

### CERTIFICATE OF DEATH

1097-011000

STATE DEPT NUMBER		STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH		LOCAL REGISTRAR DISTRICT AND CERTIFICATE NUMBER	
1a. NAME OF DECEASED - FIRST NAME <b>WOJCI ECH</b>		1b. MIDDLE NAME		1c. LAST NAME <b>FRYKOWSKI</b>	
3. SEX <b>Male</b>	4. COLOR OR RACE <b>Caucasian</b>	5. BIRTHPLACE - STATE OR FOREIGN COUNTRY <b>Poland</b>		2a. DATE OF DEATH - MONTH DAY YEAR <b>August 9, 1969</b>	
6. NAME AND BIRTHPLACE OF FATHER <b>Jan Frykowski - Poland</b>		8. DATE OF BIRTH <b>December 22, 1936</b>		7. AGE - LAST BIRTHDAY <b>33</b> YEARS	
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Teofila Stefanowska - Poland</b>		12. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Divorced</b>		2b. HOUR <b>9:10 A.M.</b>	
10. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		11. SOCIAL SECURITY NUMBER <b>None</b>		13. NAME OF SURVIVING SPOUSE IF ANY (LISTED IN PART 17)	
14. LAST OCCUPATION <b>Writer</b>		15. NUMBER OF YEARS IN THIS OCCUPATION <b>10</b>		16. NAME OF LAST EMPLOYING COMPANY OR FIRM <b>Self Employed</b>	
17. KIND OF INDUSTRY OR BUSINESS <b>Writer</b>		18a. PLACE OF DEATH - NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY <b>None</b>		18b. STREET ADDRESS - STREET AND NUMBER OR LOCATION <b>10050 CIELO DR</b>	
18c. CITY OR TOWN <b>LOS ANGELES</b>		18d. COUNTY <b>LOS ANGELES</b>		18e. LENGTH OF STAY IN COUNTY OF DEATH <b>1</b> YEARS	
19a. USUAL RESIDENCE - STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>2774 Woodstock Road</b>		19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>yes</b>		20. NAME AND MAILING ADDRESS OF INFORMANT <b>Teofila Frykowska</b>	
19c. CITY OR TOWN <b>Los Angeles</b>		19d. COUNTY <b>Los Angeles</b>		19e. STATE <b>California</b>	
19f. USUAL RESIDENCE - STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>1754 State St., South Pasadena</b>		21a. CORONER - I HEREBY CERTIFY THAT DEATH OCCURRED AT THE ABOVE DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE VIEWED THE REMAINS OF DECEASED AS REQUIRED BY LAW AND		21b. PHYSICIAN - I HEREBY CERTIFY THAT THE ABOVE DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTEND TO THE DECEASED	
21c. CITY OR TOWN <b>Los Angeles</b>		21d. COUNTY <b>Los Angeles</b>		21e. STATE <b>California</b>	
21f. CORONER - I HEREBY CERTIFY THAT DEATH OCCURRED AT THE ABOVE DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTEND TO THE DECEASED		21g. PHYSICIAN - I HEREBY CERTIFY THAT THE ABOVE DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTEND TO THE DECEASED		21h. DATE SIGNED <b>8-21-69</b>	
21i. CORONER - I HEREBY CERTIFY THAT DEATH OCCURRED AT THE ABOVE DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTEND TO THE DECEASED		21j. PHYSICIAN - I HEREBY CERTIFY THAT THE ABOVE DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTEND TO THE DECEASED		21k. PHYSICIAN OR CORONER - SIGNATURE AND TITLE OR TITLE <b>Alberta Smith</b> Mall of Justice, Los Angeles	
21l. CORONER - I HEREBY CERTIFY THAT DEATH OCCURRED AT THE ABOVE DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTEND TO THE DECEASED		21m. PHYSICIAN - I HEREBY CERTIFY THAT THE ABOVE DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTEND TO THE DECEASED		21n. DATE SIGNED <b>8-21-69</b>	
21o. CORONER - I HEREBY CERTIFY THAT DEATH OCCURRED AT THE ABOVE DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTEND TO THE DECEASED		21p. PHYSICIAN - I HEREBY CERTIFY THAT THE ABOVE DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTEND TO THE DECEASED		21q. PHYSICIAN OR CORONER - SIGNATURE AND TITLE OR TITLE <b>H.W. Coyle</b> 5574	
21r. CORONER - I HEREBY CERTIFY THAT DEATH OCCURRED AT THE ABOVE DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTEND TO THE DECEASED		21s. PHYSICIAN - I HEREBY CERTIFY THAT THE ABOVE DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTEND TO THE DECEASED		21t. DATE SIGNED <b>AUG 21 1969</b>	
21u. CORONER - I HEREBY CERTIFY THAT DEATH OCCURRED AT THE ABOVE DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTEND TO THE DECEASED		21v. PHYSICIAN - I HEREBY CERTIFY THAT THE ABOVE DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTEND TO THE DECEASED		21w. PHYSICIAN OR CORONER - SIGNATURE AND TITLE OR TITLE <b>Richard J. ...</b>	
21x. CORONER - I HEREBY CERTIFY THAT DEATH OCCURRED AT THE ABOVE DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTEND TO THE DECEASED		21y. PHYSICIAN - I HEREBY CERTIFY THAT THE ABOVE DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTEND TO THE DECEASED		21z. DATE SIGNED <b>AUG 21 1969</b>	
22. SPECIFY BURIAL, ENTOMBMENT OR CREMATION <b>Crementation</b>		22a. DATE <b>8-22-69</b>		23. NAME OF CEMETERY OR CREMATORY <b>St. Joseph Cemetery - Lods, Poland</b>	
24. EMBALMER - SIGNATURE OF BODY EMBALMED; LICENSE NUMBER <b>H.W. Coyle 5574</b>		25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH); FOREST LAWN MEMORIAL-PARK ANCHS. GLENDALE, CALIFORNIA		26. LOCAL REGISTRAR - SIGNATURE <b>Richard J. ...</b>	
27. LOCAL REGISTRAR - SIGNATURE <b>Richard J. ...</b>		27a. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR <b>AUG 21 1969</b>		28. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE <b>Multiple stab wounds of body causing massive hemorrhage.</b>	
28. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE <b>Multiple stab wounds of body causing massive hemorrhage.</b>		28a. CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A). STATING THE UNDERLYING CAUSE LAST. <b>(B) DUE TO OR AS A CONSEQUENCE OF</b>		28b. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
29. PART II. OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE WHEN IN PART I.		30. THE OPERATION OF BODY? PERFORMED FOR ANY CONDITION OR OTHER USE OR NOT? (SPECIFY OPERATION AND/OR USES)		31. AUTOPSY? (SPECIFY YES OR NO)	
32. SPECIFY ACCIDENT SUICIDE OR HOMICIDE		33. PLACE OF INJURY (STREET, BOX NUMBER, RAILROAD, AIRPORT, HARBOR, SHIP, ETC.)		34. INJURY AT WORK (SPECIFY YES OR NO)	
35. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		36a. DATE OF INJURY - MONTH DAY YEAR		36b. HOUR	
37a. DISTANCE FROM PLACE OF INJURY TO HOME (MILES)		37b. WERE LABORATORY TESTS MADE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO)		37c. WERE LABORATORY TESTS MADE FOR POISON? (SPECIFY YES OR NO)	
38. DESCRIBE HOW INJURY OCCURRED (EXPERIENCED BY EVENTS WHICH RESULTED IN SHORT NATURE OF INJURY SHOULD BE ENTERED IN PART 17)		39. YES		39. YES	
STATE REGISTRAR		A		B	
C		D		E	
F		1941			

FILE #69-8793  
VOITYCK FROKOWSKI  
AUGUST 10, 1969

2

**EXTERNAL EXAMINATION:**

The body is that of a young adult White male which appears to be of the stated age of 35. The weight is 175 pounds and the height is 70-1/2 inches. The body is cold. It has not been embalmed. Rigor mortis is already passed. The hair is brown and is quite long. The eyes are blue. The pupils are round and equal and measure .4 cm. in diameter. The sclerae are white and show no evidence of icterus. The mouth and nose are oozing blood. The ears are unremarkable. The face is well-shaved. The teeth are in good condition. The neck, chest and abdomen are normally shaped and symmetric. There is no evidence of old scars. Trauma will be described separately. The external genitalia show no gross unusual features. The upper and lower extremities are unremarkable except for the fresh evidence of trauma. The antecubital fossae show no evidence of venipunctures. The back shows no unusual features other than the fresh trauma.

