause hemorrhage. A person can bruise at or near the time of death or after death, if you consider bruising just a question of blood and tissue. Lividity is the settling in the vessels. Now, here's the thing that can happen. Suppose that a person is forming rigor but hasn't actually formed the most rigor that they could and now you, you bend that arm, Well, now, a little bit more rigor can form because it's a chemical process and until everything is gone to completion it's still a little more that can form. So, if a person was, ah, dead 2 or 4 or 6 hours and they are just ready to form rigor and I move their body, now they can reach that rigor in that new position. But once rigor's formed and it's broken it's not going to reform. Livor, on the other hand, once it's set it isn't going to reform. But as long as it's still in the process then it can reform in a new position.

Mr. Carroll: What is that second way again?

Dr. Stephens: Livor. Livor mortis.

Mr. Carroll: And what is livor mortis?

Dr. Stephens: Well, that's the, ah, lividity or blueness of death. Now, the three hallmarks are livor, rigor and algor-ness: the blue, the stiffness, and the chilling or coolness.

Mr. Tomich: One of the allegations was that she had bruising on the backs of her knees just above the calf and they were-- ah, which is again this is the coroner's aide saying that--

Dr. Stephens: Um-hum.

Mr. Tomich: He asked what that was and he was told that it was probably those consistent with injections. Could that be caused by something else?

Mr. Carroll: Assuming it existed.

Mr. Tomich: Assuming it existed. The mortician in, at least in the reports that we have before us, the mortician said that if the body was in the advanced stage or high state of rigor mortis and that he had difficulty putting it on the gurney and that he had to force the limbs down to straighten them. Would that leave hemorrhage or [unintelligible] at the knees.

Dr. Stephens: I really can't answer that. You know, with human beings almost anything is possible. I've never experienced a hemorrhage such as that. You can inject any part of the body that you want to, and that, and that--I mean any place in the body you want to inject you can do so. And there is a, a fairly large artery and vein in that area behind the knee called the popliteal fossa, but that's not a common place to inject and, ah, even if you were trying to be secretive it's not easy to hit those vessels because they are, they're under a fat pad and it's not taking a vein, you know, blood from the arm. Ah, they're not an easy place to hit. And if I inject both of them--on the other hand, I've never had the experience of, ah, seeing rigor broken and causing hemorrhage symmetrically, that is, in both knees as you described. I've, I've never seen that. I couldn't tell you it didn't happen, ah, I really can't tell you that it could or could not. It, it might be, but it would be most unusual.

Mr. Carroll: Getting back to the, ah, report itself. Do you have any observations after having read what materials are available?

Dr. Stephens: Well, the first thing you got to keep in mind is this report is 20 years old and the standards and, ah, ways that we do things now are not the same. So, 20 years ago this was a very advanced report. You got to realize that in many areas coroners and their people were turning out one-liners or nothing at all, ah, and ah, if you want a comparison, ah, we'll take you and let you look at some reports from this office, for example, 20 years ago and you can look at the difference. So this is a pretty advanced report, probably reflecting, ah, the best they, you know, could do at the time. Ah, there are a number of things that we would do differently by today's standards and, ah, I think that's something we can talk about if you would like, but the key point is that in looking at this by what I know of 20 years ago this is a pretty complete report.

Mr. Carroll: Looking at really as to the ultimate question, what does this report, under the facts known, tell you as you read it now, assuming that people there had not-- that this is not a forgery, or not doctored or something like that?

Dr. Stephens: Well, assuming that this report does represent that that was done, it tells me that first of all the person that did the autopsy, Dr. Noguchi, did have some information before he started the autopsy. In other words, he had an idea of what the questions of importance were and it wasn't something that he just did an autopsy without any understanding. Ah, however, the questions he was looking at primarily was the cause of death and manner of death more so than circumstances. And he did know that barbiturates as an overdose was quite likely. He also knew that it potentially could be something other than barbiturates, that there is mention of other drugs. He obviously--I suspect it, if I don't know it--ah, recognized that Marilyn Monroe was a movie star and that this was probably going to be a case of some significance. So, you could compare the quality of this autopsy with the other state at the same facility, that would probably be your best comparison. The second thing that I'm not sure was part of the information because of that material that's present, is the statement by the medical examiner at that time, Dr. Curphey. I suspect that that, ah, page would be added after the rest of the material was completed. The actual description itself is probably short by today's standards. Ah, it doesn't

go into any great detail and some of the significant negative statements that we would normally put in now are not there. But 20 years ago that wasn't as common, the law was much more broadminded about what it would accept. The description of the actual, ah, findings of the autopsy are, are good enough that I could sit down and, and, ah, if necessary, go to court and testify about the significant findings just from this report alone. There is a statement that a number of substances were collected for which I see no report. And, ah---

Mr. Carroll: That was what? ah, liver?

Dr. Stephens: Well, there's liver, kidney, stomach. A vaginal smear is made, ah, which could be important if, if I were worried about some type of sexual exposure in the very recent past. And, ah, I see no report on any of that material, which doesn't give me any data to make a basis.

Mr. Carroll: Would the vaginal smear have told you anything other than the presence of male spermatozoa or male semen?

Dr. Stephens: Potentially it could tell you a little more information, but that's the primary thing you'd be looking for is, ah--and with that information, ah, you might be able to, ah, form an opinion as to the time period that that was most logically was deposited. For example, if, ah, this was done with a wet mouth and the sperm were mobile, and then you know that typically in the female that that represents a time period under six hours and if, ah, all of the sperm were mobile, under six hours, if, ah, its just an occasional one, it's under 12 hours. You find that the majority are still intact, it starts putting a time period on the exposure.

Mr. Carroll: However, in terms of cause of death, ah, the presence or absence of, ah, sexual experience of the deceased is immaterial.

Dr. Stephens: That's right. If only in the aspect of answering the next question, which is the manner. In other words, it might be important as to, ah, you know, at, the state of mind.

Mr. Carroll: Do you want to check the tape? Are you sure this is working? Famous last words, right? I remember Watergate.

Dr. Stephens: Yeah. Yeah, we can do it again.

Mr. Carroll: Ah, I really appreciate you taking the time and we will, ah--

Dr. Stephens: Well, we've got the afternoon, so whatever you need.

Mr. Carroll: Ok, this is great.

Dr. Stephens: The only thing that I might have--and let me just check one thing.

Mr. Carroll: Can we turn it off while you check?

Dr. Stephens: Yeah, turn it off. There's a couple of women I need to take some blood off.

Mr. Carroll: Is there any problem if I had a cigarette?

[Tape turned off]

Mr. Tomich: 3:26 p.m.

Mr. Carroll: I realize, doctor, that you don't want to embroil yourself in any kind of a dispute and, ah, but frankly the reason we're here is because there have been quotes attributed to various pathologists which bring into question the facts of this case. Have you had occasion to look at some of the quotes attributed to Dr. Weinberg in New York?

Dr. Stephens: Yes, I have.

Mr. Carroll: Can you refine some of those types of quotes?

Dr. Stephens: Well, almost all of them are totaly, ah, unbased in any kind of scientific fact, and I don't know him very well, but frankly, I find it difficult to believe that he's quoted properly in most of these things. Ah, anybody who has any experience with forensic medicine at all isn't likely to say a large number of things that are attributed to him. And we can go through them specifically one by one. Ah, there are some of the things that he says that, ah, could be a matter of opinion. For example, the statement attributed that women never commit suicide in, ah, in the nude. Ah, the problem with statements like that is all it takes is one example some place in the world and that universal statement is no longer true. And for an experienced medical examiner I find it hard that they would say such a thing. But all of us in this field have, ah, have had our experiences with talking with the press and, ah, I think most of us realize that at, at the best you can come out even. And, ah, so, I, you know, I don't really mean to say anything bad about those statements because they're, ah, they're not sound recordings of his actual questions and answers, they're somebody interpreting what he said and I, I, you know, try not to make a too harsh a judgment on it on that basis.

Mr. Carroll: Let's go through some of the things.

Dr. Stephens: All right.

Mr. Carroll: There's one mention of phenobarb and I think they just misspelled it, I think they were talking about Nembutal.

Dr. Stephens: I, I thought so, ah, really that since phenobarb never occurs any place and it is a specific drug, ah, it was Nembutal, that probably it just represents the, ah, writer's inexperience with the difference.

Mr. Carroll: Right. He did make a statement attributed to him, we'll say, let's not force him into, ah, adopting it, but that it would be impossible not to find trace amounts of the drug in the stomach of the victim as you know ingested them.

Dr. Stephens: That's just not true and we've already mentioned that, ah, we do stomach analyses fairly commonly here. We don't do it on every case, we do what we think what is appropriate. And, ah, finding it or not finding it isn't, ah, an absolute.

Mr. Carroll: Ok. Ah, I'm just skimming through here.

Dr. Stephens: Ok.

Mr. Carroll: You're ahead of me. Go ahead. That's fine.

Mr. Tomich: Would there be indications, ah, if you had a history of a deceased of barbiturate overdoses, that you would ever not perform an autopsy [unintelligible] but merely draw fluids?

Dr. Stephens: No, not really. The only reason I hesitate there-- if I really had a lot of pressure from an orthodox religious group that, you know, really has such, ah, feelings and so the only reason I might do something like that is where I just felt that for the welfare of the family that a full autopsy would cause so much emotional suffering that it wouldn't be justified. Not of fear of a lawsuit because we get those by the handfuls anyway. And, so I might do a limited autopsy which would mean that I would open the, ah, body, take out the stomach contents and so forth. But, no, I would never agree to not doing a complete workup.

Mr. Tomich: Twenty years ago would that have been the case also?

Dr. Stephens: Yes, 20 years ago they did do limited autopsies or no autopsies or in many areas, in fact even in some areas today, if a person is hit by a locomotive why fool around doing an autopsy, you know, the cause of death is obvious. And, ah, there's still a number of jurisdictions, especially in the mid-west or south parts of the United States, where, say an auto accident victim, the family will fight you in court and win about doing an autopsy.

Mr. Carroll: Now, is there anything [unintelligible] with livor?

Dr. Stephens: Um-hum.

Mr. Carroll: Is--I'm looking at page 4 of what we have--an internal memorandum. Do you have an internal memorandum?

Dr. Stephens: Ah, yes.

Mr. Carroll: Yes. There, the, ah, second full paragraph which begins with "with such a massive dose"?

Dr. Stephens: Yes.

