



County of Stearns

OFFICE OF THE MEDICAL EXAMINER



David L. Frederickson, M.D.

Received

FEB 23 2009

Office of the Abbot

February 27, 2009

Abbot John Klassen, OSB
St. John's Abbey
PO Box 2015
Collegeville, MN 56321-2015

Dear Abbot Klassen:

The final autopsy report on Father Bruce L. Wollmering is included with this letter. Our office can be reached at 320-259-3730 with any questions.

Sincerely,

Mary Lieser

Mary Lieser
Office Services Supervisor

:ml



Office of the Medical Examiner

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M.B. McGee, M.D., Medical Examiner
K.M. Mills, M.D., Asst. Medical Examiner
V.V. Froloff, M.D., Asst. Medical Examiner

FINAL AUTOPSY PROTOCOL

ME 2009-0221
CN09-006520

CASE TITLE: Traumatic Head Injury due to Fall

Name Luverne Wollmering Age 68 Sex M Race Caucasian
Date of Death 02/04/09 Time 1808 Date of Exam 02/05/09 Time 1045
Place of Death 31802 County Rd. 159, Collegeville (Stearns Co) MN
Pathologist Butch Huston, M.D., Assistant Medical Examiner
Place of Exam Ramsey County Medical Examiner's Office
Report Sent to Stearns County Medical Examiner's Office

Final Diagnoses

- I. Traumatic head injury.
 - a. Multiple abrasions; contusions and lacerations to skin and scalp.
 - i. Patterned abrasion to the right forehead.
 - b. Subgaleal hematoma.
 - c. Subdural hemorrhage, 30cc base of brain.
 - d. Subarachnoid hemorrhage, base of brain.
 - e. Right temporal linear skull fracture.
 - f. Generalized cerebral edema.
- II. Traumatic chest and abdominal injury.
 - a. Patterned contusion, mid abdomen.
 - b. Right lateral 4-5th rib fracture.
 - c. Liver laceration.
 - d. Hemoperitoneum, 100cc.
 - e. Mesenteric hemorrhage.
 - f. Right peri adrenal and peri renal soft tissue hemorrhage.
- III. Bilateral pulmonary edema and congestion.

IV. Postmortem toxicology.


a. Blood ethanol screen, 0.094 g/dL.


b. Urine drug screen.

i. Negative for acetaminophen, amitriptyline, amobarbital, amphetamines (D&meth), atenolol, azacyclonal, barbital, butalbital, caffeine, carbamazepine (tegretol), carisoprodol, chlordiazepoxide, chlorpromazine, chlorzoxazone, chlorpheniramine, clomipramine, cocaine + methylester ecognine, codeine, cotinine, cyclobenzaprine, desipramine, diazepam, diphenhydramine, doxepin, doxylamine, ephedrine, ethchlorvynol, ethosuximide, fluoxetine (prozac), flurazepam, glutethimide, hydrocodone, ibuprofen, imipramine, ketamine, labetolol, lidocaine, loxapine, maprotiline, meperidine, meprobamate, methadone, methapyrilene, methaqualone, methobarbital, methorphan, methylphenidate, methypylon, morphine, nordiazepam, nicotine, nortriptyline, oxycodone, pentazocine, pentobarbital, phenacetin, phencyclidine, phendimetrazine, phenmetrazine, phenobarbital, phentermine, phenylpropanolamine, phenytoin (dilantin), primidone (mysoline), propoxyphene, propranolol, protriptyline, pseudoephedrine, pyrilamine, secobarbital, THC metabolite, thiopental (pentothal), theophylline, tranylcypromine, tripeleannamine, trimipramine, triprolidine, valproic acid.

c. Serum drug screen.

i. Negative for acetaminophen (>50 ug/ml), alphenol, amitriptyline, barbital, butalbital, caffeine, carbamazepine (tegretol), carisoprodol, chlorzoxazone, clomipramine, chlorazepate (tranxene), chlordiazepoxide (librium), chlorpromazine (thorazine), chlorpheniramine, cocaine, cyclobenzaprine (flexaril), diazepam (valium), doxepin (sinequin), ethchlorvynol (placidly), ethosuximide (zarontin), flurazepam (dalmene), glutethimide (doriden), ibuprofen, imipramine, maprotiline, mephobarbital (mebaral), meprobamate, methaqualone (Quaalude), methypylon (noludar), mysoline (primidone), pentazocine (talwin), pentobarbital, phenacetin, phenobarbital, phenylbutazone, phenytoin (dilantin), propranolol, propoxyphene (darvon), protriptyline, salicylate, secobarbital (quinalbarbital), thiopentane (pentathol), theophylline, valproic acid (depakene).