**SCALP WOUNDS:**

The scalp shows 13 deep lacerations with irregular borders which seem to be caused with considerable force. The borders are not sharply cut but are quite irregular and traumatic. The general shape of the wounds seem to be semicircular. This semicircle goes from 1/2 inch to 1-1/2 inches in length and these lacerations are spread over the top of the head from just above the eyebrows to the beginning of the occipital area. The largest ones are on the very top of the head.

The face shows three very small abrasions of the skin on the bridge of the nose, one located between the eyebrows. These are small superficial abrasions and each measures only 1/4 inch in diameter. The skin at the left side of the left eye shows an extensive area of ecchymosis with a small abrasion of the skin. The top ecchymosis measures 1-1/2 inches in the largest dimension. The area at the left side of the left angle of the mouth shows an abrasion of the skin that measures 1-1/2 inches in length by 3/8 inch in width. This abrasion is also superficial. Underneath the left part of the chin there is another small abrasion that measures 3/8 inch. Behind the left ear there is another abrasion that measures 1/2 inch and 2 inches below it is another very similar abrasion. The right part of the neck shows a small scratch that measures 1 inch in length by 1/4 inch in width. Below this, 1 inch under the right clavicle, is another small abrasion that measures 1/2 inch by 3/8 inch. The left neck shows a 1/2 inch abrasion located at the end of the clavicle.

FILE #69-8793  
VOITYCK FROKOWSKI  
AUGUST 10, 1969

3

#### STAB WOUNDS OF THE BACK:

The back of the body shows five stab wounds.

Stab wound #1 is located 14 inches from the top of the head and 2 inches to the right of the midline. This stab wound measures 1/2 inch and shows one sharp medial edge, one dull lateral edge. The depth of this stab wound is 3/4 inch.

Stab wound #2 is located 14-1/2 inches from the top of the head and at 3 inches to the right of the midline. The depth of this wound is 3/4 inch and it measures also 3/4 inch by size. It shows two different edges. Sharp edge points toward the center line of the body and dull edge points outward. The deepest penetration of this wound goes into the posterior aspect of the right lung.

Stab wound #3 is located on the back 18 inches from the top of the head and 1 inch to the left side of the midline of the back. This wound measures 3-1/2 inches in depth and it measures 3/4 inch in length and shows one sharp upper edge and one dull lower edge. The deepest portion of this wound penetrates one inch into the posterior portion of the left lung.

Stab wound #4 is located 15 inches from the top of the head and 5-1/2 inches to the right of the midline. This wound measures 3-1/2 inches in depth and measures 1 inch in length. It shows two different edges, one sharp lower edge and a dull upper edge, the deepest penetration of this wound goes into the posterior aspect of the right lung.

Stab wound #5 is located on the right upper buttock, 32 inches from the top of the head and 5 inches to the right of the midline. This wound measures 3-1/2 inches in depth and it measures 3/4 inch in length. It shows also two different edges, one sharp lower edge and one dull upper edge. This wound penetrates as deep as the left kidney.

#### ANTERIOR TRUNK WOUNDS:

Eleven stab wounds are present on the anterior trunk.

Stab wound #1 is located 14-1/2 inches from the top of the head and 3 inches to left of midline. The wound measures 1 inch in length and shows two different edges, one sharp medial edge and one dull edge laterally. This wound measures 3-1/2 inches in depth and is pointing upward. The deepest penetration of this wound goes as deep as the left lung.

Stab wound #2 is located 15-1/2 inches from the top of the head and 6 inches to the left of midline. The wound measures 1 inch in length and shows one sharp medial edge and one dull lateral edge. The wound measures 3 inches in depth and the direction is anterior to posterior with an upward angle. The deepest penetration of this wound goes as deep as the left lung.

FILE #69-8793  
VOITYCK FROKOWSKI  
AUGUST 10, 1969

4

Stab wound #3 is located 17 inches from the top of the head and 5-1/2 inches to the left of midline. This is an irregular compound wound that measures 1-1/4 inches in length and it shows two different tracts, with two sharp medial edges and one dull lateral edge. The maximum penetration is 3 inches and the direction is from anterior to posterior with a minimal upward angle. The deepest penetration of this wound goes to nick the parietal pericardium, but it does not penetrate into the heart.

Stab wound #4 is located 19-1/2 inches from the top of the head and 7 inches to the left of midline. This wound measures 1 inch in length and is 3 inches in depth with a sharp medial border pointing inward and a dull lateral border. The direction of this wound is anteroposterior with a minimal upward angle and it penetrates into the left lung.

Stab wound #5 is located 18 inches from the top of the head and 10 inches to the left of midline. It is in the mid axillary line. This wound measures 1 inch and it shows two edges, a sharp edge and a dull edge pointing inward. The depth of this wound is 3 inches and the direction is from left to right with an upward angle. The deepest penetration of this wound goes into the left lung.

Stab wound #6 is located 23 inches from the top of the head and 7 inches to the left side of midline. The length of this wound is 1 inch. It shows one sharp upper edge and a dull lower edge. The maximum penetration of this wound is 3 inches and the direction is from left to right and from anterior to posterior. In the deep planes of the body this wound penetrates into the diaphragm.

Stab wound #7 is located 23-1/2 inches from the top of the head and 10 inches to the left of midline, in the midaxillary line. This wound measures 1-1/4 inch and is horizontal. The sharp edge is anterior and the dull edge is posterior. The penetration of this wound goes as deep as to penetrate into the upper pole of the spleen.

Stab wound #8 is located 25 inches from the top of the head and 8 inches to the left of midline. It measures 1/2 inch in length and 1/2 inch in depth. The sharp edge is anterior and the dull edge is posterior.

Stab wound #9 is located 34 inches from the top of the head and 10 inches from the anterior midline of the body. This wound is located in the anterior axillary line and is vertical. The sharp edge is downward and the dull edge is upward. The penetration of this wound is 2 inches.

Stab wound #10 is somewhat round in shape. This wound is located 29 inches from the top of the head and 5 inches to the left of midline. This is at the level of the umbilicus. This wound measures 1/4 inch in diameter and shows an irregular superficial abrasion measuring 3/8 inch around it.

FILE #69-8793  
VOITYCK FROKOWSKI  
AUGUST 10, 1969

5

Stab wound #11 is located on the right upper chest 14 inches from the top of the head and 3 inches to the right of midline. This stab wound is very superficial. It does not go beyond the dermis.

STAB WOUNDS OF THE LEFT ARM:

The left arm shows 16 stab wounds.

Stab wound #1, left arm, is located 15 inches from the top of the head.

Stab wound #2, left arm, is located 16 inches from the top of the head.

Stab wound #3, left arm, is located 16 inches from the top of the head.

Stab wound #4, left arm, is located 20 inches from the top of the head.

Stab wound #5, left arm, is located 21 inches from the top of the head.

Stab wound #6, left arm, is located 22 inches from the top of the head.

Stab wound #7, left arm, is located 21 inches from the top of the head.