Mr. Carroll: And he talks about finding some parts of the-- We talked about that, but how about the statement here that says, ah, something, we would expect the corrosive or red-raw appearance in the stomach lining--

Dr. Stephens: You may or may not see that. It really depends. The stomach is, ah, designed to handle acid as long as the mucous material is present, ah, you may not see any ulcerations. Ah, the raw, red appearance again makes me wonder if he's not talking about seconal, ah, but that is not, that's not a common finding in, in Nembutal overdoses. This compound, even when it's in matted clusters of capsules, may not produce erosion of the stomach wall.

Mr. Carroll: Ok. Ah, I think we've already answered this where he's quoted as saying he doesn't believe such a massive overdose could pass through the stomach and intestines.

Dr. Stephens: Well, that's not our experience and, ah, I noticed that in response to that question you just asked that when he was checked he said that the quote is essentially correct and he can't point out any particular errors, so I have to disagree with him on that particular finding. And in as far as it passing through the person's stomach or intestines, obviously anything that isn't absorbed is there somewhere. I mean, logically it went in at one end of a closed system

and it isn't absorbed, it's still in there somewhere. Ah, if it made it through the stomach into the next portion of bowel called the duodenum, if that isn't selectively taken out and held, then you may not be able to examine for it. And occasionally, ah, even now when we do examinations, ah, we will [unintelligible] that portion back up to collect it with the stomach material or take it out separately. And, ah, that I think is important in the aspect that there is a suggestion that a portion of the gastrointestinal tract was removed here. And I don't believe I ever saw that listed as being analyzed.

Mr. Carroll: Ah, there's a reference here to people normally give some hint that they're going to commit suicide--I'm on page 5--ah, I think he denied saying this anyway, so I'm skipping through it.

Dr. Stephens: Yeah, because, you know, we do a lot of suicide work here. I'm on the suicide prevention ward and all that other stuff. Our experience is that suicide typically breaks into several distinct groups. And one of them is the type that's described here: the long contemplation, the thinking about it, the preparation. One I find out this morning is a gentleman who's found in his bed in his pajamas, covered with blankets. On a dining room table is carefully laid out his will and all of his personal documents. But on the other hand, many suicides are situational and, ah, they're done at the spur of the moment without any preparation.

Mr. Carroll: Is there anything, looking over the autopsy reports and the other material you may have examined, that points to anything other than the either accidental or suicidal ingestion of barbiturates and chloral hydrate?

Dr. Stephens: Based on the Weinberg--

Mr. Carroll: No, based on--I'm now going to the autopsy reports, ah, any other material that you may have examined, frankly. Is there anything that points to murder, for instance?

Dr. Stephens: Well, first of all the, ah--let me break here and get the door. Did you hear the door?

Mr. Carroll: Yeah.

[unrelated matter]

Dr. Stephens: Do you mind, ah, breaking for just a second.

Mr. Carroll: Not a bit. Not a bit.

Dr. Stephens: Ok.

Mr. Tomich: 3:34 p.m.

Mr. Tomich: 3:36 p.m.

Dr. Stephens: All right, the primary question is whether or not there's any evidence in the autopsy findings that are consistent with a drug overdose versus any other findings. First of all, the classic hallmarks of a drug overdose can be, ah, the informative particles of pills or capsules in the mouth or the stomach, that's one thing. The second is that frequently these people die in respiratory or cardiac failure, so you see congestion of the lungs and, ah, there may be some foamy froth or material present about the mouth representing the congestion--pardon me--the congestion of the lungs. In addition, this woman, ah, is obviously face down for a period of time as evidenced by the lividity. So when you read the report, all the findings that are consistent with those changes are present: the face; the conjunctivae and so forth described as congested; ah, the heart is, ah, not really remarkable whereas the reasonable cause of death. The lungs are moderately congested; they are described as 465 and 420 grams, so they are a little heavier than normal. They do describe a dark red mottling and, ah, so forth through the autopsy. And the two important things are that the classic hallmarks of a drug overdose are present; they're not so overwhelming that that could be the only thing that caused them and, ah, point of fact, the changes I've just described are not specifically drug overdose only, they could be seen in a number of things, heart failure, for example, heart disease, heart attack, ah, and, ah, toxic things other than drugs. Ah, the next thing that's important is in going through the autopsy, ah, findings of reasonable other cause of death is not present. Now, we do not have a microscopic description so potentially this could be a pneumonia, just as an example now, legionnaires disease, but frankly the likelihood of that is awfully small.

Mr. Carroll: If you combine that--I'm interrupting, I'm sorry.

Dr. Stephens: Um-hum.

Mr. Carroll: If you combine with what you do have, which is a content of barbiturates and chloral hydrate, and you read in those dosages that were in the system, right?

Dr. Stephens: That's right. When you add that, ah, this material plus the toxicology of the investigation, then the correct diagnosis is supplied. Ah--

Mr. Carroll: I'm sorry, correct what?

Dr. Stephens: Diagnosis as far as cause of death is there. The manner of death is, ah, something that's done in, in another aspect. One of the benefits of doing several body systems like blood, liver and urine or blood, stomach and urine or some other combination is it gives you a handle on, ah, chronic or acute death and sometimes the route of administration. So, if there had been recognizable gelatin capsules found in this woman that would be a bigger argument of an oral ingestion. Or if there had been large amounts of material found in the stomach or gastrointestinal tract it certainly would have argued strongly for that route of administration. Ah, if a drug is given intravenously in a weaker level, like a barbiturate, then death usually occurs fairly soon after that administration. So, if this had been given intravenously or even intramuscularly or so forth, the toxic level is reached fairly rapidly and you expect this patient to become unconscious and eventually die, but in a fairly rapid manner. A person who takes a drug orally, ah, basically becomes sleepy, loses consciousness and then dies usually because of pulmonary congestion or respiratory failure. And if they don't close off their airway either by vomiting or, ah, because of position, or their tongue falling back and blocking it or choking on their dentures or whatever, then they may live for quite a period of time. The second thing I started to tell you is the man I signed out today with Nembutal poisoning had almost a 1 to 2 ratio of blood to liver concentration which is not a great argument for an acute ingestion. Usually, acute ingestions are in the neighborhood of 1 to 10 ratios or higher and it's obvious that this man lived for quite a period of time after he had taken his dose of Nembutal.

Mr. Carroll: Because of the metabolism?

Dr. Stephens: Because it metabolized. It was absorbed, it was out of his stomach and, ah, yet he's taken a lethal dose and he eventually died. He died so--after probably hours.

Mr. Carroll: Did you find anything in his stomach?

Dr. Stephens: No. He just happens to be today's case, but if you go back and look at Nembutal deaths over a period of time some of them have it in their stomach and some do not. Ah, about a week or so ago we had a woman with a Nembutal overdose who had a stomach full of material and had about, a, oh, roughly 1 to 12 ratio between blood and liver and a large amount in the stomach. So, I mean it's highly variable, and it really reflects many different, ah, factors including tolerance and how many capsules were taken and whether or not there's food or material in the stomach, whether there's vomiting or not, ah, what else is taken. In this case, the other interesting drug was chloral hydrate which is a soporific or sleep-producing drug that tends to, ah--

Mr. Carroll: Soporific?

Dr. Stephens: Soporific.

Mr. Carroll: Is that how you pronounce it?

Dr. Stephens: Well, it's either or either, I guess.

Mr. Carroll: The reason I'm saying this is for the typist that has to type this.

Dr. Stephens: Yeah. Yeah. Well, I was always taught soporific. I guess it's all where you put the accent. But nevertheless, ah, you know, that in itself may play a part in inducing sleep or prolonging, ah--

Mr. Carroll: Is there a synergetic effect between chloral hydrate and Nembutal?

Dr. Stephens: There would be a synergetic effect in the aspect that they're both, ah, at these levels likely to produce unconsciousness. Ah, I've forgotten the level tract for ethynol but, ah, as I recall it was elevated. Ah, it's mentioned in one of the reports but I don't have a toxicology report, I don't believe.

Mr. Carroll: Here's one. Here's one right here.

Dr. Stephens: What value do you have?

Mr. Carroll: I have ths same thing that you do and I can't find the chloral hydrate percentage.

Dr. Stephens: It's, it's described as being potent but I don't actually have a toxicology department report.

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Mr. Carroll: Somewhere in another report, which I cannot authenticate, ah, it talks about 8 percent chloral hydrate.

Dr. Stephens: Well, yeah, 8 milligrams percent of chloral hydrate. This is, ah, described as, ah--what will this represent? I take it's the investigator's notes or something.

Mr. Carroll: That's a popular writer's notes. Oh, that's it.

Dr. Stephens: Oh, you're right. This is the one out of the--

Mr. Carroll: New York Post.

Dr. Stephens: --New York Post. That one talks about 8 milligrams percent.

Mr. Carroll: Yeah, this one that I'm reading says the same thing.

Dr. Stephens: Ok.

Mr. Carroll: But I don't--

Dr. Stephens: But I don't have a toxicologist's report per se from the department of toxicology or--

Mr. Carroll: Well, we don't either.

Dr. Stephens: Ok. So, ah, I really don't know exactly what to do with that. If chloral hydrate, we would be reporting it out as a toxic level starting at about 10 milligrams percent, and lethal in the neighborhood of 25 milligrams percent. Ah, by itself it is a de novo show of cause of death. And obviously when it's mixed with another compound it's known to produce a respiratory depression, ah, it does have an additive effect.

Mr. Carroll: And they also call that potentiation? Did they say?

Dr. Stephens: No, potentiation to me implies that one drug enhances the action of another. Ah, drugs can have an additive effect. In other words, you know, if you effected two from one and two from another the sum effect is four. And so it could be used either way.

Mr. Carroll: I see. What is the lethal dosage of barbiturates and Nembutal?

Dr. Stephens: Well, ah, for Nembutal we've been using a, ah, in fact I can give you the data from a series of several hundred cases, and I'll give you both therapeutic and--

Mr. Carroll: Excuse me, doctor, I do have some kind of chemical analysis.

Dr. Stephens: Ok. All right.

Mr. Carroll: This other agrees with what we've been using for numbers.

Dr. Stephens: Yes, it does. I didn't have this. It, ah, it's interesting. It has a correction: delete number 7 on original report of August 2 and add (7) 32 peach-colored tablets marked, marked sharp-dull, in prescription bottle without label, and 24 white tablets phenergan. Here is my report.

Mr. Carroll: What is phenergan?

