

CONFIDENTIAL

FM FCO

TO DESKBY 210730Z BONN

TELNO 405

OF 201851Z AUGUST 87

AND TO DESKBY 210730Z BMG BERLIN

INFO PRIORITY WASHINGTON, PARIS, MOSCOW, CICC

FCO - AUTOPSY HANDLING

YOUR TEL 637: HESS

1. WE ARE GRATEFUL FOR YOUR AND GENERAL BROOKING'S (BMG BERLIN TEL 167) ADVICE ABOUT FURTHER PRESS HANDLING IN THE LIGHT OF THE SPECIAL INVESTIGATIONS BRANCH REPORT.
2. WE AGREE THAT THE AUTOPSY REPORT IS NOT SUITABLE FOR PUBLICATION AND THAT IT WOULD BE PREFERABLE TO AVOID GIVING IT TO WOLF-RUDIGER HESS. THE BETTER COURSE IN OUR VIEW WOULD BE A CLEAR AND FIRM STATEMENT TO THE PRESS, AGREED WITH AT LEAST THE AMERICANS AND FRENCH, WHICH DREW ON ITS CONCLUSIONS AND THOSE OF THE SIB REPORT AND WAS DESIGNED TO PUT AN END TO FURTHER DOUBTS OR SPECULATION.
3. WE ALSO AGREE THAT IT IS DESIRABLE TO ACT QUICKLY (ON 21 AUGUST). THIS SHOULD HELP CUT SHORT SPECULATION AND ALLOW MEDIA ATTENTION TO MOVE ON TO OTHER THINGS.

HOWE

YYYY

OCMIAN 3862

NNNN

MY TELNO 162: HESS: PRESS STATEMENT ON AUTOPSY

1. A PRESS STATEMENT ON THE AUTOPSY WAS AGREED BY THE THREE ALLIES THIS AFTERNOON AND SUBSEQUENTLY PUT TO THE RUSSIANS AT A GOVERNOR'S MEETING ON THE BASIS THAT IT WOULD IN ANY CASE BE RELEASED AT 18.00 LOCAL TIME.

2. THE STATEMENT WAS IN FACT RELEASED AT 18.00, AND READS AS FOLLOWS:

BEGINS

ON AUGUST 19, AN AUTOPSY WAS PERFORMED ON THE BODY OF RUDOLF HESS IN THE BRITISH MILITARY HOSPITAL BY DR. J. MALCOLM CAMERON, M.D., PH.D., FRCS, FRC, PATH., PROFESSOR OF FORENSIC MEDICINE, UNIVERSITY OF LONDON. THE AUTOPSY WAS CONDUCTED IN THE PRESENCE OF MEDICAL REPRESENTATIVES OF THE FOUR POWERS. WHILE SOME LABORATORY TESTS ARE STILL TO BE COMPLETED, THE PRIMARY CAUSE OF DEATH HAS BEEN

DETERMINED TO BE ASPHYXIATION. THE NOTE WHICH WAS FOUND ON THE BODY - THE CONTENTS OF WHICH HAVE BEEN RELEASED TO THE HESS FAMILY - CLEARLY IMPLIES THAT HESS PLANNED TO TAKE HIS OWN LIFE. INVESTIGATIONS ARE CONTINUING INTO THE PRECISE CIRCUMSTANCES SURROUNDING THE DEATH.

ENDS

BROOKING

HESS : HANDOVER OF BODY

1. HESS' BODY WAS HANDED OVER TO THE FAMILY AT GRAFENWOEHR AT APPROXIMATELY 1200 LOCAL TIME. WE HAVE ISSUED THE FOLLOWING PRESS STATEMENT:

BEGINS

AT 0900 HOURS ON 20 AUGUST THE BODY OF RUDOLPH HESS WAS FLOWN IN A HERCULES AIRCRAFT OF THE ROYAL AIR FORCE FROM RAF GATOW TO GRAFENWOEHR IN THE FEDERAL REPUBLIC OF GERMANY. THE HAND-OVER OF THE BODY TO THE FAMILY WAS COMPLETED BY 1200 HRS.

ENDS

2. THE AIRCRAFT ARRIVED AT GRAFENWOEHR AT 1018. THE FAMILY HAD BEEN INFORMED THAT THEY SHOULD BE AT THE AIRFIELD AT 1030, BUT INFACT DID NOT ARRIVE UNTIL ABOUT 1125. AFTER THE HANDOVER THE AIRCRAFT DEPARTED GRAFENWOEHR AT 1207. IN RESPONSE TO ANY PRESS INQUIRIES ABTUT THE DELAY BETWEEN THE ARRIVALS OF THE AIRCRAFT AND OF THE FAMILY, THE BRITISH SPOKESMAN WILL IF NECESSARY MAKE CLEAR THAT THIS WAS DUE TO THE LATE ARRIVAL OF THE FAMILY, AND GIVING THE ABOVE TIMES.

BROOKING

YYYY
BJBPAN 0923

NNNN

BMG: SUICIDE NOTE

FM BMG BERLIN
TO DESKBY FCO 241730Z
TELNO 52
OF 241630Z AUGUST 87
AND TO DESKBY BONN241700Z
INFO IMMEDIATE PARIS, WASHINGTON,
PRIORITY CICC GERMANY, MOSCOW

YOUR TELNO 72 : HESS

1. BMG SPOKESMAN IS BRIEFING THE PRESS ACCORDINGLY, AND I HAVE INFORMED MY FRENCH AND AMERICAN COLLEAGUES.

2. BMG SPOKESMAN IS AS NECESSARY ADDING THE FOLLOWING POINTS (ALSO, OF COURSE, UNATTRIBUTABLY):

A) THE NOTE

THE LETTER ON THE REVERSE OF WHICH IT WAS WRITTEN WAS FROM WOLF-RUEDIGER. THE TEXT OF THE NOTE WHICH WAS PUBLISHED IN THE BILD ZEITUNG IS INCOMPLETE AND INACCURATE. A PHOTO-COPY OF THE ORIGINAL HAS BEEN SENT TO THE FAMILY. THE ORIGINAL IS HELD IN BERLIN. IT IS PART OF THE EVIDENCE. IT IS ONLY THE ORIGINAL WHICH CLEARLY PROVES THAT THE NOTE WAS WRITTEN SHORTLY BEFORE HESS'S DEATH.

B) DELAY IN ANNOUNCING DEATH, IN ANNOUNCING SUICIDE, AND IN REVEALING EXISTENCE OF NOTE APART FROM SOVIET OBSTINACY, THERE WAS IN EACH CASE ALSO DELAY BECAUSE OF DIFFICULTY IN CONTACTING THE FAMILY TO ENSURE THAT THEY WERE INFORMED FIRST.

C) HOW COULD HESS COMMIT SUICIDE?

THE EXTENSION CABLE USED HAD FOR SOME TIME BEEN KEPT IN THE SUMMER HOUSE, AND WHEN NOT IN USE (SO THAT A STANDARD LAMP COULD BE PUT IN THE POSITION WHICH HESS LIKES) IT WAS TIED TO THE WINDOW WITH A KNOT. THERE WAS THUS NO NEED FOR HESS TO REMOVE IT FROM ANYWHERE BEFORE TYING A FURTHER KNOT IN IT AND PLACING IT AROUND HIS NECK. IT APPEARS THAT HE THEN HANGED HIMSELF BY DELIBERATELY SLUMPING TO THE FLOOR.

D) WAS HESS HELPED TO COMMIT SUICIDE?