Stab wound #8, left arm, is located 23 inches from the top of the head.

Stab wound #9, left arm, is located 24 inches from the top of the head.

All of these are in the upper portion of the left arm.

Stab wound #10 is located in the forearm 26 inches from the top of the head.

Stab wound #11 is located 28 inches from the top of the head.

Stab wound #12 is located 29 inches from the top of the head.

Stab wound #13 is located 30 inches from the top of the head.

Stab wound #14 is located 29-1/2 inches from the top of the head.

Stab wound #15 is on the left elbow 25 inches from the top of the head.

Stab wound #16 is located in the back of the forearm 28-1/2 inches from the top of the head. All of these stab wounds are similar to each other. The size is 1 inch. The depth is 1 inch. These are perpendicular to the skin and all of them show one sharp outer edge and one dull inner edge. None of these wounds are fatal.

FILE #69-8793  
VOITYCK FROKOWSKI  
AUGUST 10, 1969

6

The left hand shows three small superficial stab wounds, located at the base of the small finger and at the base of the thumb.

STAB WOUNDS OF THE LEFT LEG:

The left leg shows 8 stab wounds.

Stab wound #1, left leg, is located 32 inches from the top of the head.

Stab wound #2, left leg, is located 36 inches from the top of the head.

Stab wound #3, left leg, is located 37 inches from the top of the head.

Stab wound #4, left leg, is located 39 inches from the top of the head.

Stab wound #5, left leg, is located 39 inches from the top of the head.

Stab wound #6, left leg, is located 41 inches from the top of the head.

Stab wound #7, left leg, is located 42 inches from the top of the head.

Stab wound #8, left leg, is located 43 inches from the top of the head.

These stab wounds are similar. Each measures 3/4 inch in length and about 1 inch to 1-1/2 inches in depth. They are perpendicular to the skin surface. None are fatal.

STAB WOUNDS OF THE RIGHT ARM:

The right arm shows three (3) stab wounds.

Stab wound #1, right arm, is located in the ventral portion of the biceps area 20 inches from the top of the head.

Stab wound #2, right arm, is located 1 inch from the shoulder.

Stab wound #3, right arm, is located at the center of the antecubital area. Each measures 1 inch and is about 1/2 inch in depth.

STAB WOUNDS OF THE RIGHT HAND:

The right hand shows five (5) defensive type of stab wounds, all located on the palmar surface of the hand.

FILE #69-8793  
VOITYCK FROKOWSKI  
AUGUST 10, 1969

7

Stab wounds #1 and #2, right hand, are located at the base of the small finger.

Stab wounds #3 and #4, right hand, are located on the ring finger.

Stab wound #5, right hand, is located on the middle finger.

All of these wounds are tangential to the surface of the skin and the one on the ring finger reaches as deep as the bone. The other ones are superficial.

#### GUNSHOT WOUNDS OF BACK:

The entrance wound is located in the left posterior axillary line 15 inches from the top of the head and 8-1/2 inches to the left of midline. The wound measures 1/4 inch in diameter and shows an abrasion ring that measures 3/8 inch in diameter. The skin shows no evidence of powder marks. The direction of the wound is from left to right in a horizontal plane in a transversal direction. The bullet is a small lead bullet which has good striations in the back, however, the nose is somewhat deformed. It is found impacted against the 5th dorsal vertebra in the posterior process. This is not considered to be a fatal wound.

#### INITIAL INCISION:

The body is opened by a Y-shaped incision. The subcutaneous tissues and muscles are normally developed. The peritoneal cavity contains a very small amount of blood. The left pleural cavity contains about 1000 cc. of blood. The right pleural cavity contains about 500 cc. of blood.

#### HEART:

The pericardium shows a minimal amount of hemorrhage. The anterior parietal pericardial wall shows an indentation produced by Stab wound #3. However, the heart shows no penetration by the stab wound. The heart weighs 340 grams. The coronary arteries are patent and show no evidence of arteriosclerosis. The cardiac chambers are normally developed and the valves are smooth and pliable and the valvular rings are not calcified. The foramen ovale and ductus arteriosus are closed. The aorta and main vessels are patent and show minimal evidence of arteriosclerosis and they show normal distribution.

#### LUNGS:

The bronchial tree contains foamy secretion with some blood. The vascular tree is unremarkable. The left lung shows four stab wounds in the anterior aspect. They correspond to stab wounds #1, #2, #4 and #5. The largest one goes as deep as 3-1/2 inches from the skin to the deepest point in the lung.

FILE #69-8793  
VOITYCK FROKOWSKI  
AUGUST 10, 1969

8

The posterior aspect of the left lung shows one stab wound which goes about 1 inch into the lung and corresponds to stab wound #3 from the back. The right lung shows two stab wounds on the back which correspond to stab wounds #2 and #4 from the back and no stab wounds on the front.

The diaphragm is unremarkable except for one stab wound on the anterior left which corresponds to Stab wound #6 and one stab wound in the left flank which corresponds with Stab wound #7. Both of these stab wounds penetrate the diaphragm and #6 goes into the fatty tissues. Number 7 knicks the upper pole of the spleen.

#### LIVER:

The liver weighs 1600 grams. The capsule is thin and transparent. The parenchyma is red-brown and shows no gross unusual features. The color is unremarkable. The cut sections demonstrate no unusual evidence of lobularity or fibrosis. There is no evidence of fatty change either. The bile ducts are patent. The gall-bladder contains about 5 cc. of poorly concentrated bile. There are no stones. The common duct is patent.

#### SPLEEN:

The spleen weighs 120 grams and shows a small stab wound on the upper pole and the parenchyma shows no gross unusual features.

#### PANCREAS AND ADRENALS:

The pancreas and the adrenals are unremarkable.

#### KIDNEYS:

Each kidney weighs 150 grams. The left kidney shows a perforation on the posterior side. This perforation corresponds to Stab wound #5 from the back. Otherwise, the kidneys show no gross unusual features. The capsules strip easily and show smooth surfaces. The cut sections show normal cortex and medulla. The pyramids, calyces, pelvis are unremarkable. The ureters are patent. The urinary bladder contains about 100 cc. of normal clear urine. The prostate is unremarkable and shows no evidence of nodularity or fibrosis. The testes are unremarkable.

#### NECK ORGANS:

The pharynx, larynx, thyroid, thymus and trachea are grossly unremarkable.



FILE #69-8793  
VOITYCK PROKOWSKI  
AUGUST 10, 1969

9

GASTROINTESTINAL TRACT:

The esophagus is patent and normal. The stomach contains about 300 cc. of semidigested material. Food particles have already passed into the duodenum. The small bowel contains also a small amount of food in the proximal and in the distal portion. The large bowel contains a moderate amount of fecal material and is unremarkable.

SKELETAL SYSTEM:

The bones and bone marrow are unremarkable. The lymph nodes of the peritoneum as well as those of mediastinum and neck are unremarkable.

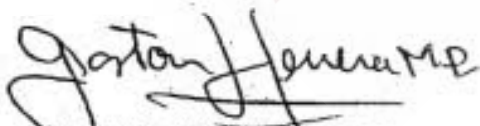
HEAD:

The surface of the scalp has already been described. The undersurface of the scalp shows extensive ecchymosis which grossly corresponds to the evidence of external trauma. The skull shows no evidence of fracture. The meninges are somewhat congested, however, there is no evidence of hemorrhage. The brain weighs 1210 grams. The hemispheres are symmetrical. The convolutions are well marked. Coronal sections show no evidence of hemorrhage, tumor or any abnormality. The cerebellum, pons and medulla oblongata are unremarkable.


The pituitary and nasal sinuses are unremarkable.

TOXICOLOGY:

Organs and tissue fluid are saved for alcohol, barbiturates, amphetamines and other tests. Sections of specimen tissues are saved.