Dr. Stephens: Phenergan is a, ah, a compound that is, ah, typically used as a mild, ah, tranquilizer, ah, frequently used, ah, today's standards as a, a elixir or cough preparation. I see, the, I guess, the original report. So, if she has 4.5 milligrams percent of barbiturates in the blood, this specific notation, phenobarbital is absent, and the samples submitted were blood, kidney, liver, stomach, intestines, urine and drugs, and of the drugs there was a, ah, Librium, Suflathallidine, Nembutal, chloral hydrate, Noludar, Phenergan and, and then the peach-colored tablets, ah, listed as MSD. And then the additional report is the blood chloral hydrate of 8 milligrams percent and a liver pentobarb of 13 milligrams percent.

Mr. Tomich: Excuse me, doctor.

Dr. Stephens: Yeah?

Mr. Tomich: I'm going to turn the tape over.

Dr. Stephens: Ok.

Mr. Tomich: 5:52 -- 3:52 p.m.

Dr. Stephens: Thank you.

Mr. Tomich: Time: 3:57 p.m.

Mr. Carroll: Let me back up a second. You mentioned phenergan.

Dr. Stephens: Yes.

Mr. Carroll: And did you look that up?

Dr. Stephens: Yes. Ah, phenergan is listed in the, ah, current PDR, the Physician's Death Reference, as antihistamine and it has the notation that, ah, it is the compound that potentiates or has an additive effect because of its sedative action and therefore would add to the sedative effect of the central nervous system depression such as alcohol, barbiturates and so forth.

Mr. Carroll: So--

Dr. Stephens: So, if phenergan were present it would be an additional, ah, drug that would produce central nervous system depression.

Mr. Carroll: So, as we look at the toxicological report, what is it those--the numbers tell you if you look at it?

Dr. Stephens: Well, the first thing is that the, ah, blood level of phenobarbital--pentobarbital, which is Nembutal, and there is a specific notation that phenobarbital is absent, that it was specifically looked for and it is not present, shows a blood level of 4.5 milligrams percent. From looking at hundreds of our cases here, as well as comparing that to the literature, the therapeutic level of, ah, pentobarbital atypically ranges in the nature of, ah, .18 to .12, and looking at the lethal level, from again many, many cases, the lethal levels of blood have been ranging from 5 to 16.9 and just on this basis alone the pentobarbital is a very high level, ah, and certainly that in itself could cause death. And the liver ratio in this case is 4.5 milligrams percent of the blood to 13 milligrams percent of the, ah, liver. So, it's, ah, not quite a 1 to 2 ratio, but again it's certainly compatible with a prolonged period of absorption or metabolism rather than an acute absorption.

Mr. Carroll: So it would point towards--ah, I think we're next to a freeway here--it would point towards, ah, some extent of metabolizing of the drug as opposed to a hot-shot, say a needle, which would not metabolize, it would have been a toxic dose in the blood as well as the liver. Is that right?

Dr. Stephens: That's exactly so. If this had been given as an injection intravenously or intramuscularly or even subcutaneously for that matter, then you'd expect absorption to be much faster and a toxic level to be reached much faster. As a result we typically would see a level, say in the blood was--just keep it at 4.5 milligrams percent, but because the absorption is so rapid you'd expect to see that material in the liver as a higher amount. Ah--

Mr. Carroll: Is this consistent then with the metabolizing of material in the stomach and dumping it, we'll say, into the, ah--pardon me--digesting it in the system and not having the residue?

Dr. Stephens: Well, it could be consistent with that and it absolutely shows that the material is almost completely absorbed and metabolized, that it's probably on a down slope of excretion. And the reason to support that on just these two compartments is that, ah, if this patient was still actively absorbing from the gastrointestinal tract from a massive dose, that is, there's a large amount in the gastrointestinal tract that's being absorbed, then it's removed from the bloodstream fairly rapidly. If it passes through the liver and starts through its detoxification, if you were to say, ah, glucuronide detoxification process or metabolism in the liver and, ah, therefore you'd expect it to be stored in higher amounts in the liver if it's coming from such a very large concentration to be, ah, broken down by the liver for excretion. Here, it's essentially a 1 to 2 ratio. To me, that suggests that the person lives for quite a period of time. It also suggests that there is not a large reservoir left in the stomach or gastrointestinal tract to be drawing from. It would be nice if we had another compartment to look at; for example, if we had urine or even stomach contents to help prove that that's the only reasonable answer. But certainly I gave you the example of the case from last night. Ah, here again we got a person who, ah, had about a 1 to 2 ratio, we can look up the actual numbers but, ah, it wasn't much different from this.

Mr. Carroll: How about if you add the chloral hydrate find?

Dr. Stephens: The chloral hydrate obviously adds to the toxicity. So, I have told you that in looking at hundreds of cases here and constantly revising our data the, ah, average toxic level in the blood to about 5 milligrams percent just on the pentobarbital alone is 4.5. And by adding the chloral hydrate that certainly adds an additional amount.

Mr. Carroll: There's a question that's related to this. There's been an accusation or a critic's statement that there should have been water in the stomach if someone drank, you know, drank water with the pills.

Dr. Stephens: No, the period of time has passed that the stomach contents have been absorbed. The water is absorbed fairly rapidly.

Mr. Carroll: Ok. What did--can you tell by the charts or your own experience here how many, ah, Nembutal, aka pentobarbital, was taken?

Dr. Stephens: I sure can. Give me a second. I need another chart. You can turn it off just for a moment.

Mr. Carroll: Ok.

Mr. Tomich: 4:03 p.m.

[Dr. Stephens looked for chart; couldn't find; will get back to us.]

Mr. Tomich: 4:17 p.m.

Mr. Carroll: Someone has raised the issue, ah, about the condition of the colon. Let me back up a little bit. I think Dr. Weinberg says that there's only three ways you can get these kind of drug levels. One of them is oral ingestion, another is with a needle injection, a third is through a suppository. Someone has raised a question that maybe a suppository had been used because there was some, ah, discoloration of the colon. I think that the colon is described in the protocol under the-- whatever--the Central or Gastrointestinal Tract.

Mr. Tomich: It's under Digestive System.

Dr. Stephens: Well, I notice here it says no refractile crystals are seen in the gastric material, the contents of the duodenum are examined, no refractile or polarizable material is seen. And then it says the colon shows marked congestion and purplish discoloration, and the fecal contents is light brown and formed, and the mucosa shows no discoloration. I--you'd kinda have to ask Dr. Noguchi how he interprets that. I interpret that as meaning that there is marked congestion in the outer, ah, lining, that is the inside lining of the bowel and the supporting tissue called a mesentery. And, ah, that's not too uncommon a finding. Ah, I had never considered it in any other way. And he then adds the next important thing, that the inside lining shows no abnormalities.

Mr. Carroll: What's that, the mucosa?

Dr. Stephens: The mucosa is the inside lining, the part next to the stool and, ah, however, in theory a suppository could have been given and not produced any changes. If you consider, though, how many suppositories would have to be given to get to this kind of level--

Mr. Carroll: I have a certain visual image as well.

Dr. Stephens: Yeah, it, ah, it's a fair amount. I mean, it's not impossible but it's a fair amount. Ah, one of the deaths that I recall, ah, sometime ago was a woman who was a nurse who apparently for use purposes or whatever was giving herself a rectal enema with a, ah, an elixir.

Mr. Carroll: What's an elixir? Alcohol?

Dr. Stephens: Yes, it's an alcoholic extract and, ah, alcohol is very rapidly absorbed in the bowels very rapidly. Some-- it's a very quick high. So, I mean, you know, strange things happen but you're again on investigation, ah, there's nothing to suggest, ah, enema equipment although that isn't specifically deleted. A suppository, of course, ah, is not uncommon. It's kept in the refrigerator to, ah, because they're usually designed to melt at body temperatures and that may not have been examined.

Mr. Carroll: Would that have--would a suppository show up in terms of the, ah, fecal contents?

Dr. Stephens: Not necessarily because usually this material will have kind of a greasy-like appearance and, ah, usually it's in a light oil or a preparation that will melt, depending on the manufacturer, at body temperature and it usually becomes quite soft and liquid. You might not pick it up. I can reasonably see that you wouldn't.

Mr. Carroll: How many would it be, as you say, a hugh amount in this case?

Dr. Stephens: There should be a fair number to get these kind of levels, yes. I can't remember in any of our homicides or suicides, and certainly none of our accidents, where Nembutal was used, that it was used in suppository form. Accidents, maybe, where children have been given an overdose. But, ah, barbiturates tend not to kill acutely in borderline levels. But that's the only possible exception, would be pediatric cases. Nembutal by its solitary count is not a very common preparation. Ah, I would--I'm not an expert, but I would suspect that if I wrote you such a prescription, you'd go to more than one pharmacy before you'd find it.

Mr. Carroll: We don't know, ah, what the PDR of 1962 says, I guess [unintelligible] I don't think it's worth the time to go to the library--

Dr. Stephens: If that becomes an issue I know we can find a '62 PDR. In fact, I think I could probably put my hands on one in a short time.

Mr. Carroll: Do you have any, ah, observations now that we've shown you the, ah, tox's and the toxicological reports and the other material?

Dr. Stephens: Well--

Mr. Carroll: I know I've asked this before, I'm sorry if I'm going over it again. I thought something else may have occurred to you.

Dr. Stephens: The toxicological report is very important to me in augmenting the diagnoses. It really makes it much more clear that barbiturates and, ah, chloral hydrate, ah, together produced this death. As I recall, it was signed out on the death certificate a acute barbiturate poisoning and the, ah, effect of the chloral hydrate were not mentioned. That would be perhaps one trivial or minor thing that I might have done differently. It's impossible for me to say what should have been done in 1962. I, I know that if we did this case today we'd do it quite a bit differently. But on review of cases from that same time period for other reasons, this is not a weak or poorly done autopsy. It appears to be done pretty well and it's Monday quarterbacking whether they, they would have, or could have, or should have done the stomach or other things. Today we would.

Mr. Carroll: What would you do today to the stomach?

Dr. Stephens: We would have analyzed it, ah, even if it was a, if there was no chloride material, on a case like this we would have analyzed it.

Mr. Carroll: How, how would that be?