UNFORTUNATE THAT ANYONE SHOULD MAKE SUCH ACCUSATIONS. HOWEVER, WELCOME HERR SEIDL'S STATEMENT AT HIS MUNICH PRESS CONFERENCE THAT IF THE INVESTIGATION CONFIRMS SUICIDE, HE AND HIS FAMILY WILL ACCEPT THAT.

E) WHAT ABOUT THE DEMANDS BY HERR SEIDL TO SEE THE SUMMER HOUSE AND THE ELECTRICAL CORD FOR HIMSELF?

THE EXTENSION LEAD, LIKE THE LETTER, IS A PART OF THE EVIDENCE WHICH IS NOW BEING CAREFULLY CONSIDERED. HOPE THAT HERR SEIDL WILL WAIT FOR THE RESULTS OF THE INVESTIGATION.

F) WHAT ABOUT HERR SEIDL'S REQUEST TO HAVE THE PATHOLOGIST'S REPORT? AWARE OF HIS REQUEST.

SMITH

1. THE NOTE WHICH WAS FOUND IN HESS'S POCKET IS DIFFICULT TO DECIPHER. THE FOLLOWING IS A TRANSCRIPTION MADE BY THE AMERICANS, FOLLOWED BY OUR TRANSLATION.

SUICIDE NOTE

2. THE TRANSCRIPTION OF THE GERMAN TEXT READS:

BEGINS

BITTE AN DIE DIREKTOREN DIES HEIMZUSCHICKEN.
GESCHRIEBEN EIN PAAR MINUTEN VOR MEINEM TODE.
ICH DANKE EUCH ALLEN, MEINE LIEBEN, FUER ALLES, WAS IHR MIR
LIEBES ANGETAN. FREIBURG SAGT, ES HAT MIR MASSLOS LEID GETAN, DASS
ICH SO TUN MUSSTE SEIT DEM NEURNBERGER PROZESS, ALS KENNE ICH
SIE NICHT. ES BLEIB MIR NICHTS ANDERES UEBRIG, SONST WAEREN
VERSUCHE UNMOEGLICH GEWESEN, IN DIE FREIHEIT ZU KOMM

ICH HATTE MICH SO DARAUF GEFREUT, SIE WEIDERZUSEHEN, ^{N.} ICH BEKAM
JA BILDE VON IHR WIE VON EUCH ALLEN.

EUER GROSSER

ENDS

3. THIS IS OUR ENGLISH TRANSLATION.

BEGINS

PLEASE WOULD THE GOVERNORS SEND THIS HOME.
WRITTEN A FEW MINUTES BEFORE MY DEATH.
I THANK YOU ALL, MY DEAR ONES, FOR ALL THE DEAR THINGS YOU HAVE
DONE FOR ME. FREIBURG ~~SAYS~~ THAT I HAVE BEEN DREADFULLY HURT BY
HAVING TO ACT SINCE THE NUREMBURG TRIAL AS THOUGH I DID NOT KNOW
HER. I HAD NO OTHER ALTERNATIVE, OTHERWISE ALL THE ATTEMPTS TO
ACHEIVE FREEDOM WOULD HAVE BEEN IMPOSSIBLE.
I HAD LOOKED FORWARD TO SEEING HER AGAIN. I RECEIVED PICTURES OF
HER AS OF ALL OF YOU.

YOUR BIG ONE.

ENDS

4. THE TEXT IS NOT FULLY INTELLIGIBLE TO US, BUT WE BELIEVE
THAT AT NUREMBURG HESS FEIGNED AMNESIA AND PRETENDED NOT TO RECOGNISE
PEOPLE WHO SHOULD HAVE BEEN WELL KNOWN TO HIM.

MIPT: HESS

BMG - STATEMENT RE DEATH

1. THE FOLLOWING IS THE TEXT OF THE STATEMENT ISSUED BY THE
BMG SPOKESMAN:

BEGINS

A NUMBER OF INACCURATE STATEMENTS HAVE BEEN MADE CONCERNING THE
CIRCUMSTANCES OF THE DEATH OF RUDOLF HESS ON 17 AUGUST. ALL
AVAILABLE EVIDENCE -- INCLUDING RESULTS OF A FULL AUTOPSY AND
INVESTIGATIONS BY THE SPECIAL INVESTIGATION BRANCH OF THE
ROYAL MILITARY POLICE -- INDICATES THAT HESS USED AN ELECTRICAL
EXTENSION CORD TO HANG HIMSELF AND THAT THE CAUSE OF DEATH WAS
ASPHYXIATION. ALL

ATTEMPTS TO RESUSCITATE HIM WERE
UNSUCCESSFUL. A NOTE WRITTEN SHORTLY BEFORE HIS DEATH -- A COPY
~~DO WHICH HAS ALREADY BEEN SECRETLY INDICATES THAT~~ of which has been sent to the
HESS INTENDED TO TAKE HIS OWN LIFE.

*only -
early
phases
has*

THE FOUR POWERS HAVE CONSCIENTIOUSLY CARRIED OUT THEIR OBLIGATIONS
EVER SINCE THE START OF HESS'S IMPRISONMENT IN SPANDAU MORE
THAN 40 YEARS, AFTER HIS CONVICTION AT THE
NUREMBERG WAR TRIALS. THEY HAVE FULFILLED THEIR UNDERTAKING TO
RETURN HESS'S BODY TO THE FAMILY FOR BURIAL. INVESTIGATIONS INTO
THE DETAILS OF HESS'S DEATH WILL SOON BE COMPLETE, AND
A STATEMENT WILL THEN BE MADE.

ENDS

2. THE PARAGRAPH AGREED FOR UNATTRIBUTABLE USE BY THE SPOKESMAN
IS AS FOLLOWS:

BEGINS

THE INVESTIGATIONS ARE LARGELY COMPLETE AND WE DO NOT EXPECT
ALTERATION OF THE MAIN CONCLUSIONS CONCERNING HESS'S DEATH. WE
WANT TO BE ABLE TO ISSUE ONE, CONCLUSIVE STATEMENT WITH COMPLETE
CONFIDENCE THAT IT WILL NOT NEED TO BE AMENDED LATER, HOWEVER,
AND WE ARE THEREFORE WAITING UNTIL THE LAST "T" IS CROSSED
AND THE LAST "I" IS DOTTED IN THE INVESTIGATION.

ENDS

SMITH

The London Hospital Medical College

University of London

Turner Street, London E1 2AD Telephone 01-377 7000 ext.3115

Department of Forensic Medicine:



Professor J. M. Cameron, M.D., Ph.D., F.R.C.S.(Glasg.), F.R.C.Path., D.M.J.(Path.)

Autopsy Report on Allied Prisoner No. 7

Within the mortuary of the British Military Hospital, Berlin, at 0815 hours, on Wednesday, 19th August 1987, I was given, by Colonel J.M. Hamer-Philip, Commanding Officer, British Military Hospital, Berlin, a Certificate of Authority, dated 19th August 1987, to conduct a post-mortem examination on a given prisoner, together with a Clinical Summary of that deceased person.

Subsequently the body of an elderly male person was identified to me, by Colonel J.M. Hamer-Philip as being that of,

Allied Prisoner No. 7 - known as Rudolph (Walther Richard) HESS

Date of Birth: 26th April 1894,

having been certified dead at 1610 hours on 17th August 1987.