  
GASTON HERRERA, M.D.  
DEPUTY MEDICAL EXAMINER

SUPERVISED AND DIRECTED BY

  
Thomas T. Noguchi, M.D.  
Chief Medical Examiner-Coroner

COUNTY OF LOS ANGELES  
DEPARTMENT OF CHIEF MEDICAL EXAMINER-CORONER  
PRELIMINARY EXAMINATION REPORT

*on lawn  
of tree*

Name (B) Wojciech Frykowski Case No. 67-8773

RIGOR MORTIS:

TEMPERATURE:

NECK:

Anterior flexion 4+  
Posterior flexion 4+  
Right lateral flexion 4+  
Left lateral flexion 4+

ENVIRONMENT TEMPERATURE = 90 F

DATE 8-7 TIME 2:20 <sup>AM</sup> <sub>PM</sub>

LIVER TEMPERATURE = 30 1/2 F

WHERE TAKEN Artery

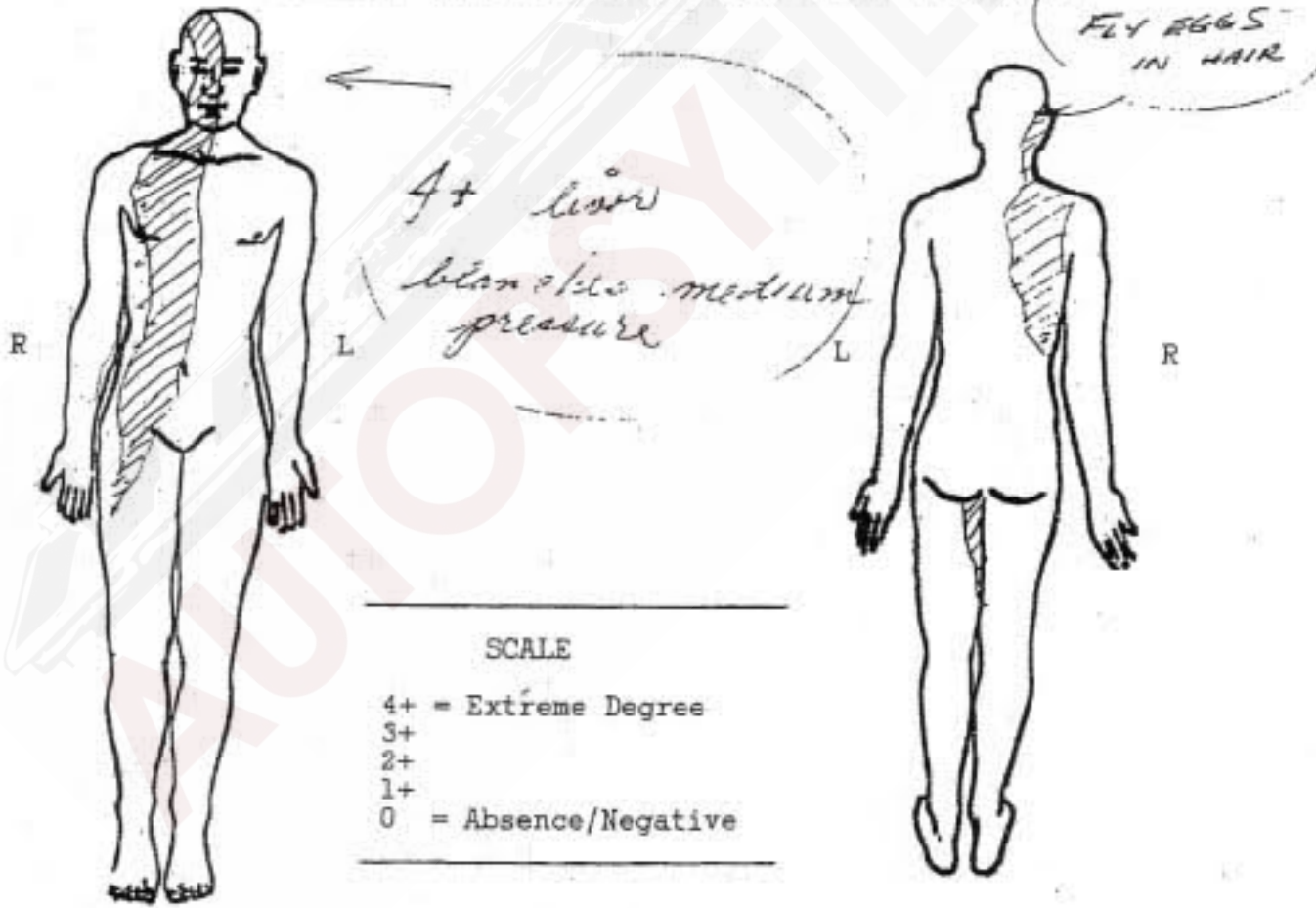
JAW: 4+ HIP: 4+  
SHOULDER: 4+ KNEE: 4+  
ELBOW: 4+ ANKLE: 4+  
WRIST: 4+

DATE 8-7-69 TIME 2:25 <sup>AM</sup> <sub>PM</sub>

*rectal temp 86°  
3:45 PM*

LIVOR MORTIS:

Use shading on diagrams to illustrate location.  
Describe intensity of coloration. (use scale)  
Permanent or blanches under pressure? Describe.



Remarks:

Frykowski  
Coroner's Investigator

Date: 8-7-69 Time 3:30 <sup>AM</sup> <sub>PM</sub>

Tape # \_\_\_\_\_ Start \_\_\_\_\_ End \_\_\_\_\_ Crypt # 23

COUNTY OF LOS ANGELES  
OFFICE OF CHIEF MEDICAL EXAMINER-CORONER

CASE REPORT

REPORTED AS:

- Natural
- Homicide
- Accident
- Undetermined
- Suicide
- In Custody
- Nursing Home
- At Work

Phone at Scene: \_\_\_\_\_

Case No. 69-8793  
Taken by Mayfield

opp. stabling

Post Mortem at Med. Exam. Request of \_\_\_\_\_

NAME VOITYEK FROKOWSKI Occupation actor AGE 30 Sex M Race W

Place of Death 10050 Lido Dr. L.A.

Reported by Lt. Helder Address Centr. Home Phone found

Date 8-9-69 Time 1<sup>00</sup> <sup>A.M.</sup>/<sub>P.M.</sub> Pronounced Dead by L.A.P.D. Patrol Date and Time of Death 8-9-69 9<sup>10</sup> AM

Investigating Agency Centr. Home

Officer Henderson Date 8-9-69 Time 2<sup>00</sup> <sup>A.M.</sup>/<sub>P.M.</sub> Hospital No. \_\_\_\_\_

Residence or Decqased ? Religion \_\_\_\_\_

Employer \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_ Military No. \_\_\_\_\_ Vet. \_\_\_\_\_

Next of Kin \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Notified by \_\_\_\_\_ at \_\_\_\_\_ <sup>A.M.</sup>/<sub>P.M.</sub>

Weight 175 lbs. Height 70 1/2 In. Hair Brown Teeth OWN Eyes HAZEY Mustache \_\_\_\_\_

Beard \_\_\_\_\_ Tattoo or Deformity \_\_\_\_\_ Body Condition RECORDED Prints  Yes  No

Brought in by Dr. Henry M. Johnson - Inquest 8-9-69 4<sup>15</sup> <sup>A.M.</sup>/<sub>P.M.</sub> Property  Yes  No  
Clothing  Yes  No  
Door Sealed  Yes  No

REMARKS: continued -  
see case 69-8796

Assigned to Dr. Inken Deputy \_\_\_\_\_

INQUEST  Yes  No Held on \_\_\_\_\_ Inquest Deputy \_\_\_\_\_

CERTIFICATE ISSUED: TO MORTUARY Pending  By \_\_\_\_\_ FINAL  12/3/69 By T.T.N

CERTIFICATE MADE Pending  By BK 8-10-69 INQUEST  By \_\_\_\_\_ FINAL  By \_\_\_\_\_

COUNTY OF LOS ANGELES  
OFFICE OF CHIEF MEDICAL EXAMINER-CORONER

MEDICAL REPORT

Name VOITYCK FROKOWSKI Occupation ACTOR Case No. 69-8793

Date 8-10-69 Time 12am IN  Crypt # 23 OUT  MORTUARY M.E. CORONER  
 INVESTIGATION  AUTOPSY  PENDING  FINAL ON 8-10-69 Dr. Herrera

CAUSE OF DEATH:

MULTIPLE STAB WOUNDS OF BODY CAUSING MASSIVE HEMORRHAGE.