Dr. Stephens: We simply would have taken that 20 milliliters of material and, ah, and ran a test for barbiturates and to see if they were present or not. Because the lack of polarizable materials simply tells you that no crystalline debris is there. You might still have some, ah, recognizable levels of barbiturates in the stomach material. Those would have to be interpreted carefully because some of these compounds in large levels in the body are excreted in the stomach or bowels. So finding it in the stomach or bowel might tell you that it only was ingested just because it's in a low level. The thing I will tell you now is if I had done this autopsy and had looked at the stomach as Dr. Noguchi did and not found polarizable material and it wasn't Marilyn Monroe, I wouldn't have done the stomach for barbiturates myself. I would have done what they did, and that is blood and liver. Ah, I would have probably, and it's

possible since we don't have the actual toxicology lab records, just their report, it's possible they looked for other things. And I certainly would have wanted a negative report for things like the phenergan and other compounds that were there. I would have liked to have known what item number 7 is--peach-colored tablets--really was, ah, because it may well be that that's another sedative or hypnotic. And frankly, in a case like this, one of the things you're looking for is that if this is an accident, let's say, ah, versus a suicide, a person who's taken literally handfuls of pills is just not going to make it as an accident. And if--maybe--is Abernathy still alive?

Mr. Carroll: I don't know.

Dr. Stephens: I don't know if he is or not, but he'd have to be in his 70's or 80's now, but, ah, you might be possible to talk to somebody like that and find out if, if they did other analyses then a negative statement should be there, you know, that other sedatives and hypnotics were tested for and not found. That we would do differently. It would be there. The autopsy itself, if in fact you can support that there was an intra-cardiac injection, that should have been picked up. And if it--

Mr. Carroll: We're talking about an informant that came out of the blue who said that.

Dr. Stephens: Well, I mean, you know, obviously if the way you heard it, a report like this, is find something that should be there or shouldn't be there and, you know, indicate that it was missed, and so if you in good bases can show that there was in fact a resuscitation, now we know from other information that there's a, a very worrisome time period between the time that the physician apparently get there before anybody else was there, and I doubt seriously that they just sat around. I mean, they had to do something even if it was just recognizing the fact. And, ah, there's this interesting question about whether the stomach was pumped. Ah, if the stomach was pumped, I could see that in theory, ah, if it was washed out, lavaged, you know, the contents were removed and then some fluid was put in and it was washed and brought out again several times, ah, I could see that removing the polarizable material from the stomach but not very likely from down in the bowels. Ah, it's theoretically possible but practically not likely.

Mr. Carroll: What would you find, ah--

Dr. Stephens: The ratios again argue that there's--

Mr. Carroll: There was a slow ingestion.

Dr. Stephens: Well, that it, it don't have to be. In other words, if the peak of that absorption has stopped and it's now starting to even out towards the excretion phase, if you can imagine a bell-shaped curve of absorption and excretion for a drug like this. Ah, so except for the fact that I would have made more of the additive effect of chloral hydrate and I would have looked for these other drugs and so forth, ah, I don't have much to really question about the, ah, autopsy. Obviously, in a case like this you know, as a forensic pathologist, you know in a situation there will be people second-guessing you on until the coming of Christ and, ah, you're going to put your best foot forward and literally overkill the examination. By those standards, this autopsy is a little weak. And the best thing I could suggest there is compare it to the other autopsies in 1962 and I think by that standard you'll find it's a pretty complete autopsy.

Mr. Tomich: Would the, ah, percents of chloral hydrate and pentobarbital would they--either one been sufficient to cause death?

Dr. Stephens: Ah, the pentobarbital by itself is sufficient to cause death. The question then arises that you can't have your cake and eat it too, is that if this woman really has a tolerance, what is the lethal level for her. If you talk about a person who has no exposure to drugs, this is more than enough to cause death.

Mr. Tomich: Could she have had such a tolerance to cope with the combination of these two?

Dr. Stephens: Ah, it's possible, probably not, but it's possible.

Mr. Carroll: I just want to make sure that it's understood on the tape. You said to cope with, ah, was to handle both of these drugs?

Dr. Stephens: And not die. Yeah. I think that it's possible, ah, but I think that the likelihood is awfully small. And, of course, the test is that we have no other recognizable information of drugs in the woman's death. So I--the thing you have to keep in mind is that, ah, a person who passes out for whatever reason is in some danger and, ah, whether that is just closing off their airway or whatever, you know. And so if the level was enough to produce unconsciousness it might still produce death even though that's, ah, just a mechanical blockage of the airway and what you see as far as your testing ability [unintelligible] would be the same. But we do

know that people can develop pretty high tolerances to drugs, ah, amphetamines and barbiturates. We have people, ah, 15, 18 years old who are taking many, many Nembutals per day, and, and routinely running fairly high levels. But I think that these levels are high enough that they reasonably would cause death.

Mr. Tomich: With the amount of, of pills that you've indicated, could they have been taken in one handful without the aid of water? Could someone do that?

Dr. Stephens: Depends on the person. There're some people who couldn't swallow, ah, you know, the tiniest pill you can imagine without water. And there are other people that can--you can give them pills that are giant and they can get them down. And, ah, gelatin seems to be worse for many people than tablets. For some people tablets is the worse. They cannot get a--you can have people who you can give aspirin tablets to, for example, that tend to dissolve pretty fast, they couldn't get them down on a bet. So, it really kinda depends on the person.

Mr. Carroll: Does chloral hydrate come in, ah, do you know or, I know we're talking about 20 years ago, is that a tab, or--

Dr. Stephens: No, it's, it's, ah, traditionally and has been--chloral hydrate is a real old compound and it traditionally comes in a gelatin capsule. The patent rights have been out on chloral hydrate for many, many years. And, ah, that's seconal. Ah, it's a, usually a brown-colored, roundish, gelatin capsule and with a very distinctive odor. You ever smell it, you'll never, never, you know, miss it again.

Mr. Tomich: Is pentobarbital Nembutal?

Dr. Stephens: Yes, pentobarbital, it--Nembutal is the, ah, is the chemical.

Mr. Carroll: Or trade name.

Dr. Stephens: Is the trade name. Sodium pentobarbital is the actual chemical and Nembutal is the product line. It's also sold under a number of other products, ah, as far as the actual name. So it would be like, ah, I don't know if I can give you an example, Ford is the actual compound but automobile kinda covers the whole range. And so a lot of compounds that are older like that are sold under a number of different names. [Dr. Stephens looks for something.] It's like a policeman when you need one. I thought I had some in here, but I guess

not. Ah, but it's, ah, usually sold--there's a number of products, Noctec is the most common; it's a brown-colored, kinda oval capsule they put chloral hydrate. In pentobarbital, ah, again these are old compounds, they've been around for many, many years, so they are sold under a number of names. Nembutal is probably the most common. That's the, I believe, the parent compound in the United States and they been selling that product for probably 50 years or so.

Mr. Tomich: But that goes just on experience, on your experience. Is there some book that will tell us that there will be no yellow dye in the stomach lining or any transferred yellow dye in the organs from Nembutal or pentobarbital?

Dr. Stephens: I don't--negative statements like that aren't as often in the literature. In other words, if we put in every negative statement, you know--so, no, you'll find references to seconal staining, ah, in Stephen Fisher probably and, and others. Ah, what we could do is we could, ah, get a survey of forensic toxicologists or pathologists and, and see if on the contrary they have ever seen Nembutal stain yellow, and including--

Mr. Carroll: How about the, ah, company, Abbott, or whoever makes it?

Dr. Stephens: I, I kinda doubt that they would know that. We could ask, ah, you know, some of the detail hunters--ask the, ah, medical representative, for example, just call him on the phone and ask him if he has indicative--companies likely have a--keep a library file on their products, especially, ah, where there's been problems or complications. And, ah, sometimes they give an abstract of this material so it might be possible to call up the medical representative of Abbott and ask them an off-the-wall question like that and get a reasonable answer. And, ah, they may, they may keep that kind of information because for them a product liability, ah, if they got a question about a product--let's just say that I'm wrong and it, it very commonly happens. Well, if they have that kind of information they may use it to evaluate whether a call that's coming in is reasonably their product or not. So, ah, and your phone number is here. It's available. And it's not a useless thing to do. But frankly, I, ah, I doubt that you're going to find it in the standard literature because negative statements like that just don't commonly get into literature.

Mr. Carroll: Can we, ah--I know you're busy and we appreciate the time--can we call you back if we've forgotten something.

Dr. Stephens: Yeah, you sure can.

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Mr. Carroll: Ok.

Dr. Stephens: And I, ah, had written off the afternoon because I knew you might be a little late. So you can have as much time as you need.

Mr. Carroll: Well, I think today we're sorta running out of steam. You have anything else? We can go off the tape now unless you have a reason to add something, doctor.

Dr. Stephens: No, let me see if I can find you that reference for the second producing a red stain and also if I can find you any references for Nembutal. So, yeah, why don't you go off the tape for a few minutes and give me a couple of seconds and I'll see what I can find for you.

Mr. Tomich: 4:34 p.m. Interview with Boyd Stephens, Chief Medical Examiner/Coroner, San Francisco County. Present: Assistant District Attorney Ronald Carroll, Investigator Alan Tomich.

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\*\*\*End of Tape\*\*\*

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J

Jan  
Tavi Newman

8/5/62 death

Manly Fowler → press release

Bill McKessen - DA @ the time

Busch → Stotzer letter

John Piper (Head  
Medical/Legal)

Letter to Karpis

Chief Deputy Files

9/13/62

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3

MEMORANDUM

TO: THE FILE

FROM: RONALD H. CARROLL <sup>JHC</sup>  
Assistant District Attorney

SUBJECT: ATTORNEY FOR MARILYN MONROE'S ESTATE--CONTACT

DATE: AUGUST 19, 1982, 4 p.m.

I have just concluded a telephone conversation with Mr. Roger Richman, an attorney in Los Angeles at 855-1282. He called me for the express purpose of notifying us that if Marilyn Monroe's diary exists, it is an asset of the estate. He will be sending us some written documentation concerning his role as the attorney for the estate, etc. His phone call was prompted by the Ted Jordan matter. He said he had called the Screen Actors Guild in an attempt to locate Jordan. The Screen Actors Guild lists Jordan's business number as 823-3392. He called information on the westside and found a Ted Jordan listed at [REDACTED] in [REDACTED], with a home phone of [REDACTED].

He is the person to contact to represent the estate if the subject of exhumation comes up. He also states that the diary cannot be possessed, copied, or used in publications by any person without permission of the estate except for law enforcement purposes. He says he will give us express permission to read and evaluate the diary if we secure it. He would like us, however, to then turn the diary over to the estate after we were done with it. He says further that since the diary is no one's property but that of the estate, we would be correct in treating it as stolen property for the purposes of a search warrant.