Those present at the Identification included:-

Colonel J.M. Hamer-Philip

| | Prison Governors | Medical Advisers |
|----------|---------------------|--------------------|
| France | M. Planet | Col. Ailland |
| U.K. | Mr. A.H. le Tissier | Lt. Col. Menzies |
| U.S.A. | Mr. D. Keane | Lt. Col. Wilkerson |
| U.S.S.R. | Mr. I.V. Kolodnikov | Lt. Col. Koslikov |

Members of the Special Investigation Branch, Royal Military Police, namely:-

Major J.P. Gallagher
 WO 1 W.L. Ford
 WO 2 D. Bancroft
 WO 2 N. Lurcock - Exhibits Officer
 SSgt I. Brewster

J.M. Cameron

continued.....

2.

Preamble

The body had been x-rayed after death, prior to my examination, and I was handed the x-rays and various papers (hospital notes) relating to the death by Colonel J.M. Hamer-Philip in the presence of the above gentlemen. In all there were eleven (11) large and eleven (11) small unreported radiographs (see infra).

It had been agreed that a closed-circuit television camera would be used during the autopsy but no still photography. At the commencement of the autopsy all, apart from the medical advisers and the officers of the Special Investigation Branch, Royal Military Police, left the mortuary.

Opinions expressed on the x-ray films at the time of the autopsy were subsequently confirmed by Dr. Maurice J. Turner, F.R.C.P., F.R.C.R., D.M.R.D., Consultant Radiologist, The London Hospital, London.

Skull: No abnormality was detected.

Cervical Spine: An endotracheal tube was in situ in some films. No fractures were seen but osteo-arthritic lipping, particularly of the left side with spondylosis of fifth and sixth cervical vertebrae being noted.

Chest: Elevation of the left dome of the diaphragm with adhesions to the left chest were noted. Recent fractures were detected in the 4th to 6th right ribs, inclusively, and the 3rd to 6th left ribs, inclusively, with a possible older fracture of the 7th right rib.

Abdomen: Gaseous distension of stomach - presumably as a result of resuscitation. Extensive osteo-arthritic degenerative changes were noted in the lower thoracic and lumbar spine with scoliosis (curvature).

Pelvis: The presence of opaque foreign bodies - possibly old gut-shot residue - were observed in the soft tissues of the lower pelvic region and thighs.

Legs: An old fracture deformity of the left trochanteric region (upper left thigh/hip) and femoral shaft were noted. No fractures were observed in either tibiae or fibulae and apart from arthritic change in the metatarso-phalangeal joints no abnormality was detected.

Arms: No fractures were detected in either forearm, hand, or right humerus (upper arm), whilst the left humerus (upper arm) revealed two radio-opaque foreign bodies near the mid to upper shaft suggestive of an old gun-shot wound. No recent injuries were detected.

JH Camera

continued.....

3.

EXTERNAL EXAMINATION:

The deceased was dressed in a grey jacket, grey flannels with braces, white shirt, white "long johns" and white boxer shorts.

The body was that of a relatively well nourished elderly man, 5ft. 9in. (175 cms) in height, with bilateral inguinal herniæ, the left being worse than the right. There were signs of recent hospital therapy to the left side of the neck; the thumb side of the left wrist and the back of the right wrist. There were marks on the front of the chest consistent with resuscitation, particularly over the outer side of the left chest, and over the midline of the chest. There was a circular bruised abrasion over the top of the back of the head and there was slight swelling (oedema) of the ankles. A fine linear mark, approximately 3in. (7.5 cms) in length and 0.75 cms in width was noted running across the left side of the neck, being more apparent when the body was viewed with ultraviolet light, as was an old scar on the left side of the chest, 126 cms from the heel, 7 cms from the midline. Apart from a minor abrasion of the upper lip, 1 cm from the right nostril, there were no other marks of recent injury or violence on the body. Petechiæ (haemorrhagic spots) were noted in the conjunctivæ of both eyes, particularly on the left side.

INTERNAL EXAMINATION:Head and Neck:

A sample of head hair was taken (Exhibit No. NL/6).

Reflection of the scalp revealed petechiæ (haemorrhagic spots) on the undersurface of the scalp, as was a faint bruise of the right temporal muscle and deep bruising over the top of the back of the head, noted on external examination. There was no fracture of the skull. The membranes of the brain and the brain itself (which weighed 1305 grammes) was intensely congested and on section the brain revealed petechiæ (haemorrhagic spots) in the white matter of the brain generally and of the brain stem. Moderate severe atheroma (degenerative change) affected the cerebral vessels but no evidence of natural disease, to the naked eye, that could have caused or contributed to death at that moment in time was noted.

The mouth was totally edentulous, with slight bruising consistent with resuscitative measures, being noted on the upper gum to the left of the midline.

Reflection of the skin from the neck confirmed bleeding into the tissues in the region of the strap muscles on the left side of the neck together with deep bruising over the left side of the angle of the jaw and over the left side of the inside of the back of the throat - that within the throat being consistent with resuscitation. The voice-box revealed excessive bruising in the upper part of the right side of the thyroid cartilage (voice-box) which showed a degree of mobility which subsequently necessitated macro-radiography (see infra). The appearances were consistent with compression of the neck. Deep bruising was further noted behind the voice-box, particularly over the right side of the neck, as was deep bruising to the strap muscles on the left side of the neck.



continued.....

4.

Macro-radiography revealed no fracture of the hyoid bone but a fracture of the right superior cornu (horn) of the thyroid cartilage (two (2) x-rays being taken).

Subsequent dissection of the larynx, after fixation of the specimen (Exhibit No. NL/17) in formalin to fix the tissues confirmed the marked bruising of the posterior aspect of both upper cornua (horns) of the thyroid cartilage, especially in the right which when dissected anteriorly revealed the presence of a fresh fracture with bleeding into the site and adjacent tissues. There was no bruising of any significance around the hyoid bone.

Thorax:

Reflection of the skin of the chest confirmed two areas of deep bruising over the centre of the front of the chest with an underlying transverse fracture of the breast bone (sternum) and severe deep bruising of the left side of the chest with multiple fractures of the ribs on that side consistent with energetic cardiac resuscitation. There was further bruising over the right side of the chest with three fractured ribs. The 2nd to the 7th left ribs, inclusively, were fractured in front of the armpit (anterior axillary line) and the 4th to the 6th right ribs, inclusively, in the same position. All fractures were consistent with having been caused at the time of resuscitation and had no bearing on the cause of death.

There was slight bruising of the lining of the lower air passages (trachea) consistent with resuscitative measures.

The right chest cavity was clear, there being no adhesions on the right side of the chest, with minimal sub-pleural (lung lining) petechiae (haemorrhagic spots) being detected. There was no evidence of natural disease, to the naked eye, other than congestion and minimal oedema affecting the right lung. The left lung, however, was firmly adherent to the chest wall and diaphragm with extensive old adhesions and resulting elevation of the left dome of the diaphragm. The left lung was x-rayed (five (5) blank test films and one (1) soft tissue x-ray plate) before being retained for fixation in formalin, revealed slight old scarring but no definite radio-opaque opacities. After fixation the lung (Exhibit No. NL/16) on examination apart from congestion merely confirmed old pleural and diaphragmatic adhesions.

The pericardium (heart sac) revealed little of note. The heart weighed 385 grammes with minimal fibrosis (scarring) of the myocardium (heart muscle). Early calcification of the aortic valve was noted, while the tricuspid valve was somewhat floppy. Atheroma, which was remarkably scanty for a man of that age, affected particularly the left coronary artery at its bifurcation. The right coronary artery, whilst tortuous, revealed minimal atheroma. There was slight unfolding of the arch of the aorta with severe atheroma (degenerative change) affecting that vessel particularly at its bifurcation with early medial dissection of its wall, but this had no bearing on the cause of death. The lower half of the oesophagus (gullet) was ballooned out but was otherwise normal.

