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Mr. Andrew Hale
Hale & Monico
Monadnock Building
53 W Jackson Blvd, Suite 337
Chicago, IL 60604

January 29, 2023

RE: Starved Rock Murders

Dear Mr. Hale:

In connection with my engagement as an expert forensic pathologist, I have reviewed the medical records and case materials described below. This report states my findings and opinions, which are presented within a reasonable degree of medical probability in the field of forensic medicine. My conclusions and opinions are based on my education, training, and experience as a board-certified forensic pathologist actively practicing in pathology since 1986. Further details as to my background are contained in my curriculum vitae.

Case Materials Reviewed

Chester Weger-Crime Scene Photos
Donna Kelly Statement of Facts
Testimony Dr. John Maloney
Starved Rock Victims Autopsy
Newspaper Cutting: Says Starved Rock Crime Has Marks of Vengeance
Newspaper Cutting: Hint Killer Was In Trio's Rooms
Wayne Hess Trial Testimony

Synopsis

The three women, Mildred Lindquist, Frances Murph, and Lilian Oetting, checked into the Starved Rock Lodge. Their bodies were subsequently found by a search party in a cave at St Louis Canyon on Wednesday, March 16, 1960.

Autopsy Findings

Body A – Subsequently identified as Mrs. Murphy (Grey Brown Hair)

Head and face Injuries:
Multiple lacerations of the forehead
Laceration of the scalp in the anterior midline
Triangular avulsion, right side of the forehead
Right periorbital hematoma
Laceration and contusion of chin
Contusion of left cheek
The irregular wound of the left parietal region 7xm x 5 cm
"Considerable" scalp contusion not otherwise defined
Right parietal, temporal junction fracture
Parietal sphenoid and parietal frontal sutures
Right partial hinge fracture
Orbital plate and left frontal fractures
Subarachnoid hemorrhage on all surfaces
Intraventricular hemorrhage

Other Injuries:
Aspirated blood in all lung lobes
Absent half of left 2nd distal phalange ("apparently postmortem")
Lacerations into each joint of the left 5th finger, contusion on the dorsum of the hand
Hematoma of left and right labia centered on the symphysis pubis

Body B – Subsequently identified as Mrs. Lindquist (Brown Grey Hair)

Head Injuries:
Facies "distorted being caved in suggesting contact with cylindrical object approx. 3-5 inches in diameter."
Broken maxillary prosthesis
Fractures of the left zygoma and antrum, maxilla, and left orbital bones.
Laceration of buccal mucosa
Lacerations, right frontal, left frontal, right parieto-occipital scalp
Depressed skull fracture, right posterior parietal
Left frontal fracture with orbital plate fracture
Fracture through sella turcica with hinge fracture
Posterior fossa fracture with right parietal brain lacerations and partial avulsion of the right cerebral peduncle
"Severe injury to the head with crushing of the left side of the head and face. There is a strong possibility that when this blow was delivered, her head was resting against or was pushed against a firm, essentially flat object, causing the fracture on the right posterior portion of the skull."

Other Injuries:
Hemoaspiration, all lobes of lungs
Superficial laceration at base of the nail, right 2nd finger
Contusion of left 2nd finger
Contusion and "separation of skin" in left shoulder region ~ 1 inch

Body C – Mrs. Getting (Hair Grey Brown)

Head Injuries:
Multiple bruises on the left side of the forehead with one laceration
Fractures of left zygomatic arch, maxilla, and mandible
Rupture of left eyeball
Partial avulsion of left ear
At least three scalp lacerations with partial avulsion of the scalp; marked hemorrhage into the scalp
Fractures:
A depressed skull fracture at the vertex "an essentially rectangular object or a pointed object" with a laceration of the brain
Basilar skull hinge fracture
Ethmoid and orbital plate fractures
"The entire skull is mobile on the vertebra."
Marked subarachnoid hemorrhage
Other Injuries
Hemoaspiration, all lobes of lungs
Scratch on the right wrist

Opinions

Mrs. Murphy

Blunt force injuries of the head from multiple directions. There are multiple frontal impacts, as well as left and right parietal impacts. The energy applied was sufficient to separate suture lines in the skull. There is the base of skull base fractures which are the source of bleeding into the respiratory tract and the aspiration of blood into the lungs. The injury to the left hand is consistent with a defense injury. This is consistent with this hand being free at some point in the assault.

Mrs. Lindquist

There are blunt force head impacts from multiple different directions (frontal, left, right). Extensive fracturing of facial bones, skull cap, and base. The skull base fracture is associated with bleeding and aspiration of blood. There is evidence of a depressed skull fracture. The base of skull fractures involves both a hinge fracture and a posterior fossa. Injuries to both hands are consistent with defense-type posturing (defense injury).

Mrs. Oetting:

There are blunt force head impacts from multiple directions (from the front and the top of the skull and face). There are basilar skull fractures and probable atlanto-occipital disarticulation. The base of skull fracture is the source of bleeding associated with the aspiration of blood into the lungs.

Conclusions:

All three women had severe head injuries. The amount of force to cause these injuries is substantial. For example, the base of skull fractures is more commonly seen in high-energy head impacts such as a fall from a height or in a motor vehicle collision. They can also occur with heavy solid objects applied at high speed.

The only defining features described are the cylindrical injury 3-5 inches in diameter and the squared-off or pointed injury. These would be consistent with an object of similar size and hardness to a baseball bat or steel pipe. The rectangular or pointed object would be something similar to a tool, such as a tire iron, the end of a 2x4 (lumber), or a hammer with a square head, such as a mallet or sledgehammer. These examples are not an exhaustive list and are illustrative only. The cylindrical object and the description, "an essentially rectangular object or a pointed object," are consistent with two different objects causing these wounds. The pointed or squared object is most consistent with a human-made object with that external format and meets the hard, solid, heavy criteria described above.

These objects must be solid, hard, and structurally sound. Hollow or light objects would not be sufficient to cause the severe skull fracturing seen in these cases. The camera and binoculars may be consistent with some of the superficial injuries but not with the severe skull fractures to the base of the skull. The considerable energy used to cause these injuries would also be applied to the object that caused these injuries. This would very likely result in damage to the object if it is not similar to steel or rock.

The hand injuries are consistent with defense posturing. Defense injuries are those seen when a part of the body is used to ward off blows.

All statements are made within a reasonable degree of medical certainty unless specified.

I reserve the right to add or change my opinions if the information supplied changes.

Sincerely,

David R Fowler MB. ChB. M.Med. Path. Forens