He will continue to cooperate in the matter.

gmk

cc: Chief Anderson  
Inv. Al Tomich

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- c. The investigation was not done with the thoroughness that he would have expected given the known circumstances and the fact that it was such a famous person. (Given Monroe's notoriety, Weinberg felt there would be much speculation as to the death, therefore, it called for as thorough an investigation as possible.)
- d. Women rarely commit suicide in the nude; modesty seems to prevail and women are nearly always dressed. In his experience he has only seen one case in which a woman was nude who had committed suicide.

I then read to Dr. Weinberg the quotes attributed to him by Mr. Carpozi.

QUOTE

"The evidence points to all the classic features of a homicide, much more than suicide, and certainly not an accidental death . . . ."

RESPONSE

"I never said anything like that at all." Weinberg went on to emphasize that the only thing that he told Carpozi were the same things that he told me earlier in this conversation. He said that Carpozi was angry with him because he refused to return his phone calls and told the secretary that 'I'm going to get him someday.' Weinberg then said, "I guess it took him more than ten years, but he finally got me."

QUOTE

"Dr. Weinberg said he couldn't believe Marilyn took an overdose of barbituates herself -- based on what evidence was available to him, such as the autopsy and toxicological findings."

RESPONSE

He did in fact read the autopsy and toxicological reports, but he never said what was attributed to him.

QUOTE

"He said further that he'd be prepared to tell Los Angeles County District Attorney John Van de Kamp right now what he unwaveringly believes -- that Marilyn Monroe couldn't have killed herself."

RESPONSE

"Why couldn't she have killed herself? Why not?" "I never said this." (i.e., that is the quote attributed to Weinberg)

QUOTE

"Barring the finding of a hypodermic needle in Miss Monroe's house which could indicate she administered the drugs herself, I must suspect that a physician, a nurse, or a paramedic type of person injected her subcutaneously (under the skin) or intravenously, said Dr. Weinberg."

RESPONSE

"No, no, I did not say that." Weinberg denies saying anything close to what is attributed to him.

QUOTE

"Since a lethal dose was administered, I would be remiss in my duties if I had come up with the autopsy and toxicological findings of the Los Angeles Coroner's Office and didn't refer this case to the District Attorney for investigation."

RESPONSE

"No, I did not say that, I don't talk that way." Weinberg went on to explain that if he ever had a case where he believed that additional criminal investigation was necessary, he would first refer it to homicide investigators (police) who in turn, if proper, would then bring the case to the District Attorney. He would never refer such a case directly to the District Attorney.

QUOTE

"This would indicate without doubt that these drugs had been injected into Miss Monroe's body."

RESPONSE

He denies ever saying that nor did he ever so conclude.

QUOTE

"It would have been an impossibility for her (Monroe) to have taken them orally and not to have turned up a residue of crystals in the stomach."

RESPONSE

This quote is essentially correct, but he does not recall using the phrase "residue of crystals". He would have referred to a finding of a trace amount of the drug in the stomach.

QUOTE

"With such a massive dose of barbituates in her system, you must expect to find at least some partially digested capsules or tablets in the stomach, some powdery material adhering to the stomach lining, and often times -- as in this case -- you would expect the corrosive or raw-red appearance on the stomach lining. This is not apparent in Dr. Noguchi's autopsy report."

RESPONSE

The quote is essentially correct and he cannot point out any particular error.

QUOTE

"I don't believe such a massive overdose of drugs could pass through any person's stomach or intestines. I lean toward the belief that she had been injected with a lethal dose of phenobarbital and perhaps even chloral hydrate. And in that you must even conjure up the idea of people having access to the bottles of pills on her table and emptying the bottles out -- maybe disposing of them down the toilet -- to make it look as though Miss Monroe had gulped them down."

RESPONSE

The first sentence is accurate. The second sentence Dr. Weinberg denies ever saying or believing. The last part of the quote he cannot emphatically state one way or the other as to whether it is a correct quote.

QUOTE

"If she indeed had been injected, the person who shot those drugs into her with a hypodermic needle wasn't delivering a therapeutic dose. It was a murderous one."

RESPONSE

"No." Dr. Weinberg denied ever making such a statement.

QUOTE

"While Marilyn had no modesty in exposing herself nude -- I'm referring to the calendar she posed for -- I believe there is an inherent modesty in women that prevents them from taking off all their clothes when they are going to take their lives."

RESPONSE

The quote is correct.

QUOTE

"A person who is going to take her life contemplates it. She will write to someone hinting at it, if she doesn't leave a long rambling note somewhere telling why she was doing it. Or she'll have talked with someone about it. In Miss Monroe's case, I find it significant that no one had even a clue that she wanted to die."

RESPONSE

Not true. Weinberg said that we have many, many cases in which there is no suicide note, nor any previous indication of a desire to commit suicide.

QUOTE

"In all the other times she took overdoses, Miss Monroe called someone for help. She was not really trying to die. If that is the pattern, and if she indeed had her hand on the phone as though trying to summon help, then I must assume that Miss Monroe received an injection subcutaneously rather than intravenously. She would never be able to reach for the phone if the drugs had been injected into her vein.

RESPONSE

Weinberg denies ever saying it.

QUOTE

"Dr. Weinberg says it took an inordinately long time to call authorities after Mrs. Murray discovered her mistress' body through the window of the bedroom. 'I certainly would want to know what took them so long,' he said."

RESPONSE

The quote is correct.

---

Weinberg concluded his comments by emphasizing what it was that he told Carpozi. What he then reiterated was exactly what he told me at the beginning of our conversation and noted in the beginning of this memo. During our entire conversation Weinberg appeared to be genuinely shocked and annoyed at the misquotes attributed to him by Carpozi. He concluded by saying, "99.4% of that stuff (the quoted material) is not true."

He called upon me to call him if we need more information. Weinberg also asked me to express his apologies to Van de Kamp for any embarrassment he may have caused him or the office.

jw

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MEMORANDUM

TO: THE FILE

FROM: RONALD H. (MIKE) CARROLL *RC*  
Assistant District Attorney

SUBJECT: JIM DAUGHERTY

DATE: AUGUST 23, 1982

I received a phone call this afternoon from a person who identified himself as Jim Daugherty (phonetically). He said that he had heard that I was involved with oversight responsibilities for the Marilyn Monroe matter and wished to volunteer his services. He was Marilyn Monroe's first husband.

He retired from the Los Angeles Police Department sometime ago and is now working as a lieutenant in the Sheriff's Department in Androsoggin, Maine. His business number is (207) 786-2388 (Sheriff's Office); his home phone number is [REDACTED]

In our brief conversation he made references to an author by the name of Fred Gillis who wrote "Norma Jean." He himself wrote a book which is no longer in print entitled "Secret Happiness of Marilyn Monroe", published by the Playboy Press. In his book he outlined his own personal theory concerning her death. He thinks that some of these people who popped up as authors are full of malarkey. He is willing to be deposed, and the local district attorney there or deputy district attorney (a lady's name) said that she would assist him in taking a sworn statement if we desire it.

He may have some information concerning Slatzer. He knows a former Sgt. Jack Clemmons and knew the investigators who investigated Monroe's death. He believes that Clemmons is a fine gentleman, but that he is possible obsessed with a dislike for the Kennedy family and his dislike has colored his judgment.

gmk

cc: Chief Anderson  
Al Tomich

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bcc: DA  
CDDA

COUNTY OF LOS ANGELES  
OFFICE OF THE DISTRICT ATTORNEY



18000 CRIMINAL COURTS BUILDING  
210 WEST TEMPLE STREET  
LOS ANGELES, CALIFORNIA 90012

974-3508

JOHN K. VAN DE KAMP, DISTRICT ATTORNEY  
CURT LIVESAY, CHIEF DEPUTY DISTRICT ATTORNEY  
RONALD H. CARROLL, ASSISTANT DISTRICT ATTORNEY

August 9, 1982

Mr. Stephen S. Trott  
United States Attorney  
Central District of California  
312 North Spring Street  
Los Angeles, California 90012

Dear Mr. Trott:

In re REQUEST FOR DEPARTMENT OF JUSTICE FILES RELATING TO  
MARILYN MONROE

This letter is a formal request for Department of Justice information relating to Marilyn Monroe.

As you know, Marilyn Monroe died 20 years ago--August 5, 1962. The Los Angeles County Coroner's Office found that her death was a suicide caused by an overdose of drugs. Since that time, however, there have been various rumors and allegations concerning the possibility that she was murdered. Most recently, on the anniversary of her death this month, several individuals have publicly claimed that her death was a homicide.

The New York Post has just run a series of articles by George Carpozi, Jr., in which he claims that the early inquiries into her death by the Coroner's Office and others were inadequate. He specifically requests that the Los Angeles County District Attorney's Office investigate de novo the death of Miss Monroe to determine if there was criminal culpability involved.

Here in Los Angeles a private detective by the name of Milo Speriglio and an individual by the name of Robert Saltzer have held news conferences alleging that several sinister elements, including United States Government agents, may have been involved with Miss Monroe's death.

Mr. Stephen S. Trott  
Page Two  
August 9, 1982

The District Attorney is not in a position at this time to determine whether or not an investigation should be initiated. Prior to any such determination, we will have to read any existing material, including law enforcement material, to determine if an investigation is warranted. Toward that end, we ask your assistance in securing any United States Government files relating to Marilyn Monroe, including Department of Justice and F.B.I. files.


We are informed via public press statements that some of the persons who are now asking for an investigation of Miss Monroe's death are in possession of government files which they secured through the Freedom of Information Act. We are also informed that some of this material, particularly in the F.B.I. files, has been excised or censored by the Department of Justice prior to its transmission to the complaining parties.

Please be advised that our interest in the matter relates solely to the question of homicide, and that any material we obtain from the U.S. Government will be used for legitimate law enforcement purposes only.

Thank you for your cooperation in this matter.

Sincerely,

JOHN K. VAN DE KAMP  
District Attorney

By   
RONALD H. CARROLL  
Assistant District Attorney

jm

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TO: JOHN VAN DE KAMP  
MIKE CARROLL ✓  
FROM: ESTHER MOTT E.  
DATE: AUGUST 23, 1982 5:48 p.m.

*Authentic  
M C CLELLAN*

I just received a call from Garreth (sp?) Harvey, who is with the 60 MINUTES program from Sidney, Australia.