Abdomen:

The stomach was filled with a partly digested meal, of recent origin (500 mls) with no evidence of tablet debris being detected. There was no evidence of old or recent ulceration of the stomach or duodenum although there was minimal scarring with slight enlargement of the duodenal cap. The intestines were otherwise normal and the appendix was present. The pancreas was congested but normal. The liver, which weighed 1465 grammes, appeared small and the gall bladder was shrunken and firmly adherent to the

J. H. Cameron

continued.....

5.

Abdomen (cont'd)

hepatic (liver) tissue. The spleen was extremely soft and apart from minimal bruising around the right kidney, consistent with resuscitation, the kidneys were remarkably healthy, the capsules stripping with ease. A small cortical cyst was present in the lower pole of both organs. Apart from congestion, both adrenal glands appeared healthy. The bladder was moderately full of clear urine, with the prostate being slightly enlarged, and there were multiple trabeculae of the bladder wall. A right sided hydrocele was noted in the scrotum, about the size of a tangerine (small orange) and there were some adhesions to the left testicle but no other testicular abnormality was detected. Apart from congestion, there was no evidence of natural disease affecting the abdominal organs which could have caused or contributed to death.

Samples taken by me and handed to 24101454 WO 2 N. Lurcock, RMP, SIB, included:-

- | | |
|--|---------------------------------------|
| 1. Sample of head hair | - NL/6 |
| 2. Sample of urine | - NL/7 |
| 3. Right kidney | - NL/8 |
| 4. Left kidney | - NL/9 |
| 5. Stomach contents | - NL/10 |
| 6. Blood sample from heart (no anti-coagulant) | - NL/11 |
| 7. Blood sample from right leg (no anti-coagulant) | - NL/12 |
| 8. Blood sample from right leg (with anti-coagulant) | - NL/13 |
| 9. Liver | - NL/14 |
| 10. 2 x Containers Histology sample in formalin | - NL/15 (see pp 6 & 7 of this report) |
| 11. Lung tissue in formalin | - NL/16 (see pp 4 & 7 of this report) |
| 12. Throat tissue in formalin | - NL/17 (see p 4 of this report). |

TOXICOLOGICAL ANALYSIS

Exhibits NL/6-14, inclusive, were returned to me intact at 1630 hours on 24th August 1987 and subsequently handed personally by me to Dr. P.A. Toseland, BSc, PhD, FRCPath, Department of Clinical Chemistry, Guy's Hospital, London, on 25th August 1987, for Toxicological Analysis.

Results obtained revealed:-

Blood alcohol - nil.
Urine alcohol - nil.

Blood Carboxyhaemoglobin less than 2%.

There was no indication of any volatile substances, particularly there was no evidence of acetone.

The following drugs could be measured in whole blood:

- | | | |
|-----------------------------|---|---------------------------|
| (i) Verapamil | = | 78 micrograms per litre |
| (ii) N-desmethyl-Verapamil | = | 82 micrograms per litre |
| (iii) Isosorbide dinitrate | = | 27 micrograms per litre |
| (iv) Isosorbide mononitrate | = | 112 micrograms per litre. |

Digoxin was not measurable.



continued.....

6.

TOXICOLOGICAL ANALYSIS (cont'd)

A full screening service of the liver was applied for the detection of acidic, neutral and basic compounds. No compound could be detected that was not already detected in the blood, apart from 2 compounds that possessed the Verapamil structures and were probably 0-demethylated compounds.

The urine showed both Verapamil and its N-desmethyl metabolite.

The arsenic content of the hair was 0.8 micrograms per kilogram. The normal arsenic content is anything less than 2, and toxic levels are greater than 5.

All the other drug levels are as one would expect, as normal therapeutic.

HISTOLOGICAL REPORT:

Microscopic sections (twenty-three - 23) were prepared, processed and stained from samples of tissue retained (Exhibit No. NL/15 and 16). Lt. Col. R.C. Menzies, MRCPATH, DMJ(Path), Professor of Military Pathology, Royal Army Medical College, London, who was present at the autopsy and I are of the opinion that microscopic examination of this tissue revealed no evidence of natural disease that could have caused or contributed to death at that moment in time. The widespread severe passive venous congestion noted in all the organs was entirely consistent with an asphyxial death.

These findings were consistent with and confirmed the macroscopic (naked eye) findings at the autopsy, namely:-

Brain.

All sections were essentially normal apart from marked passive venous congestion including some meningeal congestion. In addition, there was a little focal perivascular haemorrhage.

Heart.

There was marked passive congestion of both ventricles with some very mild focal fibrosis (scarring) in the left ventricle, but this was of no functional significance.

Sections from the left coronary artery revealed that the anterior descending branch was narrowed by calcified atheroma to some 40% of original size. The circumflex branch also showed narrowing to approximately 60% of its expected size. The right coronary artery was clear of atheroma. In all three vessels there was passive venous congestion of the adventitia (vessel wall). These findings suggest that, from a microscopic point of view, the degenerative change in the coronary arteries (vessels supplying blood to the heart muscle) was slightly more marked than that noted on macroscopic (naked eye) examination at the autopsy. Such changes did in no way accelerate or play any part in the death.

Aorta.

Sections from near the lesion described as early dissection showed marked cholesterol deposition in the wall of the vessel associated with calcification (severe degenerative change) and a little fresh haemorrhage. There was also marked passive venous congestion of the vasa vasorum (smaller blood vessels supplying blood to the wall of the vessel) and the vessels within the adventitia (wall).

continued.....

7.

HISTOLOGICAL REPORT (cont'd)Trachea.

There was widespread post-mortem loss of the mucosa (lining of the trachea) and the submucosal (deeper) tissues were markedly oedematous (swollen). There was quite marked bruising around the tracheal cartilaginous rings. Such changes were consistent with having been produced during resuscitation, there being no evidence of pre-existing natural disease.

Lungs.

The right lung showed very severe passive venous congestion with focal intra-alveolar and intra-bronchiolar haemorrhage. A little carbon (black pigment) deposition was noted, but there was no evidence of pre-existing natural disease.

The left lung (Exhibit No. NL/16) tissue is similar in microscopic appearance to that of the right. In addition, however, there is old scarring within the lung tissue. In some areas this is associated with occasional aggregates of chronic inflammatory cells; but there is no evidence of any active disease process. A small area of pleura (lung lining) is present on each slide and this also shows scarring and firm attachment to the diaphragm.

Liver.

The basic hepatic architecture was normal, and there was no evidence of disease. There was, however, very marked passive venous congestion.

Pancreas.

The organ appeared to have been previously normal.

Adrenal Glands.

Both were essentially histologically normal, but both showed severe passive venous congestion.

Kidneys.

Both kidneys showed signs of severe passive venous congestion, but there was no evidence of any pre-existing renal disease.

Spleen.

This organ was very severely congested, but there was no evidence of any disease process.

Testes.

Both testes showed senile atrophic changes, consistent with the age of the deceased. Both also showed marked passive venous congestion.



continued.....

8.