Butch M. Huston, M.D.
Assistant Medical Examiner


Michael B. McGee, M.D.
Medical Examiner

INTRODUCTION

Luverne Wollmering was a 68-year-old male with no significant medical history. The decedent was found in a locker room by a fellow priest. The decedent had a pool of blood underneath his head.

The scene investigation revealed blood present within the outer hallway and within the locker room on various items, including a sink and mirror.

The body was transported to the Ramsey County Medical Examiner's Office for an examination.

An autopsy is performed at the Ramsey County Medical Examiner's Office on 02/05/2009 at 1045 hours.

Photographs taken at the time of the autopsy are by Butch Huston, M.D., Assistant Medical Examiner.

IDENTIFICATION

The decedent is visually identified by a fellow priest. At the time of autopsy, the decedent is identified by a Medical Examiner's tag.

WITNESSES

Present at the time of the examination was Natalie Lazarik, prosecutor, and representatives from Stearns County Police Department.

X-RAYS

No x-rays are obtained at the time of the postmortem examination.

CLOTHING

At the time of the autopsy, the decedent is clothed in the following items:

- A. A pair of black shoes which are with the laces untied. Focal blood drops are noted on the upper surface of the toe of the left shoe. Focal blood is noted to be on the sole of the right shoe.
- B. A pair of gray pants. Present in one of the pockets is a white handkerchief.

- C. A pair of white socks.
- D. A black T-shirt. The shirt has been cut for resuscitative purposes.

MEDICATIONS

No medications are present at the time of the postmortem examination.

EVIDENCE OF RESUSCITATION/MEDICAL THERAPY

A nasal cannula is present within the left naris. An endotracheal tube is present within the main stem bronchus. EKG and defibrillator pads are present on the chest and abdomen. An intravenous line is present in the left antecubital fossa.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished Caucasian male appearing consistent with the stated age of 68 years. The body weighs 204 pounds and measures 5 feet 11 inches in length. Rigor mortis is established. Livor mortis is posterior and is non-blanching with firm digital pressure. The body is cold to touch following refrigeration.

The head appears normocephalic. The head hair is silver-white with recession at the temple regions and measures 3 cm at the vertex.

The eyes show brown irides with outer blue rims and equal pupils at 6 mm. The sclerae and conjunctivae reveal no discrete petechial hemorrhages.

The nose contains an intact nasal septum.

Native dentition is present on the mandibular and maxillary gingival surfaces.

The ears show normal external structure.

The neck is supple with midline trachea and no thyromegaly or lymphadenopathy identified.

The chest has a normal anterior/posterior diameter. Breasts and nipples are unremarkable with no palpable masses.

The abdomen is mildly protuberant with no palpable masses or organs.

Pubic hair has a normal male distribution. The penis appears circumcised with descended testes. The perineum and anus are unremarkable. No injuries are identified.

The extremities, back, and buttocks appear normally formed.

SCARS AND IDENTIFYING MARKS: No specific scars or identifying marks are noted.

EVIDENCE OF INJURY

HEAD AND NECK

Present over the bridge of the nose, predominantly over the right side, is a 3.0 x 1.5 cm abrasion. Overlying the left eyebrow is a 2.0 x 0.8 cm abrasion. The left frontal scalp contains a 2.0 x 1.0 cm abrasion which is 5.0 cm from the anterior midline and 2.0 cm from the top of the head. The right temple region contains a 1.0 x 0.8 cm abrasion which is located 8.5 cm from the anterior midline and 6.0 cm from the top of the head. Adjacent to the left ear is an abrasion measuring 1.0 x 0.8 cm and is located 14 cm from the anterior midline and 10.0 cm from the top of the head. Present over the right forehead are multiple patterned abrasions and contusions, some of which form 45-degree and 90-degree angles. An overlay is made of this pattern-type injury. The aggregate of abrasions and contusions measure approximately 8.0 x 6.0 cm. These wounds are located 25 inches above the abdominal wound, which is described below. Present in the right parietal scalp is a 2.3 cm laceration with surrounding 2.5 x 4.5 cm blue-purple contusion. This wound is located 9 cm to the right of the anterior midline and 4.0 cm from the top of the head. Present involving the right pinna of the ear is a 2.0 cm laceration which extends fully through the ear. Underlying this wound behind the external ear on the scalp is a slightly diagonal 4.0 x 1.0 cm laceration. The medial portion of this wound contains a focal abrasion measuring 0.4 x 0.3 cm. Focal abrasion is noted around the margin of this laceration. The wound is located 10 cm from the top of the head and 19 cm from the anterior midline. This wound is located approximately 24 inches from the abdominal wound, which is described below.