They want to fly a crew to Los Angeles, and are interested in doing an interview concerning the reopening of the Marilyn Monroe case. (a segment of perhaps 12 to 17 minutes). He said they don't have anything "heavy" in mind, but just want to establish the reasons for reopening the case.

I told Mr. Harvey that our Assistant District Attorney, Mr. Carroll, was overseeing the investigation, and I suggested he call Mr. Carroll. He'll be calling on Tuesday, August 24.

He said they are tentatively planning to have the crew here in about five to seven days.

Mr. Harvey's business phone number in Sidney: Area Code 2, 438-3433  
His home phone number is: XXXXXXXXXX

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MEMORANDUM

TO: JOHN K. VAN DE KAMP  
District Attorney

FROM: RONALD H. CARROLL  
Assistant District Attorney

SUBJECT: MARILYN MONROE NECROPHILIA

DATE: AUGUST 27, 1982 - 4:10 p.m.

It has been reported to our investigators that Lionel Grandison last night on the radio alleged that at the time Ms. Monroe was in the custody of the Coroner's office (presumably before autopsy) that four employees of the Coroner's office committed acts of necrophilia on her corpse. If there is a news media follow-up, a couple of questions are presented: First, is necrophilia a crime and, secondly, is there a statute of limitations on the crime if there is a crime.

It should be noted that when our investigators interviewed Grandison, one of the questions asked was whether or not he himself had touched the body. He told our investigators that he had not touched her body. He did not mention any allegations that other persons had committed sexual acts upon her body.

One of our deputies, Bob Jorgensen, has reluctantly become an expert in such bizarre criminal practices. His involvement with such bizarre things stems from his work on the Douglas Clark and Carol Bundy case. He reports the following concerning the law of necrophilia:

Although the courts have held that for purposes of the murder in perpetration of rape cases it is not always a matter of controlling importance whether or not the rape victim is dead or alive at the time of penetration. The leading case on the question of rape alone appears

to be People v. Standwyck (1974) 11 Cal.3d 588. In that case the defendant claimed that he could not be convicted of rape because his victim was dead at the time of penetration. The California Supreme Court in a

footnote stated: ~~XXXXXX~~

26ix

"It appears that a female must be alive at the moment of penetration in order to support a conviction of rape under Section 261.

"Nevertheless, dead bodies are not without protection; the legislature has enacted a comprehensive body of law to this end codified in the Health and Safety Code (Division 7) Section 7000 et. seq. In protecting the physical dignity of the dead body, Section 7052 of the Health and Safety Code makes it a felony to ~~XXXXXX~~ mutilate, disinter <sup>and</sup> remove from the place of interment 'any human remains without authority of law. . . .'"

A quick examination of the annotations to Section 7052 Health and Safety Code which prohibits mutilation of a corpse, indicates that the Court of Appeal in People v. Bullington (1938) 27 Cal.App.2d 396, held that that section insofar as mutilation was concerned could be violated only by the cutting off of a limb or an essential part of the body, ~~or otherwise depriving a person of the use of his limbs which may be useful to him.~~

P It does not appear that the mere act of sexual intercourse with a corpse violates any criminal provision of the law. There is no Penal Code

section which addresses this problem.

¶ Thus, it appears that it is not a crime in California to have sexual intercourse with a corpse before it is interred.

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David E. Agnew\*  
of Counsel

Charles E. Beardaley  
1904-1975  
Robert D. Lynch  
1943-1978

\* Professional Corporation  
Refer to file number

August 20, 1982

Ronald H. Carroll, Esq.  
Assistant District Attorney  
Room 18-107  
210 West Temple Street  
Los Angeles, California

Dear Mr. Carroll:

This office has been retained to represent the interests of the Estate of Dr. Kris, residual beneficiary of the Estate of Marilyn Monroe. We have been in touch with Mr. Roger Richman, who as you know is the exclusive licensing agent for the Monroe Estate. The interests of our clients and Mr. Richman coincide on the issue of obtaining possession of any diary authored by Miss Monroe, as well as maintaining the integrity of the contents of such a document.

We are prepared to join with Mr. Richman in seeking a protective order from the courts should the diary be obtained by your office. We are also prepared to join with Mr. Richman in assisting your office in obtaining possession of this asset of the Estate.

You have indicated that you do not presently plan to go into court to obtain any search warrant. I would appreciate a call should there be any change in position or should you obtain possession of the diary, so that this office might petition the courts to protect the rights of our clients with reference to the diary. If I am not in the office, my partner Dennis Perluss will be prepared to deal with the problem. Thank you for your cooperation.

Very truly yours,



Warren L. Ettinger  
Professional Corporation

WLE:saa

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ROGER RICHMAN PRODUCTIONS, Inc.  
8823 CYNTHIA STREET  
LOS ANGELES, CALIFORNIA 90069  
Telephone: 213-855-1282  
Cable: Chickadee  
Telex: 80-4294

02472

August 20, 1982

John Van de Kamp, Esq.  
Los Angeles County District Attorney  
Criminal Courts Building  
210 West Temple - 18th Floor  
Los Angeles, CA 90012

Re: MARILYN MONROE INVESTIGATION

Dear Mr. Van de Kamp:

As I discussed with Assistant District Attorney Ronald H. Carroll, I am a member of the New York Bar, and this firm is the exclusive licensing agent of the Estate of Marilyn Monroe. Enclosed is our letter of authorization from the sole Executor of the Estate, Aaron Frosch, Esq.

There have been reports in the press and elsewhere that a diary kept by Ms. Monroe has turned up in the possession of Mr. Ted Jordan. I personally heard Mr. Jordan admit that he had access to that diary on August 5, 1982 while he made a short statement, in front of many camera crews, at the ceremony commemorating the twentieth anniversary of Ms. Monroe's death.

This letter is to inform you of the Estate's exclusive copyright ownership in and to the diary and its contents. The Estate of Marilyn Monroe also exclusively owns the physical diary itself.

If the diary is in your possession, please bear in mind in any use you make of it, or any use you propose to make of it, that the Estate of Marilyn Monroe is the sole proprietor of the copyright of the diary, and its contents, and that it is entitled to sole ownership of the physical document. To preserve our rights, we would like to obtain a copy of the diary promptly.

If the diary is not in your possession we assume you will obtain possession as soon as possible. For that purpose we will assist your office in every possible way.

In order to protect the Estate's interests on the one hand, and your proper use on the other hand, may I suggest that we work out a mutually satisfactory arrangement.

Very Truly Yours,



Roger Richman

RR/mq

cc: Shirley Hufstедler, Esq.  
Aaron Frosch, Esq.  
Charles L. Mandelstam, Esq.  
Ronald H. Carroll, Esq.

*Aaron R. Frosch*

*445 Park Avenue*

*New York, N.Y. 10022*

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To Whom It May Concern:

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The undersigned is the Executor of the Estate of Marilyn Monroe.

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Roger Richman is the duly appointed licensing agent of the Estate of Marilyn Monroe. He is authorized to secure new business ventures related to all utilizations of the Marilyn Monroe name, voice, likeness and image and to vigorously pursue all unauthorized users of Marilyn Monroe creations, appellations, copyrights, trademarks and characterizations.

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Should you have any questions, please do not hesitate to contact us.

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Very truly yours,

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Aaron R. Frosch,  
Executor

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**SUBJECT:**  
[Faint text]

**CORR. CONTROL NO.**  
[Faint text]

**ITEM DATED**  
[Faint text]

**DATE REC'D**  
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**PREV. CORR.**  
[Faint text]

**REF. TO DA CASE NO. (B)**

**ROUTE TO:**

1. **DATE-INITIALS**  
C/E/8-23

2. **DATE-INITIALS**

**RETURN TOP COPY TO MAIL UNIT IF ITEM REROUTED**

**REMARKS:**

3. **DATE-INITIALS**

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## OFFICE OF THE DISTRICT ATTORNEY



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JOHN K. VAN DE KAMP, DISTRICT ATTORNEY  
CURT LIVESAY, CHIEF DEPUTY DISTRICT ATTORNEY  
RONALD H. CARROLL, ASSISTANT DISTRICT ATTORNEY

September 30, 1982

Mr. Milo Speriglio  
c/o Nick Harris Detective Agency  
6740 Kester Avenue  
Van Nuys, CA 91405

Dear Mr. Speriglio:

It has been brought to my attention that in the October 1982 issue of California Magazine there is a story entitled, "The Case of the Purloined Diary," written by Steve Oney. In the article, on page 164, I am quoted as referring to you and saying that you would add material to your book even if it "didn't check out."


Please be advised that I did not mention your name in that context. As a matter of fact, until meeting with you on September 23rd of this year I was not even aware that you were writing a book on Marilyn Monroe.

In fairness to the author, Mr. Oney, with whom I met several weeks ago, I did tell him that certain authors were publishing material which they had not independently verified and that our role as a public law enforcement agency required that we operate under a higher standard of investigative inquiry. You may recall that I made similar comments to you during our meeting.

I will send a carbon copy of this letter to the author, Mr. Oney.

Very truly yours,

JOHN K. VAN DE KAMP  
District Attorney

By   
RONALD H. CARROLL  
Assistant District Attorney

jm  
cc: Mr. Steve Oney

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JOHN K. VAN DE KAMP, DISTRICT ATTORNEY

CURT LIVESAY, CHIEF DEPUTY DISTRICT ATTORNEY

RONALD H. CARROLL, ASSISTANT DISTRICT ATTORNEY

September 30, 1982

Mr. Steve Oney  
California Magazine  
9665 Wilshire Boulevard  
Beverly Hills, CA 90212

Dear Mr. Oney:

Mr. Milo Speriglio has brought to my attention the quotes attributed to me in your October article, "In the Case of the Purloined Diary." He is particularly concerned about the statement attributed to me where I allegedly say that he will add things in his book even if they "didn't check out."

The statement attributed to me is accurate insofar as I did tell you that I believe we have a higher standard of inquiry than that of the popular authors who have written about Marilyn Monroe. However, I did not mention Mr. Speriglio's name in that context. I did not know at that time that Mr. Speriglio was writing a book and certainly have never read any of his published materials.

Except for that one problem, I found your article interesting and informative.