SUMMARY:

1. The body was that of a well nourished elderly man, 5ft. 9in. in height.
2. No evidence of natural disease which could have caused or contributed to death at that moment in time was noted either by naked eye at the time of the autopsy or by microscopic examination of the retained tissues.
3. Marks on the body consistent with resuscitation were noted and apart from the bruised abrasion on the back of the top of the head, all other bruising was consistent with having been caused by resuscitation, as were the fractured ribs and sternum.
4. Toxicological Report - inconjunction with Dr. P.A. Toseland (see pp. 5/6 of this report) revealed no evidence to suggest anything other than what would be expected from routine therapeutic treatment and from resuscitative procedures.
5. Histological Report - inconjunction with Lt. Col. R.C. Menzies (see pp. 6/7 of this report) confirmed the gross morbid anatomical pathological findings. The microscopic examination of the tissues retained revealed no evidence of significant pre-existing natural disease that could have caused or contributed to death at that moment of time.
6. External and internal features diagnostic of an asphyxial element in the cause of death were noted and the linear mark on the left side of the neck was consistent with a ligature. The injury to the larynx (voice-box) - fracture of right superior cornu (horn) of the thyroid cartilage - was indicative of compression of the neck.
7. Death was not due to natural causes.
8. In my opinion the cause of death was:-
 - la. ASPHYXIA
 - b. COMPRESSION OF THE NECK
 - c. SUSPENSION



James Malcolm Cameron, MD, , PhD. , FRCS(Glasg.) , FRCPath, DMJ(Path) . ,
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Department of Forensic Medicine:



Professor J. M. Cameron, M.D., Ph.D., F.R.C.S.(Glasg.), F.R.C.Path., D.M.J.(Path.)

Autopsy Report on Allied Prisoner No. 7

Within the mortuary of the British Military Hospital, Berlin, at 0815 hours, on Wednesday, 19th August 1987, I was given, by Colonel J.M. Hamer-Philip, Commanding Officer, British Military Hospital, Berlin, a Certificate of Authority, dated 19th August 1987, to conduct a post-mortem examination on a given prisoner, together with a Clinical Summary of that deceased person.

Subsequently the body of an elderly male person was identified to me, by Colonel J.M. Hamer-Philip as being that of,

Allied Prisoner No. 7 - known as Rudolph (Walther Richard) HESS

Date of Birth: 26th April 1894,

having been certified dead at 1610 hours on 17th August 1987.

Those present at the Identification included:-

Colonel J.M. Hamer-Philip

| | Prison Governors | Medical Advisers |
|----------|---------------------|--------------------|
| France | M. Planet | Col. Ailland |
| U.K. | Mr. A.H. le Tissier | Lt. Col. Menzies |
| U.S.A. | Mr. D. Keane | Lt. Col. Wilkerson |
| U.S.S.R. | Mr. I.V. Kolodnikov | Lt. Col. Koslikov |

Members of the Special Investigation Branch, Royal Military Police, namely:-

Major J.P. Gallagher
 WO 1 W.L. Ford
 WO 2 D. Bancroft
 WO 2 N. Lurcock - Exhibits Officer
 SSgt I. Brewster

J.M. Cameron

continued.....

2.

Preamble

The body had been x-rayed after death, prior to my examination, and I was handed the x-rays and various papers (hospital notes) relating to the death by Colonel J.M. Hamer-Philip in the presence of the above gentlemen. In all there were eleven (11) large and eleven (11) small unreported radiographs (see infra).

It had been agreed that a closed-circuit television camera would be used during the autopsy but no still photography. At the commencement of the autopsy all, apart from the medical advisers and the officers of the Special Investigation Branch, Royal Military Police, left the mortuary.

Opinions expressed on the x-ray films at the time of the autopsy were subsequently confirmed by Dr. Maurice J. Turner, F.R.C.P., F.R.C.R., D.M.R.D., Consultant Radiologist, The London Hospital, London.

Skull: No abnormality was detected.

Cervical Spine: An endotracheal tube was in situ in some films. No fractures were seen but osteo-arthritic lipping, particularly of the left side with spondylosis of fifth and sixth cervical vertebrae being noted.

Chest: Elevation of the left dome of the diaphragm with adhesions to the left chest were noted. Recent fractures were detected in the 4th to 6th right ribs, inclusively, and the 3rd to 6th left ribs, inclusively, with a possible older fracture of the 7th right rib.

Abdomen: Gaseous distension of stomach - presumably as a result of resuscitation. Extensive osteo-arthritic degenerative changes were noted in the lower thoracic and lumbar spine with scoliosis (curvature).

Pelvis: The presence of opaque foreign bodies - possibly old gut-shot residue - were observed in the soft tissues of the lower pelvic region and thighs.

Legs: An old fracture deformity of the left trochanteric region (upper left thigh/hip) and femoral shaft were noted. No fractures were observed in either tibiae or fibulae and apart from arthritic change in the metatarso-phalangeal joints no abnormality was detected.

Arms: No fractures were detected in either forearm, hand, or right humerus (upper arm), whilst the left humerus (upper arm) revealed two radio-opaque foreign bodies near the mid to upper shaft suggestive of an old gun-shot wound. No recent injuries were detected.

J.H. Cameron

continued.....

3.

EXTERNAL EXAMINATION:

The deceased was dressed in a grey jacket, grey flannels with braces, white shirt, white "long johns" and white boxer shorts.

The body was that of a relatively well nourished elderly man, 5ft. 9in. (175 cms) in height, with bilateral inguinal herniæ, the left being worse than the right. There were signs of recent hospital therapy to the left side of the neck; the thumb side of the left wrist and the back of the right wrist. There were marks on the front of the chest consistent with resuscitation, particularly over the outer side of the left chest, and over the midline of the chest. There was a circular bruised abrasion over the top of the back of the head and there was slight swelling (oedema) of the ankles. A fine linear mark, approximately 3in. (7.5 cms) in length and 0.75 cms in width was noted running across the left side of the neck, being more apparent when the body was viewed with ultraviolet light, as was an old scar on the left side of the chest, 126 cms from the heel, 7 cms from the midline. Apart from a minor abrasion of the upper lip, 1 cm from the right nostril, there were no other marks of recent injury or violence on the body. Petechiæ (haemorrhagic spots) were noted in the conjunctivæ of both eyes, particularly on the left side.

INTERNAL EXAMINATION:Head and Neck:

A sample of head hair was taken (Exhibit No. NL/6).

Reflection of the scalp revealed petechiæ (haemorrhagic spots) on the undersurface of the scalp, as was a faint bruise of the right temporal muscle and deep bruising over the top of the back of the head, noted on external examination. There was no fracture of the skull. The membranes of the brain and the brain itself (which weighed 1305 grammes) was intensely congested and on section the brain revealed petechiæ (haemorrhagic spots) in the white matter of the brain generally and of the brain stem. Moderate severe atheroma (degenerative change) affected the cerebral vessels but no evidence of natural disease, to the naked eye, that could have caused or contributed to death at that moment in time was noted.

The mouth was totally edentulous, with slight bruising consistent with resuscitative measures, being noted on the upper gum to the left of the midline.

Reflection of the skin from the neck confirmed bleeding into the tissues in the region of the strap muscles on the left side of the neck together with deep bruising over the left side of the angle of the jaw and over the left side of the inside of the back of the throat - that within the throat being consistent with resuscitation. The voice-box revealed excessive bruising in the upper part of the right side of the thyroid cartilage (voice-box) which showed a degree of mobility which subsequently necessitated macro-radiography (see infra). The appearances were consistent with compression of the neck. Deep bruising was further noted behind the voice-box, particularly over the right side of the neck, as was deep bruising to the strap muscles on the left side of the neck.



continued.....

4.

Macro-radiography revealed no fracture of the hyoid bone but a fracture of the right superior cornu (horn) of the thyroid cartilage (two (2) x-rays being taken).