Reflection of the scalp and subgaleal tissue reveals a 5.0 x 4.0 cm right temporal subgaleal hematoma and a 5.0 x 4.0 cm right frontal subgaleal hematoma. Additional hemorrhage is noted within the right temporalis muscle. The right occipital scalp, underlying the previously described laceration adjacent to the right ear, contains a 4.0 x 4.0 cm subgaleal hemorrhage. Minimal subgaleal hemorrhage is noted over the previously described abrasions in the left scalp region.

The skull cap is intact and removed. There is approximately 30 cc of subdural hemorrhage present at the base of the brain and additional subarachnoid hemorrhage at the base of the brain overlying the pons, mid brain, and cerebellar lobes. Additional subarachnoid hemorrhage is noted along the right temporal parietal brain lobes. The cerebrovascular system is dissected and examined. No vascular aneurysms are noted. Examination of the cerebral tissue reveals no significant contusions or intraparenchymal hemorrhages. Examination of the base of the skull reveals a skull fracture which extends along the right temporal skull bone and the middle cranial fossa along the petrous ridge.

Palpation and manipulation reveals an intact atlanto-occipital joint and upper cervical spinal column.

CHEST AND ABDOMEN

Present in the mid abdomen above the umbilicus in a horizontal orientation is a 20.0 x 1.5 cm reddish contusion and abrasion with surrounding 27.0 x 9.0 cm faint bluish contusion. In the reddish abrasion there is a central 0.8 x 6.5 cm clear area with no reddish discoloration. The lateral aspect of this reddish abrasion shows a perpendicular linear pattern fabric component. This wound is located approximately 45 inches from the heel of the right foot.

Reflection of the skin and subcutaneous tissue of the chest and abdomen reveals subcutaneous hemorrhage underlying this contusion in the underlying subcutaneous tissue and adipose tissue. The chest shows a fracture of the right lateral ribs 4 and 5 with focal intramuscular surrounding hemorrhage. No significant thoracic injury is noted. The abdomen reveals an 8.0 cm laceration of the lateral aspect of the right liver lobe with a depth of approximately 1.0 cm. A focal amount of clotted blood is adhered to this laceration. In removing the sternal plate, an artifactual defect is made in the right liver lobe. Examination of the abdominal space reveals focal mesenteric hemorrhage and free blood measuring approximately 100 cc. There is focal right perirenal and periadrenal soft tissue hemorrhage.

EXTREMITIES

Present on the posterior aspect of the first PIP joint of the left hand is a 5.0 x 3.0 cm purplish contusion. Focal abrasion is noted along the third PIP joint. This measures 0.5 to 0.8 cm. The medial aspect of the left lower extremity contains a 6.0 x 4.0 cm reddish contusion.

INTERNAL EXAMINATION

The body is opened with the routine Y-shaped thoracoabdominal incision. Subcutaneous fat is uniform and measures 2.5 cm at the umbilicus. The peritoneal, pericardial, and pleural cavities are opened and contain no adhesions. The organs are in their normal anatomic positions with normal relationships to one another.

CARDIOVASCULAR SYSTEM: Heart weight: 490 grams. The epicardial surface is smooth and glistening. The coronary arteries are traced and have a normal origin and distribution with a left dominant coronary artery system. Cross sections through the coronary arteries reveal no significant atherosclerotic stenosis.

The heart is opened revealing a normally developed four chamber heart with a smooth and glistening endocardial surface. The coronary ostia are widely patent. The atrial appendages are free of thrombi and plaques. The foramen ovale is closed. The chordae tendineae, trabeculae carneae, and papillary muscles are unremarkable. The

cardiac valves are in the usual anatomic positions and are thin, pliable, and competent. Cross sections through the myocardium reveal no lesions. The aorta is opened from the iliac vessels to the aortic valve and reveals no significant atherosclerotic disease.

Measurements:

Left ventricle thickness: 1.0 cm. Right ventricle thickness: 0.3 cm. Left ventricle diameter: 3.5 cm.

RESPIRATORY SYSTEM: The right lung weighs 680 grams; the left lung weighs 520 grams. The pleural surfaces are smooth and glistening and contain a mild amount of anthracosis. The great vessels are in their normal anatomic positions. The pulmonary arteries are free of thromboemboli. The upper airways are free of obstructive material. Cross sections through the parenchyma reveal no discrete lesions or consolidation but do show diffuse pulmonary edema and congestion.

SPLEEN AND LYMPHORETICULAR SYSTEM: The spleen weighs 200 grams. The capsule is intact and unremarkable. The parenchyma is maroon-red with no discrete lesions on cross section. Lymph nodes, where encountered, are unremarkable. No remnants of thymus are identified.

LIVER AND BILIARY PASSAGES: The liver weighs 2570 grams. The parenchyma is tan-brown and unremarkable with no discrete lesions on cross section. The hepatobiliary tree is unremarkable. The gallbladder is thin-walled and unremarkable.