- Micro.  Neuro.
  - Bact.  Med. History
  - P. R.  S. P. R.
  - Photo By
  - X-RAY  A S 2
  - Toxicology
  - Alcohol  Over 24 Hrs.
  - Barbs.  C. O.
  - Other - Explain Below  
Amphetamine
- SPECIMENS SUBMITTED

Due to:

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

NATURAL  ACCIDENT  SUICIDE  HOMICIDE  UNDETERMINED

DATE OF OPERATION  OPERATION - CHECK ONE

NO OPERATION PERFORMED  OPERATION PERFORMED - FINDINGS USED IN DETERMINING ABOVE STATED CAUSE OF DEATH  OPERATION PERFORMED - FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSE OF DEATH

Evidence of Injury:  Yes  No At work  Yes  No SUICIDE NOTE  Yes  No FETAL DEATH CERTIFICATE

Embalmed by: Carter License No. 5574 Blood Sample Taken  Yes  No Explain

Rx No. NONE Date Filled: Contents: Amount Prescribed: Amount Remaining:

PHYSICAL DESCRIPTION Age 30? Sex M Race CAU Complexion LIGHT Wt. 175 lbs. Ht. 70 1/2 In.

Hair Brown Teeth Upper Eyes Hazel Pupils Dilated Scars, amputations, NONE NOTED

Appliances on body NONE Tattoo or deformity NONE NOTED

Hospitalized  Yes  No Hospital Report  Yes  No Hospital No. Unit

In YARD ON LAWN Jail Hospital Duration

For APP STAB WOUNDS TO BODY

Physician Address: Phone:

Diagnosis or Comment:

Information taken by J. H. Johnson

MEDICAL EXAMINER'S COMMENTS:

Jato Herrera-MD M.D.