Subsequent dissection of the larynx, after fixation of the specimen (Exhibit No. NL/17) in formalin to fix the tissues confirmed the marked bruising of the posterior aspect of both upper cornua (horns) of the thyroid cartilage, especially in the right which when dissected anteriorly revealed the presence of a fresh fracture with bleeding into the site and adjacent tissues. There was no bruising of any significance around the hyoid bone.

Thorax:

Reflection of the skin of the chest confirmed two areas of deep bruising over the centre of the front of the chest with an underlying transverse fracture of the breast bone (sternum) and severe deep bruising of the left side of the chest with multiple fractures of the ribs on that side consistent with energetic cardiac resuscitation. There was further bruising over the right side of the chest with three fractured ribs. The 2nd to the 7th left ribs, inclusively, were fractured in front of the armpit (anterior axillary line) and the 4th to the 6th right ribs, inclusively, in the same position. All fractures were consistent with having been caused at the time of resuscitation and had no bearing on the cause of death.

There was slight bruising of the lining of the lower air passages (trachea) consistent with resuscitative measures.

The right chest cavity was clear, there being no adhesions on the right side of the chest, with minimal sub-pleural (lung lining) petechiae (haemorrhagic spots) being detected. There was no evidence of natural disease, to the naked eye, other than congestion and minimal oedema affecting the right lung. The left lung, however, was firmly adherent to the chest wall and diaphragm with extensive old adhesions and resulting elevation of the left dome of the diaphragm. The left lung was x-rayed (five (5) blank test films and one (1) soft tissue x-ray plate) before being retained for fixation in formalin, revealed slight old scarring but no definite radio-opaque opacities. After fixation the lung (Exhibit No. NL/16) on examination apart from congestion merely confirmed old pleural and diaphragmatic adhesions.

The pericardium (heart sac) revealed little of note. The heart weighed 385 grammes with minimal fibrosis (scarring) of the myocardium (heart muscle). Early calcification of the aortic valve was noted, while the tricuspid valve was somewhat floppy. Atheroma, which was remarkably scanty for a man of that age, affected particularly the left coronary artery at its bifurcation. The right coronary artery, whilst tortuous, revealed minimal atheroma. There was slight unfolding of the arch of the aorta with severe atheroma (degenerative change) affecting that vessel particularly at its bifurcation with early medial dissection of its wall, but this had no bearing on the cause of death. The lower half of the oesophagus (gullet) was ballooned out but was otherwise normal.

Abdomen:

The stomach was filled with a partly digested meal, of recent origin (500 mls) with no evidence of tablet debris being detected. There was no evidence of old or recent ulceration of the stomach or duodenum although there was minimal scarring with slight enlargement of the duodenal cap. The intestines were otherwise normal and the appendix was present. The pancreas was congested but normal. The liver, which weighed 1465 grammes, appeared small and the gall bladder was shrunken and firmly adherent to the

J. H. Cameron

continued.....

Abdomen (cont'd)

hepatic (liver) tissue. The spleen was extremely soft and apart from minimal bruising around the right kidney, consistent with resuscitation, the kidneys were remarkably healthy, the capsules stripping with ease. A small cortical cyst was present in the lower pole of both organs. Apart from congestion, both adrenal glands appeared healthy. The bladder was moderately full of clear urine, with the prostate being slightly enlarged, and there were multiple trabeculae of the bladder wall. A right sided hydrocele was noted in the scrotum, about the size of a tangerine (small orange) and there were some adhesions to the left testicle but no other testicular abnormality was detected. Apart from congestion, there was no evidence of natural disease affecting the abdominal organs which could have caused or contributed to death.

Samples taken by me and handed to 24101454 WO 2 N. Lurcock, RMP, SIB, included:-

- | | | |
|-----|---|---------------------------------------|
| 1. | Sample of head hair | - NL/6 |
| 2. | Sample of urine | - NL/7 |
| 3. | Right kidney | - NL/8 |
| 4. | Left kidney | - NL/9 |
| 5. | Stomach contents | - NL/10 |
| 6. | Blood sample from heart (no anti-coagulant) | - NL/11 |
| 7. | Blood sample from right leg (no anti-coagulant) | - NL/12 |
| 8. | Blood sample from right leg (with anti-coagulant) | - NL/13 |
| 9. | Liver | - NL/14 |
| 10. | 2 x Containers Histology sample in formalin | - NL/15 (see pp 6 & 7 of this report) |
| 11. | Lung tissue in formalin | - NL/16 (see pp 4 & 7 of this report) |
| 12. | Throat tissue in formalin | - NL/17 (see p 4 of this report). |

TOXICOLOGICAL ANALYSIS

Exhibits NL/6-14, inclusive, were returned to me intact at 1630 hours on 24th August 1987 and subsequently handed personally by me to Dr. P.A. Toseland, BSc, PhD, FRCPath, Department of Clinical Chemistry, Guy's Hospital, London, on 25th August 1987, for Toxicological Analysis.

Results obtained revealed:-

Blood alcohol - nil.
Urine alcohol - nil.

Blood Carboxyhaemoglobin less than 2%.

There was no indication of any volatile substances, particularly there was no evidence of acetone.

The following drugs could be measured in whole blood:

- | | | | |
|-------|------------------------|---|---------------------------|
| (i) | Verapamil | = | 78 micrograms per litre |
| (ii) | N-desmethyl-Verapamil | = | 82 micrograms per litre |
| (iii) | Isosorbide dinitrate | = | 27 micrograms per litre |
| (iv) | Isosorbide mononitrate | = | 112 micrograms per litre. |

Digoxin was not measurable.

J.H. Cameron

continued.....

6.

TOXICOLOGICAL ANALYSIS (cont'd)

A full screening service of the liver was applied for the detection of acidic, neutral and basic compounds. No compound could be detected that was not already detected in the blood, apart from 2 compounds that possessed the Verapamil structures and were probably O-demethylated compounds.

The urine showed both Verapamil and its N-desmethyl metabolite.

The arsenic content of the hair was 0.8 micrograms per kilogram. The normal arsenic content is anything less than 2, and toxic levels are greater than 5.

All the other drug levels are as one would expect, as normal therapeutic.

HISTOLOGICAL REPORT:

Microscopic sections (twenty-three - 23) were prepared, processed and stained from samples of tissue retained (Exhibit No. NL/15 and 16). Lt. Col. R.C. Menzies, MRCPATH, DMJ(Path), Professor of Military Pathology, Royal Army Medical College, London, who was present at the autopsy and I are of the opinion that microscopic examination of this tissue revealed no evidence of natural disease that could have caused or contributed to death at that moment in time. The widespread severe passive venous congestion noted in all the organs was entirely consistent with an asphyxial death.

These findings were consistent with and confirmed the macroscopic (naked eye) findings at the autopsy, namely:-

Brain.

All sections were essentially normal apart from marked passive venous congestion including some meningeal congestion. In addition, there was a little focal perivascular haemorrhage.

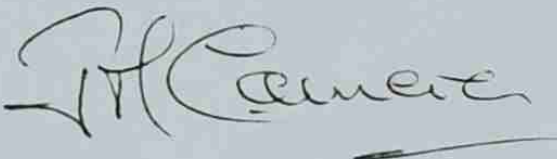
Heart.

There was marked passive congestion of both ventricles with some very mild focal fibrosis (scarring) in the left ventricle, but this was of no functional significance.

Sections from the left coronary artery revealed that the anterior descending branch was narrowed by calcified atheroma to some 40% of original size. The circumflex branch also showed narrowing to approximately 60% of its expected size. The right coronary artery was clear of atheroma. In all three vessels there was passive venous congestion of the adventitia (vessel wall). These findings suggest that, from a microscopic point of view, the degenerative change in the coronary arteries (vessels supplying blood to the heart muscle) was slightly more marked than that noted on macroscopic (naked eye) examination at the autopsy. Such changes did in no way accelerate or play any part in the death.