PANCREAS AND ADRENAL GLANDS: The pancreas is tan, lobular, and unremarkable on cross section. The right and left adrenal glands are symmetric with golden-yellow cortex and red-brown medulla. Cross sections are unremarkable with no discrete lesions.

GASTROINTESTINAL SYSTEM: The esophagus is intact and unremarkable with no evidence of esophageal varices. The stomach contains 300 cc of partially digested unidentified food material. The gastric and duodenal mucosa is intact. The small bowel and large bowel have a normal appearance and normal contents. The appendix is identified.

GENITOURINARY SYSTEM: The right kidney weighs 230 grams and the left kidney weighs 230 grams. The capsules are intact and strip easily. The external surfaces are smooth. Cross sections reveal definable corticomedullary junctions. The medullary collecting system, renal pelvises, and ureters are not dilated and are unremarkable. The prostate is tan-white and reveals no discrete lesions on cross section. The bladder is opened and reveals a smooth mucosal surface.

MEDIASTINUM AND NECK: The neck organs are dissected after the chest, abdominal and cranial contents have been removed. The strap muscles of the neck are normal and show no evidence for hemorrhage. The larynx shows no evidence of obstruction or edema. The vocal cords are symmetrical and free of abnormalities. The

epiglottis is normal. The hyoid bone and thyroid cartilage are intact. The thyroid lobes are symmetrical and without lesions on cross section.

SKULL AND BRAIN: Injuries are previously described. The brain weighs 1500 grams. The cerebral hemispheres are symmetrical with slight flattening of the sulci and gyri. There is no definitive evidence of herniation. No cerebral atrophy is noted. The vessels at the base of the brain are normal in origin and distribution with no significant atherosclerotic stenosis. Serial coronal sections of cerebrum and serial transverse sections of cerebellum and brain stem are unremarkable.

A portion of the base of the skull, including the sella turcica, is removed exposing the nasal passages. There is abundant bloody mucus present within the posterior nasal passages and several submucosal dilated vessels are noted. No definitive point of antemortem hemorrhage is identified.

MUSCULOSKELETAL SYSTEM: The skeletal system is intact with no obvious congenital abnormalities. The ribs are of normal consistency and reveal no evidence of remote rib fractures with red colored bone marrow. The vertebral column is without kyphosis, scoliosis, or arthritic change.

SPECIMENS / EVIDENCE

Samples of the vitreous, blood, gastric contents, urine, and a portion of liver are collected and retained.

At the time of autopsy, fingernail clippings, head hair exemplars, DNA blood swatch, and clothing are retained.

3-4-09

Dear Abbot John,

I didn't know if you have seen a complete autopsy for Fr. Bruce, so I thought I would send you a copy. It is very complete but other than the injuries from his fall it appears he was very healthy. It is still very hard to believe he's gone.

We want to again thank you and all the Monks at the Abbey for everything you did for us at the time of our loss.

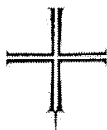
Enclosed please find 2 checks to be used by the Abbey however you want as a Memorial to Fr. Bruce.

Sincerely,

received

MAR 06 2009

Office of the Abbot



SAINT JOHN'S ABBEY

Office of the Abbot

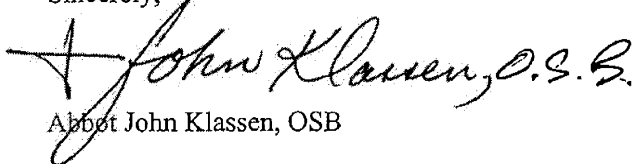
March 24, 2009

Ms. Mary Lieser
Office of Medical Examiner for Stearns County
P.O. Box 217
Saint Cloud, MN 56321

Dear Ms. Lieser:

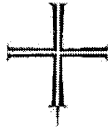
With this letter I wish to acknowledge receiving the provisional and final autopsy reports for **Father Bruce L. Wollmering**. Thank you so much for making these available to me and the community.

Sincerely,


Abbot John Klassen, OSB

P.O. BOX 2015, COLLEGEVILLE, MINNESOTA 56321-2015
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OSB WOLLMERING_00407



SAINT JOHN'S ABBEY

Office of the Abbot

March 31, 2009

Captain Pam Jensen
Stearns County Sheriff's Department
P.O. Box 217
Saint Cloud, MN 56302

Dear Captain Jensen:

I write regarding the personal items of **Father Bruce Wollmering** that needed further investigation at the time of his death on February 6, 2009. I am wondering if the department has completed its investigation and is able to return them, especially Compaq Desktop PC (SJMQUABB74281A). I appreciate any help in this matter that you can give.

Sincerely,

Abbot John Klassen, O.S.B.

Abbot John Klassen, OSB