CERTIFICATE ISSUED TO MORTUARY Pending  By FINAL  By

CERTIFICATE MADE Pending  By INQUEST  By FINAL  By

NAME

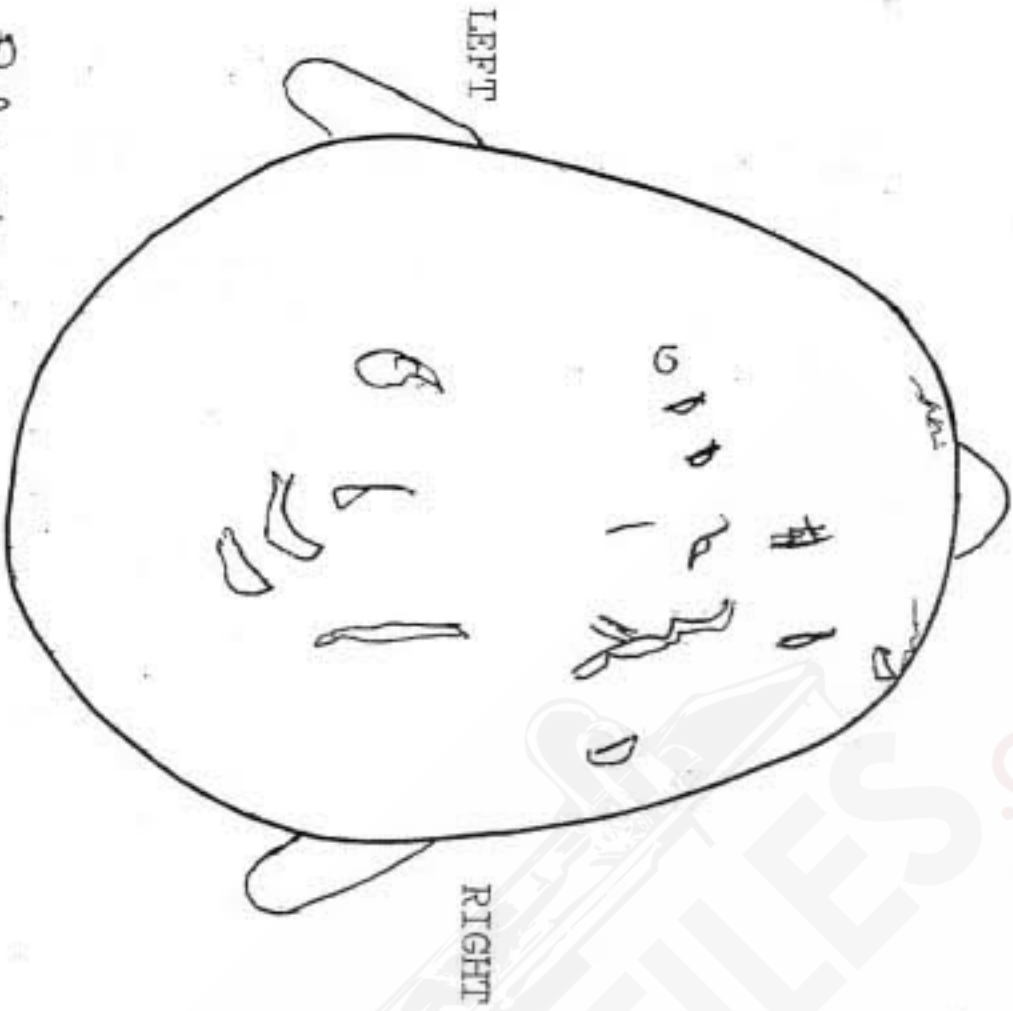
Voitacki, Wojciech

OFFICE OF CHIEF MEDICAL EXAMINER-CORONER

Date

File # 69-8793

SCALP  
SOFT TISSUE INJURY



CALVARIUM OUTER TABLE



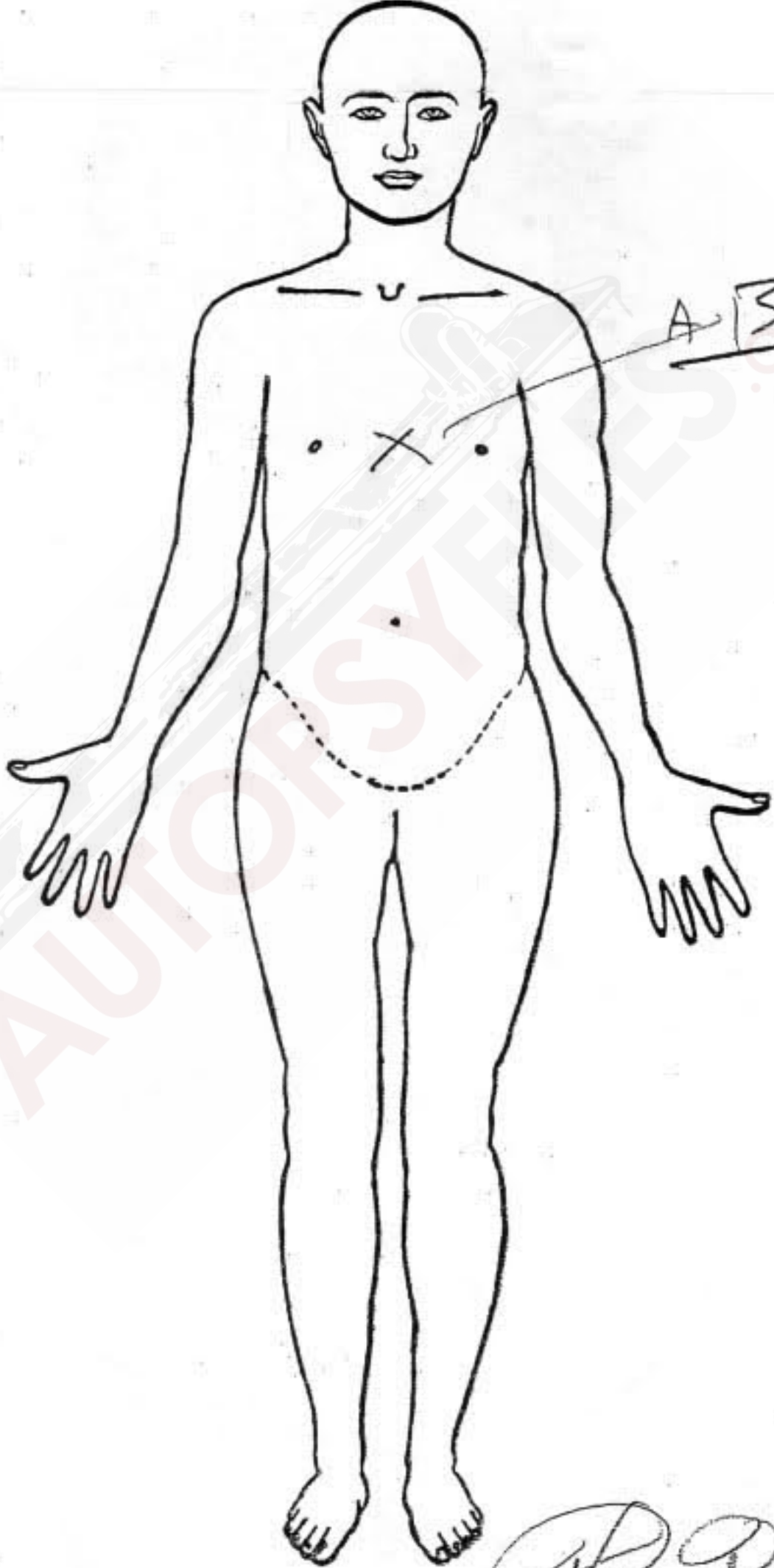
Blunt force Trauma wounds  
deep to the bone  
all of them are irregular and  
on not straight

Frykowski  
Deputy Medical Examiner. M.D.

COUNTY OF LOS ANGELES

OFFICE OF CHIEF MEDICAL EXAMINER-CORONER

NAME VOITYEK FROKOWSKI <sup>BODY FULL LENGTH ANTERIOR</sup> Date \_\_\_\_\_ File # 69-8798



A BULLET

R

L

*[Signature]*  
M.D.

Deputy Medical Examiner.

COUNTY OF LOS ANGELES

OFFICE OF CHIEF MEDICAL EXAMINER-CORONER  
 BODY FULL LENGTH POSTERIOR

NAME Voi Tyck, Frykowski

Date \_\_\_\_\_

File # 69-8793

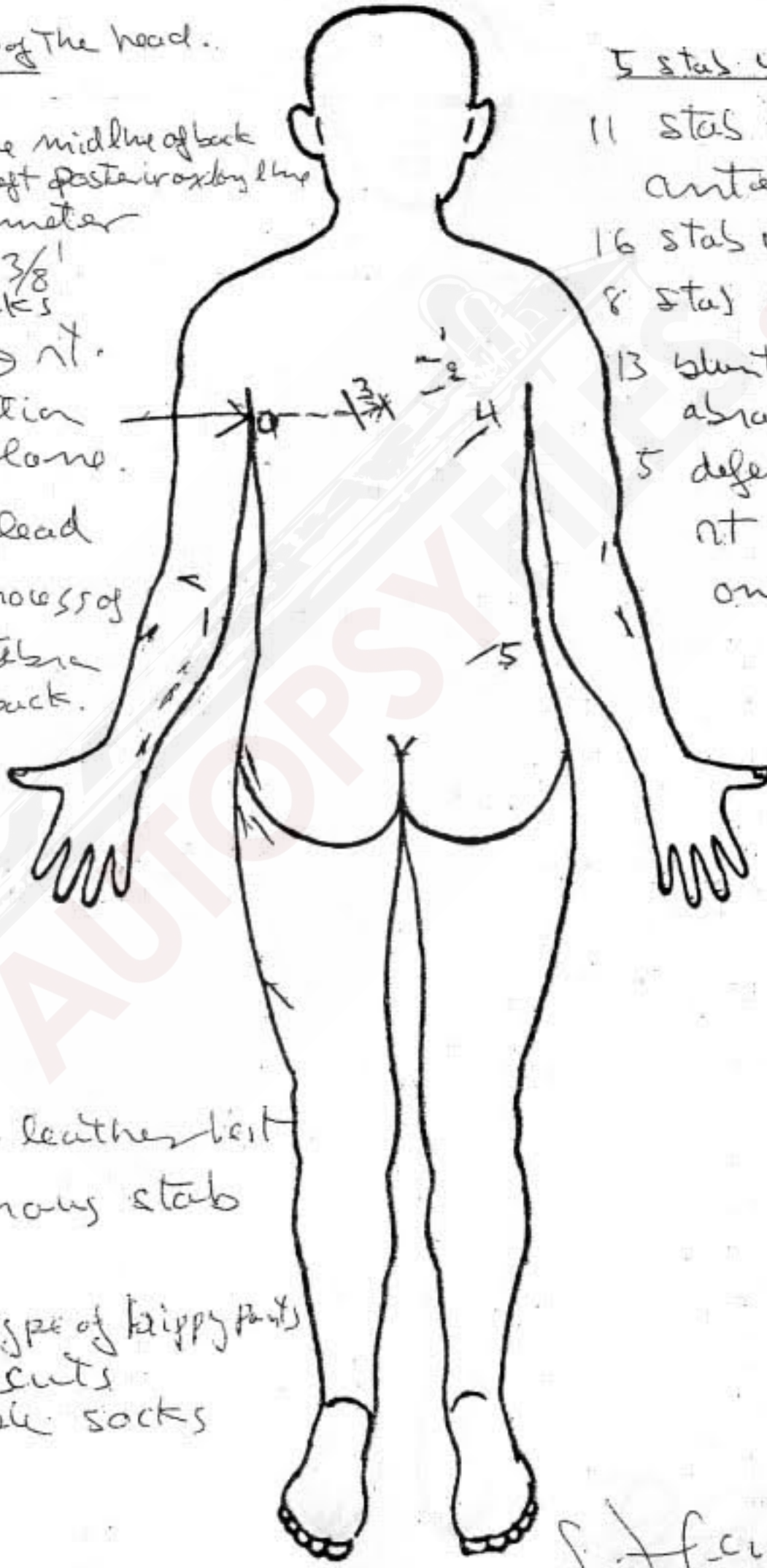
SW Entrance

15" from top of the head.

3/4 left of the middle of back  
 at the left posteriorly line  
 2 1/8 in diameter  
 abrasion ring 3/8"  
 No powder marks  
 section left → rt.  
 transverse direction  
 Horizontal plane.

bullet core 27 lead  
 just post process of  
 14 Dorsal vertebra  
 in the back.

found at 12:30pm.  
 good condition.