Very truly yours,

JOHN K. VAN DE KAMP  
District Attorney

By

*Ronald H. Carroll*  
RONALD H. CARROLL

Assistant District Attorney

jrm

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Investigative Consultants Los Angeles New York London Paris Geneva

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Westlake Village, California 91359

(213) 457-1038

October 1, 1982

Michael Carrol  
Assistant District Attorney  
District Attorney's Office  
210 W. Temple Street  
Los Angeles, CA 90012

Dear Mike:

Just wanted to drop you a note to thank you for your time in talking to the British BBC representative, Tony Summers. I, for one, certainly realize that it is not feasible to discuss open cases with strangers, certainly members of the press. I tried to explain to Tony that even though off-the-record in England apparently still ethically means off-the-record, but because of numerous problems in the states that didn't carry too much weight over here and not to take it personally.

As a former detective lieutenant with the Los Angeles Police Department and having worked with your office on numerous cases, I certainly understand the difficulty. I do deeply appreciate your courtesy in giving Tony what information you could. Thanks again for your kindness. Hope to see you in the near future.

Sincerely,

William C. Jordan

WCJ/sp

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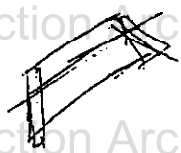
1) Ad  
SIDNEY WEINBERG  
P.O. Box 111 Luffery Conn NY

2) Mary Jordan - Luffery Jordan  
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Unmasked Fun

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To: Mike Carroll

From: Jane de Bracey

October 20, 1982

Attached are copies of 2 articles on George Markov + two other victims - Kostov, who recovered, + SIMONOV, a staircase death. These all date from 1978.

Life Magazine discontinued publication at end of 1972.

LA Pub. lib. is not well equipped for research of this sort. I can do a more thorough, more extensive, + quicker (probably) job at UChA library. Xerox at UChA is 5¢ each

Expenses today:

Mini-Bus, round trip	.50
3 Xerox copies at 15¢ each	.75
phone call to Grace	.10
	<hr/>
	\$ 1.05

P.S. The Markov technique (if it can be called that) was used in a murder mystery by John D MacDonald called The Green Ripper, © 1979 One of those Travis McGee adventures; suggests a politics-financial conspiracy of a quasi-Moonie sect. If you read that sort of thing. (I do



Refugee waiting for flight to Angola  
Matter of great importance.

reverse airlift, 569 refugees have already made the fateful trip back home, while some 1,600 others are awaiting transport via the Angola airline TAAG. A cargo ship is being readied to return their possessions they brought with them their desperate flight three years ago.

The countercurrent of refugees is a mere trickle compared with the tide of 50,000 that swept into Portugal shortly before Angola became independent in 1975. Nonetheless, the reverse exodus is a sign that life in Angola is returning to some form of normality. According to reports from returnees who have resettled in various parts of the country, Angolan President Agostinho Neto's Cuban-backed government has finally prevailed over two rival revolutionary groups: Holden Roberto's National Front for the Liberation of Angola (FNLA) and Jonas Savimbi's National Union for the Total Independence of Angola (UNITA). Apparently willing to forgive and forget, Neto's government hopes that the returnees, many of whom are technicians, professionals and skilled workers, can help rebuild the devastated country. Says Luanda's ambassador to Lisbon, Adriano Sebastião: "All skilled Angolan workers who want to return will have a job waiting for them. What we need to do now is reactivate the industries that closed down when the Portuguese left."

Even some Portuguese merchants and farmers whose property was expropriated by the Neto government are seeking to return. At a temporary shelter on the outskirts of Lisbon, set up to house would-be returnees, Dulce Pereira da Silva, 54, last

week was waiting for a flight to take her back to the village of Musulo in north-east Angola, where she once owned a general store. Says she: "My son, who is a mechanic, is already working and I've had letters and phone calls from the family and they say everything is all right there." Angelino José de Castro, 23, formerly a rural schoolteacher in Angola, and his wife Virginia are equally optimistic: "We ran away from the war in Angola in an American plane. But we decided to keep Angolan nationality. So now, for better or worse, we prefer to go to our own country. I know I can get work there and the government has to give us a house. Here I've been mostly out of work. When we were moved to the north, I even had to take a job sweeping floors."

Much of the refugees' nostalgia for Angola springs from Portugal's difficulties in assimilating them. Many were blacks or people of mixed blood who were born in Africa. The majority of the whites had originally been dirt farmers from the impoverished north of Portugal; they had emigrated to Angola in the hope of a better life. Although few got rich, most had deep roots in Africa. Many of the refugees found it extremely difficult to adjust to a Portugal that was still in the throes of the post-Salazar transition to democracy and a mixed economy. Jobs, housing and schooling were scarce; thousands still live in wretched urban shantytowns.

The return of refugees was worked out by Portuguese President António Ramalho Eanes and Angolan President Neto last summer at a summit meeting in Guinea Bissau, another former African province of Lisbon. Until then, relations between Lisbon and Luanda had been virtually nonexistent because of Angola's expropriation of Portuguese property and Portugal's destruction of Angola's food-distribution system. At the meeting, Eanes and Neto agreed to exchange ambassadors, to settle the property issue and arrange for the voluntary return of refugees to Angola. It was later decided that the cost of repatriating the refugees would be borne by the Portuguese and Angolan governments and the United Nations High Commission for Refugees.

The refugees' return is a bitter blow to UNITA, which continues to harass Neto's forces from guerrilla bases in southern Angola. Savimbi, reasonably enough, fears that the returnees' technical and management skills will bolster the Neto regime. Declared a UNITA representative in Lisbon last week: "The Portuguese know the country, and through them Neto could recuperate; UNITA does not want them to go." Claiming that four people who went back to Angola had already been taken prisoner by UNITA forces, he warned that any mass exodus would put the returnees "in grave danger." That seemed to be an empty threat since most returnees are settling in areas well out of UNITA control.

BRITAIN

The Poisonous Umbrella

Another odd Bulgarian death



Vladimir Simeonov, 30, a Bulgarian defector working in London for the BBC, failed to show up for work last week. Concerned, a colleague went to his east London row house to investigate. He found Simeonov dead, clad in a bathrobe and pajama bottoms, face down at the bottom of his stair well.

Normally, Simeonov's apparent fall would have been dismissed as an accident. Police found no telltale injuries on his body, and a post-mortem indicated death by asphyxiation: the victim had suffocated in his own blood after breaking his nose. But two of Simeonov's countrymen had just come forth with bizarre tales suggestive of a cloak-and-dagger conspiracy concocted by the legendary S.M.E.R.S.H. Since one of the two, Georgi Markov, 49, a friend of Simeonov's and also a BBC broadcaster, had just been murdered in diabolical fashion, Scotland Yard was asking some very stern questions about Simeonov's "fall."

The mystery began Sept. 7, as Markov was walking near Waterloo Bridge to the BBC's External Services Building. In front of a crowded bus stop, he suddenly felt a sharp pain in his right thigh and turned to see a heavy-set man carrying an umbrella. "I am sorry," the man muttered in a thick accent, then hopped into a taxi. The



Bulgarian Defector Georgi Markov  
A crowded bus stop, a sharp pain.

## World

same evening, Markov developed a high fever. Four days later he died, but not before telling friends that he thought he had been stabbed by a poison-tipped umbrella wielded by a Communist agent.

At first a post-mortem study yielded no poison. But what doctors did find under Markov's skin was a tiny platinum-iridium pellet, 1.7 mm in diameter, with two holes, each a mere .4 mm wide, drilled in at right angles. The holes could have contained a toxic substance, either bacterial or chemical—quite possibly not traceable.

When the discovery of the pellet was made public, Vladimir Kostov, another Bulgarian defector and a friend of Markov's, reported a similar incident in Paris. Three weeks earlier as he left the Étoile Métro station, he too had felt a stinging pain. He was ill for a few days, but did not report the incident to the police. When he did so, doctors found a pellet, identical to the one in Markov's thigh, buried in Kostov's back.

As Scotland Yard pushed its investigation of the London deaths, suspicion centered on Bulgaria's security service. Both Markov and Kostov had been well-known intellectuals in Bulgaria, with friends in the Politburo. Before defecting in 1969, Markov had won national acclaim as a writer and TV commentator. One of his later plays, *The Assassins*, dealt with a plot to kill a general in a police state. His defection, and his subsequent BBC and Radio Free Europe broadcasts, had been an embarrassment to the Sofia government and triggered a shake-up in its propaganda establishment. The 1977 defection of Kostov, formerly a political commentator and correspondent for the state radio and television, meant more loss of government prestige, and of sensitive political information.

There was another reason to suspect Sofia. If Markov had in fact been jabbed by a poison-tipped or poison-firing umbrella—or had been shot with a pellet gun by a man holding an umbrella—only a security service would probably have such sophisticated gadgetry at hand. Today's secret agents and hit men have access to numerous James Bondian devices that can make murder look like natural death—poison delivered by aerosol spray, tiny darts fired from pens or cigarette boxes. In the late '50s a KGB agent killed two Ukrainian exile leaders in Germany by squirting prussic acid into their faces from a fountain pen; the symptoms made it appear that the men had died of simple heart attacks.

During the past year, Bulgaria's President Todor Zhivkov has been trying to improve relations with the West. Bulgaria claims that Markov and Simeonov were liquidated by Western intelligence services seeking to besmirch the country's image. To lend credence to that pitch, the regime offered to help British authorities dealing with the case. It was an offer the British just might be able to refuse. ■

### SOUTHERN AFRICA

## Gift from a Hardship Case

*Zambia reopens a border as Smith goes to the U.S.*

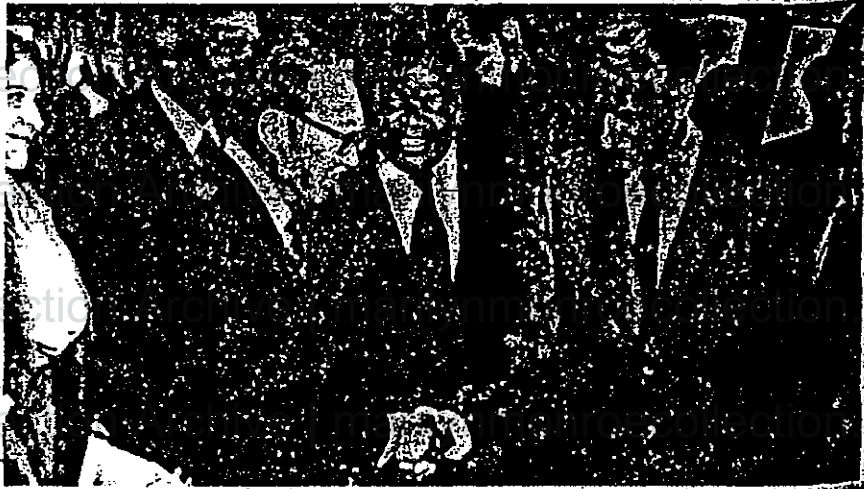
Rhodesian Prime Minister Ian Smith flew to the U.S. last week in a last-ditch effort to promote his faltering bi-racial interim government with the American public, and even before leaving Salisbury, he got an unexpected boost for his cause from an old enemy. Faced with a grave fertilizer shortage that threatened famine and food shortages, Zambia's President Kenneth Kaunda reluctantly announced that he would reopen his country's border with Rhodesia to permit vital imports and to allow the rail shipment of Zambian copper to ports in South Africa and Mozambique.