Aorta.

Sections from near the lesion described as early dissection showed marked cholesterol deposition in the wall of the vessel associated with calcification (severe degenerative change) and a little fresh haemorrhage. There was also marked passive venous congestion of the vasa vasorum (smaller blood vessels supplying blood to the wall of the vessel) and the vessels within the adventitia (wall).



continued.....

HISTOLOGICAL REPORT (cont'd)

Trachea.

There was widespread post-mortem loss of the mucosa (lining of the trachea) and the submucosal (deeper) tissues were markedly oedematous (swollen). There was quite marked bruising around the tracheal cartilaginous rings. Such changes were consistent with having been produced during resuscitation, there being no evidence of pre-existing natural disease.

Lungs.

The right lung showed very severe passive venous congestion with focal intra-alveolar and intra-bronchiolar haemorrhage. A little carbon (black pigment) deposition was noted, but there was no evidence of pre-existing natural disease.

The left lung (Exhibit No. NL/16) tissue is similar in microscopic appearance to that of the right. In addition, however, there is old scarring within the lung tissue. In some areas this is associated with occasional aggregates of chronic inflammatory cells; but there is no evidence of any active disease process. A small area of pleura (lung lining) is present on each slide and this also shows scarring and firm attachment to the diaphragm.

Liver.

The basic hepatic architecture was normal, and there was no evidence of disease. There was, however, very marked passive venous congestion.

Pancreas.

The organ appeared to have been previously normal.

Adrenal Glands.

Both were essentially histologically normal, but both showed severe passive venous congestion.

Kidneys.

Both kidneys showed signs of severe passive venous congestion, but there was no evidence of any pre-existing renal disease.

Spleen.

This organ was very severely congested, but there was no evidence of any disease process.

Testes.

Both testes showed senile atrophic changes, consistent with the age of the deceased. Both also showed marked passive venous congestion.



continued.....

SUMMARY:

1. The body was that of a well nourished elderly man, 5ft. 9in. in height.
2. No evidence of natural disease which could have caused or contributed to death at that moment in time was noted either by naked eye at the time of the autopsy or by microscopic examination of the retained tissues.
3. Marks on the body consistent with resuscitation were noted and apart from the bruised abrasion on the back of the top of the head, all other bruising was consistent with having been caused by resuscitation, as were the fractured ribs and sternum.
4. Toxicological Report - inconjunction with Dr. P.A. Toseland (see pp. 5/6 of this report) revealed no evidence to suggest anything other than what would be expected from routine therapeutic treatment and from resuscitative procedures.
5. Histological Report - inconjunction with Lt. Col. R.C. Menzies (see pp. 6/7 of this report) confirmed the gross morbid anatomical pathological findings. The microscopic examination of the tissues retained revealed no evidence of significant pre-existing natural disease that could have caused or contributed to death at that moment of time.
6. External and internal features diagnostic of an asphyxial element in the cause of death were noted and the linear mark on the left side of the neck was consistent with a ligature. The injury to the larynx (voice-box) - fracture of right superior cornu (horn) of the thyroid cartilage - was indicative of compression of the neck.
7. Death was not due to natural causes.
8. In my opinion the cause of death was:-
 - 1a. ASPHYXIA
 - b. COMPRESSION OF THE NECK
 - c. SUSPENSION



James Malcolm Cameron, MD, PhD., FRCS(Glasg.), FRCPath, DMJ(Path).,
Forensic Pathologist,
Professor of Forensic Medicine (University of London),
Ver Heyden de Lancey Reader in Forensic Medicine (Council of Legal Education)

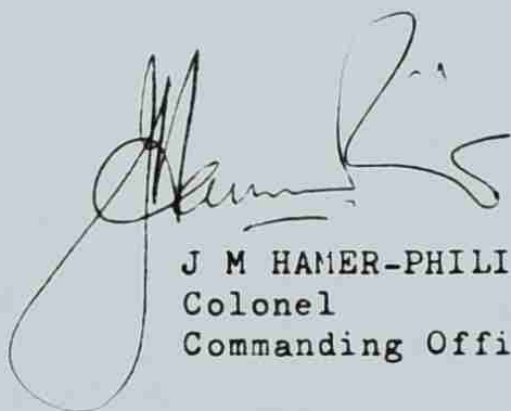
BRITISH MILITARY HOSPITAL, BERLIN.
BRITISH FORCES POST OFFICE 45.

TO WHOM IT MAY CONCERN

CERTIFICATE

This is to certify that this coffin contains only the remains of the late RUDOLF WALTHER RICHARD HESS, in the custody of the ALLIED POWERS of BERLIN.

28th August 1987



J M HAMER-PHILIP
Colonel
Commanding Officer

CAUTION:—It is an offence to falsify a certificate or to make or knowingly use a false certificate or a copy of a false certificate intending it to be accepted as genuine to the prejudice of any person, or to possess a certificate knowing it to be false without lawful authority.



D 5283

Form ORS 9

CERTIFIED COPY OF AN ENTRY
Registration of Births, Deaths and Marriages (Special Provisions) Act 1957

| | | |
|--|---|---|
| DEATH outside the United Kingdom | | Entry No. 17 |
| Headquarters HM Forces in Germany and NW Europe | | |
| 1. Date and place of death Seventeenth August 1987 British Military Hospital Dickensweg Berlin Germany | | |
| 2. Name, surname and country of residence in the United Kingdom Rudolf Walther Richard HESS | | |
| 3. Sex Male | 4. Maiden Surname of woman who has married ----- | |
| 5. Date and place of birth 26 April 1894 Alexandria Egypt | | |
| 6. Rank or occupation In the custody of the Allied Powers in Berlin | | |
| 7. Cause of death Asphyxia due to compression of the Neck due to Suspension Certified by Professor JM Cameron MD PhD FRCS FRCPATH Professor of Forensic Pathology University of London | | |
| 8. Name and surname Anthony Hedley Le TISSIER | INFORMANT | 9. Qualification Who saw the dead body |
| 10. Address British Military Government Berlin BFPO 45 | | |
| 11. I certify that the particulars given by me above are true to the best of my knowledge and belief Signature of Informant AH Le TISSIER | | |
| 12. Date and place of registration 19 August 1987 Headquarters British Army of the Rhine Germany | 13. Signature and rank of Registering Officer F Crabtree RO 3 | |

I, Major Frank Crabtree, Registering Officer for **HM Forces in Germany and NW Europe**
do hereby certify that this is a true copy of the Entry No. 17 in the Register of
Deaths No. 57 now legally in my custody.

WITNESS MY HAND this 19th day of August, 1987.

Registering Officer.

DEATH CERTIFICATE

- 1. The late RUDOLF (WALTHER RICHARD) HESS dob 26 April 1894
- 2. This is to certify:

a. Cause of death:

(1) Disease or condition directly leading to death

(1) *Asphyxia*

.....
due to (or as a consequence of)

(2) Antecedent causes. Morbid conditions, if any, giving rise to the above cause, stating the underlying conditions last.

(2) *Compression of the neck*

.....
due to (or as a consequence of)

(3) Other significant conditions, contributing to the death but not related to the disease or condition causing it.

(3) *Suspension*

b. Was the death due to natural causes?

No

c. Was a postmortem examination performed?