- 5 stab wounds, back
- 11 stab wounds, left anterior chest
- 16 stab wounds left arm
- 8 stab wounds, left leg.
- 13 blunt force trauma abrasions, head
- 5 defense wounds, rt hand.
- one gsw, back.

R

Clots.  
 Hippy type.  
 blue shirt & leather vest  
 with numerous stab wounds  
 low pajama type of hippy pants  
 with stab cuts  
 shoes & purple socks

S. J. Fenwick

M.D.

# COUNTY OF LOS ANGELES

OFFICE OF CHIEF MEDICAL EXAMINER-CORONER  
BODY FULL LENGTH ANTERIOR

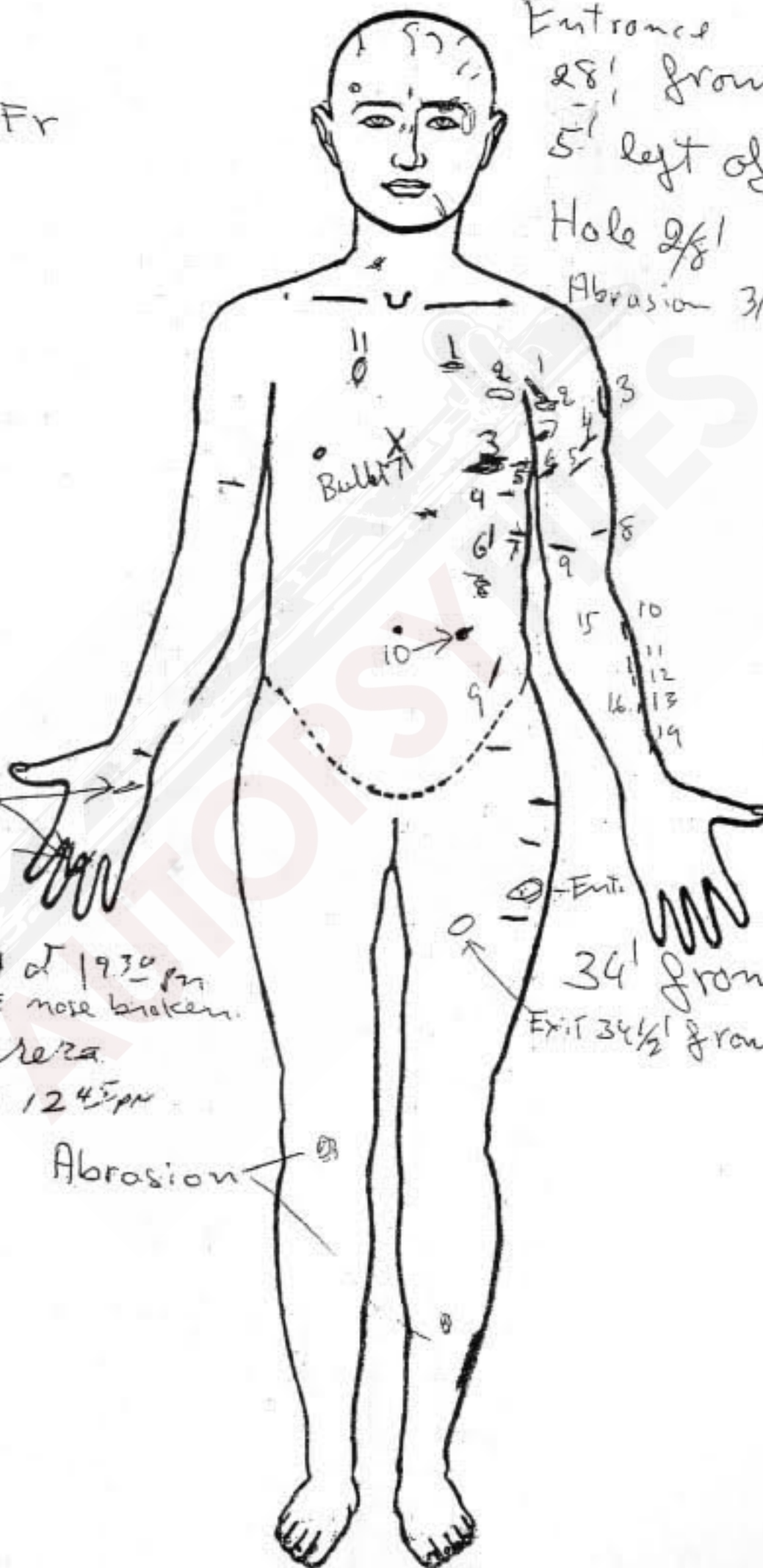
NAME Wojciech Frykowski

Date \_\_\_\_\_

File # 69-8793

Skull no Fr

Entrance  
28" from Top  
5" left of mid line  
Hole 2/8"  
Abrasion 3/8"



R

L

Defense was ds  
right hand

Bullet found at 1930 pm  
+ post condition nose broken.

Dr. Dr. Herrera

Bullet 48-10-60 1245 pm  
J. Lee M.D. P.D.

Abrasion

34" from Top  
Exit 34 1/2" from Top



Aside from 13 lacerations already described in head area, there are a number of abrasions -- loss of superficial skin caused by friction. These marks are found in lower forehead, left eyelid, and cheek bone area on the left side, the bridge of the nose, and some were found on the right and left side of the lower cheek or jaw area. Lacerations varied from 1/2 to ~~x~~ 1-1/2 in length.

Any postmortem wounds? A number of stab wounds that appear to show yellowish, pinkish fatty tissue, and I believe wounds may have been caused during dying process, where, if it is postmortem, could be shortly, very shortly, after the heart stopped.

(P.8833)



Right Hand shows 5 clearly identifiable cuts, consistent with a defense type action, and we have so documented.  
 Defense (5) (these on right palm of right hand)

Left Arm 16 stab wounds Stab wounds on left arm measured 1 inch throughout Some measure 3/4 inch.  
 3 stab wounds on left hand.  
 #1 16 Front portion of left upper arm near shoulder, down to stab wound #16 found on left wrist.  
 #1, 2 & 3 Upper arm  
 #4, 5, 6 and 7 - shown on the diagram of the front also #8  
 #9 At the elbow (more or less near the elbow)  
 #10 through #16 - found in back of the left arm.  
 #10, 11, 12 and 13 - found on inside of left wrist  
 #14, 15, 16 - "then back to 14, 15 and 16."

RECESS until 2:00 p.m.

Continuing: "I believe in the morning session I covered the anterior trunk, chest and back".

Anterior means front? Front, yes, and back, and right arm including right hand, and left arm including left hand.

8 Stab wounds in the left leg, labeled #1 through #8

- #1 On left leg, found in upper mid-thigh in front area.
- #2 Left leg, found more back of the left thigh in upper portion
- #3 Found slightly below stab wound #2, on back of left thigh.
- #4 Left leg, in front of the lower thigh.
- #5 Found slightly below the location of stab wound #4, and still slightly above the kneecap.
- #6 Found in front portion of lower left thigh.
- #7 Found in back of left leg, more or less close to the left calf
- #8 Found in mid-tibial area, that is, by this diagram - located here.

GUNSHOT WOUND T & T - front portion of left thigh, which was recognized on further examination. Entrance about 1/4 inch in diameter, showing no powder or unburned powder in the tissues; superficial gunshot wound; direction from left to right. Superficial; No bullet recovered.

Right leg: shows no demonstrable injury. No stab wounds or gunshot wounds.