Although dictated by economic neces-

couraged political opposition to Kaunda's less-than-democratic regime.

Kaunda's announcement came as Smith, the Rev. Ndabaningi Sithole, who is one of his three black colleagues on the Rhodesian Executive Council, and two other ranking officials in the government were en route to the U.S. Smith took a press conference in Salisbury that he hoped "to give the American people the truth. If they still think we are wrong, and they still want to condemn us, that is all right. But I don't think they will."

Smith had been invited by 27 Senators, led by conservative California Republican S.I. Hayakawa, who felt that



Senator Hayakawa greeting Rhodesia's Sithole and Smith on their arrival in Washington.

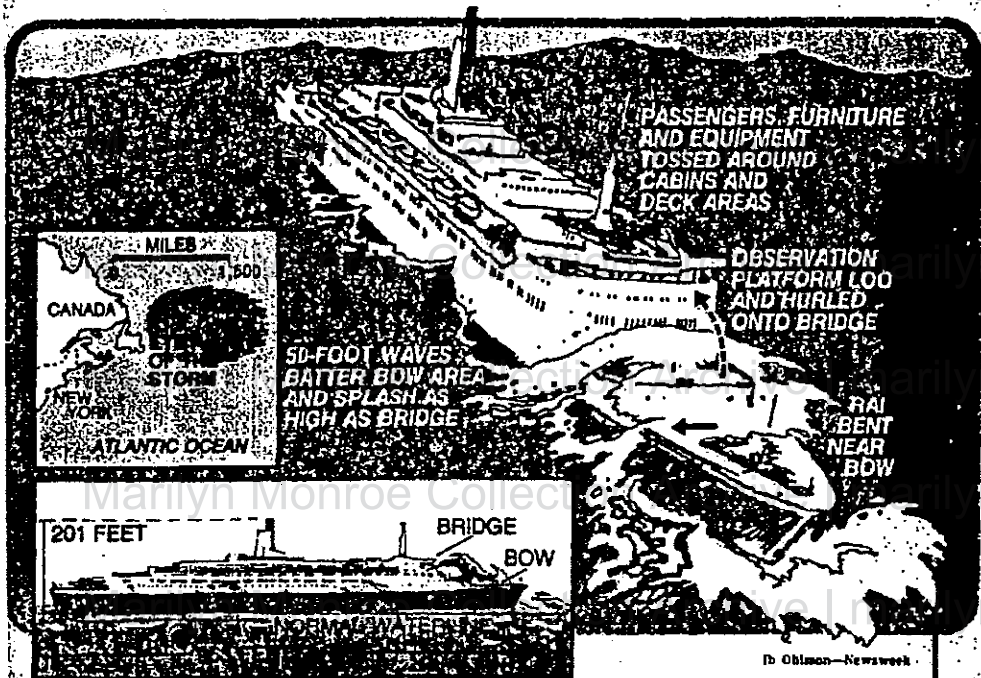
*A last-ditch effort to promote a faltering regime.*

sity, Kaunda's decision to flout United Nations sanctions against the breakaway British colony could potentially fracture the unity of the front-line states (the others: Angola, Tanzania, Mozambique and Botswana). Their goal is to install a black majority government in Rhodesia, preferably headed by leaders of the Patriotic Front. The Front's guerrillas greeted the reopening of the railroad by blowing up tracks in southwest Rhodesia. The damage was quickly repaired.

Heavily dependent for income on one export (copper), landlocked Zambia had gone along with the U.N. sanctions at considerable cost. The 1,160-mile Tazara railway, built by the Chinese as an alternative to routes through southern Africa, never became fully operational, because of theft, widespread mismanagement and frequent breakdowns in equipment. Zambia, already suffering from falling world copper prices, found it increasingly difficult to get the metal to markets. Skyrocketing prices and continual shortages of such vital goods as soap, matches and cooking oil created popular unrest and en-

should have an opportunity to present the case to the U.S. public. The State Department had previously granted visas to Patriotic Front Leaders Joshua Nkomo and Robert Mugabe. Nonetheless, State hesitated to give Smith an entry permit, on the ground that the U.S., which has honored the U.N. sanctions, considers his government illegal and has no diplomatic relations with it. After the delay raised editorial eyebrows and congressional hackles, Secretary of State Cyrus Vance ordered that Smith be given a visa "on an exceptional basis."

Meanwhile, at week's end the presidents of three of the front-line states—Tanzania's Julius Nyerere, Angola's Agostinho Neto and Mozambique's Samora Machel—convened a meeting in Zambia to talk Kaunda into changing his mind. One of the problems both Zambia and Tanzania will face as a result of Kaunda's decision is that the Tazara railroad will be plunged into financial straits, making it difficult for the two governments to pay back a \$450 million Chinese loan used to build the railroad.



By Oblin—Newsweek

## SAVING THE QUEEN

The storm hit at dawn like a sledgehammer. For 24 hours, it pounded the patrician liner Queen Elizabeth 2, tossing furniture, crockery and 1,200 passengers about as the giant waves—some measuring 100 feet from trough to crest—slammed into the ship as high as the bridge (sketch). "At one point, a wall of water hit us broadside on the bow and crumpled the iron railing," Capt. Douglas Ridley recalled after the QE2 reached New York more than a day late. Added passenger Stanley Ruginis: "Looking down between the waves was like looking into the Grand Canyon."

Ridley had planned to sail the QE2 through the storm's southern edge. But the gale expanded until it covered a huge section of the North Atlantic. Riding out the waves with typical Brit-

ish aplomb, the crew diverted the passengers with movies and other entertainment. Many were frightened by the Force 12 storm (the maximum on the Beaufort scale), but others saw it as a lark. "I just enjoyed looking at the sea and what it could do," said Frank Jeffries. There were only two significant injuries—a broken arm and a fractured collar bone—along with assorted bumps and bruises. Despite 36 sleepless hours, Captain Ridley took time to mingle with passengers near port. "Did you think of sending for help from the Coast Guard?" one woman asked. "Madame," Ridley replied, "first, there was no need for help. And secondly, if there had been a Coast Guard cutter in the area, the Queen would have had to help the Coast Guard." Carry on, Ridley.

### BRITAIN:

## Death by Umbrella?

Bulgarian defector Georgi Markov was walking from his car to his night-shift commentator's job at the British Broadcasting Corp. in London when he was jostled by a heavyset man carrying an umbrella. Markov felt a stinging sensation in his right thigh, apparently caused by a jab from the umbrella. The stranger muttered "I'm sorry" in a heavy, foreign accent; then he hailed a taxi. At work, Markov developed a high fever, and when he returned home, he showed his wife, Annabel, an angry red spot on his leg. He was taken to St. James' Hospital, but his blood pressure dropped sharply and his kidneys failed. "I've been poisoned," Markov told the doctors before he died last week. "The umbrella man could have been an assassin."

Bizarre as it sounded, British police and counterintelligence agents were taking Markov's theory seriously. On the face of it, Markov seemed harmless enough—a gray-haired playwright of 49 who reported on the British cultural scene for the BBC's overseas service. But before he defected from Bulgaria in 1969, Markov had been a close friend of President Todor Zhivkov, and a man privy to inside government information. He had written a recent series of broadcasts for Radio Free Europe in which he documented corrupt practices and indiscretions in the Bulgarian regime, and made the disclosure that a former Interior Minister had sent his pregnant mistress to the U.S. for an abortion. "After his father died of cancer in June without having been

### INTERNATIONAL

allowed out to the West, Georgi came much more vitriolic than what was saying on RFE," his wife NEWSWEEK's Anthony Collins said. "He was really smearing mud on people in the inner circle."

Motive: The RFE broadcasts were only a sampling from the memoirs Markov was writing. He intended to reveal more details, said British author David Phillips, a close friend of Markov's. That provided a motive for murder. In fact, Phillips went on to say Markov had told him that six months ago, a young Bulgarian called at his house and after a few drinks confessed that he had been sent to kill him; but had decided not to. Georgi was given concrete details of how it would happen—by poisoning.

A postmortem on Markov failed to reveal the cause of his death. But the British counterintelligence agency, suspected that a Bulgarian spy may have employed one of the

lethal poisons known to have been developed by Kameva (Chamber), a section of the Soviet KGB's Department V, which is responsible for assassinations. According to intelligence sources, the KGB has successfully used such poisons on a number of real or potential enemies, among them Vladimir Tkachenko, a Soviet scientist who attempted to defect during a 1967 stay in London.

After Markov's death, Vladimir Kostov, a fellow Bulgarian emigre and Radio Free Europe contributor, revealed he had been hit in the back by what felt like a pebble as he left a subway station in Paris late last month. When Kostov examined his back a few minutes later, he found a mark that looked like a sting. Kostov developed a high fever, eventually recovered. "They failed to inject sufficient poison in my case," Kostov asserted.

'Hit City': If Markov was indeed assassinated by a Bulgarian operative, then he became only the latest victim in a series of political murders that has recently given London a nasty reputation as "hit city" for international killers. Last year, a former Prime Minister of North Yemen was shot down by gunfire outside the Royal Lancaster Hotel; and two Syrian diplomats were killed by a car bomb. So far this year, a moderate Palestinian leader has been shot dead in his office in Mayfair and former Prime Minister of Iraq has been assassinated outside the Inter-Continental Hotel. In addition, an El Al steward

was killed during a Palestinian raid on an airline bus and the Iraqi ambassador narrowly escaped being blown up by a grenade. "If you're not safe on a London street," Annabel Markov said last week, "where are you safe?" In a shrinking, terror-prone world, the answer appears to be: nowhere.

—FAY WILLEY WITH ANTHONY COLLINS in London

Markov: The sting



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P.O. Box 1, Suffolk County NY

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2-5 days before arrival  
2) Victor's instructions - P/S Luther  
- "Consensus"

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*- no knowledge of or interest in how she died.*

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