- #4 Located in vicinity of multiple stab wounds located on left side of chest. Measures 1 inch in length, 3 inches in depth; direction slightly upward, front to back.
- #5  
Fatal Located more or less in the lateral aspect, the outer side of the left side of the chest, penetrating into chest cavity piercing left lung; - fatal
- #6 Located in lower portion of chest, almost at junction of abdominal wall, piercing into abdominal cavity; measures about 1 inch in length. (found on left lateral aspect of chest)
- #7 Wound tract penetrated in left to right direction and penetrated into the spleen; measures one 1/4 inches skin length.
- #8 Below No. 7 - measured only 1/2 inch in length and 1/2 inch in depth. Not a fatal stab wound.
- #9 Is found more lateral to the left chest.
- #10 Found in the left mid-abdomen penetrating superficially into the abdominal wall. Measures 1/4 inch in length; superficial
- #11 Last stab wound in front portion of chest; rather superficial found on upper chest on right side. Not fatal.

Continuing to front portion of trunk, the anterior trunk. I will explain some stab wounds on the back in relation to it.

There were five stab wounds on the back, labeled 1 through 5.

- #1 Right side of upper portion of chest, penetrating about 3/4 of an inch into deeper tissue. Measures 1/2 inch skin length.
- #2  
Fatal Located in vicinity of #1, but is slightly below the location of #1; measures 3/4 inch in skin length, penetrating into right lung. Fatal.
- #3  
Fatal Found on left side of mid-back. Measures 1 inch in length, penetrating deep into left chest cavity, piercing left lung. I would consider fatal.
- #4 Found slightly to right of #2 on right side of upper back, penetrating deep into tissue. Surface measures 3/4 inch in length.
- #5 In right lower back just at upper portion of right buttock. Measures 3/4 inch in length and 3/4 inch in depth.

Continuing to Right Arm (shows 3 stab wounds) and Right Hand (shows 5 stab wounds)

- #1 Found on inside of right arm (upper) - not fatal.
- #2 On back of right arm, found in right shoulder area
- #3 On back of right arm, found on back of right forearm in the mid portion.

GSW  
Fatal In your opinion were gunshot wounds fatal?  
The gunshot wound in the back, more or less the left axilla, that would be a fatal wound by itself, a fatal GSW.

2nd GSW found on front of left mid-thigh, T & T, penetrating superficial tissues showing entrance and exit wounds on surface of skin.

2 bullets recovered by your office? Yes. The bullet that entered from the back was found in the mid-portion of the body and recovered by Dr. Herrera & placed in envelope, which I also checked, before he turned it over to a representative of LAPD. You were present when bullet was recovered by Dr. Herrera? Yes.

Identification of bullet. Turned over to Sgt. Lee of LAPD in my presence.

2nd GSW Recovered? No - it was a T & T GSW. No bullet found in body

Any defense wounds on the body? Yes. In the right hand and also the left forearm - at least 7 or 8, indicating that first of all, at the time the decedent faced the assailant he knew (was conscious), and "he got himself further damage received a number of cuts and stab wounds in both hands". Indicating a strong struggle? Based on the number of stab wounds and the severity of the stab wounds, I would say yes.

Identifying wounds on diagrams:

Location, penetration, and whether or not fatal; direction of the thrust and the path of the 2 bullets.

Front portion of the body, trunk: #1 through 11

In the back, stab wounds #1 to 5.

Right arm, #1 to 3.

Left arm stab wounds #1 through 16.

In the right hand, 1 through 5

In the left hand, 1 through 3

Left leg, 1 through 8.

#1  
Fatal Center portion of upper chest; measured 1 inch skin length penetrated deep into chest cavity, penetrated left lung, causing massive hemorrhage.

#2  
Fatal Left side of the chest, 1 inch in skin length, penetrating deep into the chest, piercing the left lung.

#3  
Fatal Left side of chest, in vicinity of #1 and #2 - located slightly above left nipple; measures 1-1/4 in skin length penetrated slightly upwards and penetrated into the left chest cavity.

69-8793

VOITYCK FROKOWSKI

DOCUMENTED WOUNDS	STAB	GSW		LACERATIONS	NOT DOCUMENT GSW
Head				13	
Back	5	1			
Arm - right	3				
Arm - left	16				
Hand - right	5				
Hand - left	3				
Leg - right					
Leg - left	8				1
Anterior Trunk	11				
TOTAL DOCUMENTED	51	1		13	

SUMMARY OF WOUNDS: 51 stab wounds  
13 lacerations  
2 gunshot wounds (one documented; see \* below)

FATAL WOUNDS:

WOUNDS NOT DOCUMENTED: \*

Additional gunshot wound not described in autopsy report is a through and through gunshot wound in left leg, direction from left to right, slightly back to front.

NOTE: Stab Wound #2 entered on sketch - not photographed -- described in Autopsy Report as "1 inch from shoulder" (cannot be seen in photographs (Right Arm)

Voityck Foykowski

P. 8802

Autopsy 8-10-69 about 12:00 p.m.  
Supervised and directed  
Performed by Gaston Herrera, M.D.

Cause of death: multiple stab wounds causing massive hemorrhage

Identification of photos. taken under your direction  
August 10, 1969.

How many stab wounds? A total of 51 stab wounds.

All penetration wounds? Yes.

How many of these were posterior. to the back of torso and  
back of his legs ?

I would like to refer to diagram. At this moment, I am aware  
of 5.

How many of 51 were fatal? At least 7.

In addition to 51 stab wounds, any other wounds?

In area of head -- irregular, large, widely-spread lacerations,  
tears, on the scalp, mainly on the top of the head. A total  
of 13 such lacerations; depth actually the thickness of the  
entire scalp -- that would be about 1/4 of an inch in thickness.  
(thickness is the depth).

Any one of these 13 lacerations fatal? I doubt it very much.  
However, collectively, it would cause death.

Any opinion as to type of instrument used? Yes. In my opinion,  
based on the appearance of the widely-spread, irregular, in  
some areas somewhat curved wounds, I think that the weapon  
involved would be heavy, but it has to be a blunt instrument.  
A heavy blunt instrument; the surface would not have any  
sharp cutting edge. This based on lack of any identifiable  
cut on the surface of the scalp, and based on the length of the  
laceration, I would think the object involved should have the  
contact surface which should be more than 2 inches in length

(P. 8813)

Would the butt of this revolver, that is the handle, in your  
opinion, be able to cause the type of lacerations found on  
Mr. Frykowski? (You examine revolver) Based on the  
appearance of the lacerations (curved lacerations), and there  
is no sharp, penetrating type of object involved, this pistol  
would most likely create a similar laceration as found on the  
scalp of the decedent.

CSW = 2

Did you find any gunshot wounds? Yes - 2 gunshot wounds.  
The original autopsy report indicated 1 gunshot wound? Yes.  
However, the diagram does show a 2nd gunshot wound documented.

76R290A-Tox 4- Cdb 11-66

**REPORT OF CHEMICAL ANALYSIS**  
**LOS ANGELES COUNTY MEDICAL EXAMINER-CORONER**  
**Toxicology Laboratory**  
**Hall of Justice**  
**Los Angeles, California**

File No. 69-8793

Name of Deceased Voityck Frokowski Lab No. 8-143-69

Date Submitted August 11, 1969 Time 8 A.M.

Autopsy Surgeon Gaston Herrera, M.D.

Material Submitted:

Blood <b>X</b>	Liver	Stomach <b>X</b>
Brain	Lung	Lavage
Femur	Spleen	Urine <b>X</b>
Kidney	Sternum	Gall bladder
Drugs	Chemicals	

Test Desired: Poisons

Laboratory Findings:

1. Blood: Ethanol, Barbiturates, Noludar, Phenacetin, Doriden, Meprobamate, Quaalude and Soma absent  
 Urine: Amphetamine and Methamphetamine absent  
 Urine: 0.6 mg. percent Methylene dioxy Amphetamine (MDA)
2. Urine: Absence of Codeine, Morphine and Amphetamine

Examined By Jack Villaudy Head Toxicologist. Date August 21, 1969

I. Park Toxicologist August 21, 1969