Yes

d. Died at *16.10* A hours
on *17th August* 1987

e. Died at (place) *BTH Berlin*

f. The body is free from infectious disease.

Berlin

Date: *19th* August 1987

Rank/Appointment:

J.H. Carneva

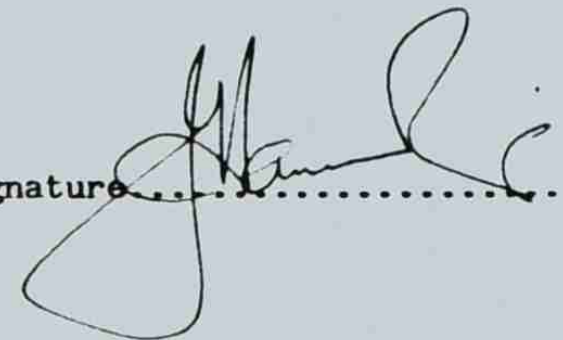
CERTIFICATE OF IDENTIFICATION

1. I certify that I have this day identified the body in the mortuary of
BMH Berlin on 19 AUGUST 1987

as the late ALLIED PRISONER No 7; RUDOLF (WALTHER RICHARD) HESS - DOB 26 APRIL 1894

2. Identified by COLONEL JOHN MALCOLM HAMER-PHILIP L/RAMC

Date..... 19 AUGUST 1987


Signature..... 

Appointment..... COMMANDING OFFICER

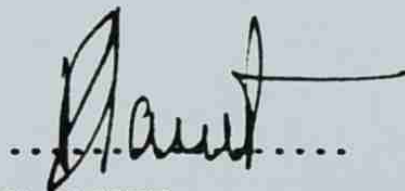
BMH BERLIN



D KEANE
AMERICAN GOVERNOR



A le TISSIER
BRITISH GOVERNOR



M PLANET
FRENCH GOVERNOR



I V KOLODNIKOV
SOVIET GOVERNOR

ANNEX B TO HQ BERLIN (BRITISH SECTOR)
4230 OPS DATED AUGUST 1987

CERTIFICATE OF DEATH

1. This is to certify that I have examined the body of:

RUDOLF(WALTHER RICHARD) HESS - dob 26 April 1894

on this day (date) 17th August 1987 at 16.10 A hours
and found life is extinct.

2. In my opinion death was caused by:-

- 1. Primary Cardiac arrest following asphyxia
- 2. Secondary Generalised atherosclerosis

Date: 17th August 1987 [Signature] CO 4 RAmc BMH BERLIN

ANNEX C TO HQ BERLIN (BRITISH SECTOR)
4230 OPS DATED AUGUST 1987

CERTIFICATE OF AUTHORITY
FOR POSTMORTEM EXAMINATION

To: The Pathologist

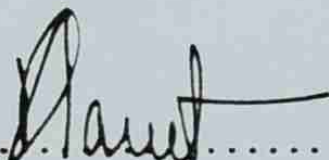
RUDOLF (WALTHER RICHARD) HESS - dob 26 April 1894

A Postmortem Examination on the above named is hereby authorised.

Date: ^{17th} August 1987

.....


BRITISH
GOVERNOR

.....


FRENCH
GOVERNOR

.....


SOVIET
GOVERNOR

.....


US
GOVERNOR

Bitte an die Direktoren dies heimzuschicken.
Geschrieben ein paar Minuten vor meinem Tode.
Ich danke Euch allen, meine Lieben, für alles was Ihr mir Lieben angetan.
Freiburg sagt, es hat mir maßlos Leid getan, daß ich so tun mußte seit dem
Nürnberger Prozeß als kenne ich sie nicht. Es blieb mir nichts anderes
übrig, sonst waren alle Versuche unmöglich gewesen in die Freiheit zu
kommen. Ich hatte mich so darauf gefreut sie wiederzusehen, ich bekam ja
Bilder von ihr wie von Euch allen.

Euer Großer

.....
Would the Governors please send this home.
Written a few minutes before my death.
I thank you all my dears for all that you have done for me. Tell Freiburg
that I was infinitely sorry that I had to behave since the Nuremberg Trial
as if I did not know her. There remained nothing else for me, otherwise
all attempts to free me would have been in vain. I had looked forward to
seeing her again. I have received photographs of her as well as of all of
you.

Your Big One

.....
Prière aux Directeurs d'envoyer ceci chez moi.
Ecrit quelques minutes avant ma mort.
Je vous remercie tous, mes chers, de toutes vos attentions. Dites à
Freiburg que, cela m'a fait une peine infinie de devoir faire depuis le
procès de Nuremberg comme si je ne la connaissais pas. Je ne pouvais pas
faire autrement, sinon toutes les tentatives d'accéder à la liberté
auraient été impossibles. Je me serais tellement réjoui de la revoir.
J'ai bien reçu des photos d'elle comme de vous tous.

Votre Grand

.....
Прошу Директоров переслать это домой.
Написано за несколько минут до моей смерти.
Я благодарю вас всех, мои дорогие, за все хорошее, что вы для меня
сделали. Скажите Фрайбург, что мне причинило безграничную боль то, что
я, начиная с Нюрнбергского процесса, должен был делать так, будто я
ее не знаю. Мне не оставалось ничего другого, иначе все попытки выйти
на свободу были бы безуспешны. Я был бы так рад снова увидеть ее; я полу-
чил ее фотографию так же, как и всех вас.

Ваш Большой.

CONFIDENTIAL

MINUTE SHEET

Reference

Commandant)
& A/Minister) - separate copies

DEATH OF RUDOLF HESS

1. I was informed of the death at about 1600 hrs on Monday, 17th August 1987, and immediately proceeded to the BMH, where the Governors and Medical Advisers were in the process of assembling. Mr Keane, the US Governor, is Chairman this month, and arrived shortly afterwards.
2. Attempts to contact Wolf Rüdiger Hess by telephone, despite the efforts of two operators, did not succeed until 1835 hrs. (This was after I had discovered that he had just telephone my home asking me to contact him.) I was not present during the call made by Mr Keane, but I understand that he just passed him the bald information of the actual death.
3. During the course of the late afternoon, the body was given a radiological examination and then stored in the mortuary.
4. Once this was complete, the Medical Advisers held a meeting at the end of which Col Hamer-Phillip handed out copies of the 'Certificate of Death' signed by him to the four Governors, giving the time of death as 1610 hrs with the primary cause of death as 'Cardiac arrest following asphyxia' and the secondary cause as 'Generalised atherosclerosis' (old age).
5. The Governors then held their own meeting, at which the 'Certificate of Death' was noted and a 'Certificate of Authority for Postmortem Examination' signed by all four Governors. The Governors then agreed that the Duty Chief Warder and the Cell Block Warder would continue to guard the body until further notice.
6. The Governors then discussed the Press Statement, upon which action had already been taken. The Acting Soviet Governor was working from a Russian-language copy of the 1972 Ministers' Agreement, from which he said he was not permitted to diverge. The French Governor said that his authorities were in favour of the time and place of the recorded death to be in the statement, but if that could not be agreed then then would prefer no statement to be issued. It was pointed out that action had already been taken and the matter was dropped.
7. I then asked for formal approval for the SIB investigation of the circumstances of death, recording of the postmortem and for the making of a photographic record of the prisoner's environment in the Cell Block. M Planet gave his prompt approval. The Acting Soviet Governor said that he was perturbed to discover that the SIB had already had access to the Portakabin, saying that the Agreement laid down that the Cell Block area be immediately sealed by the US Governor. The US Chairman Governor then said that he was aware of this, but the Agreement did go on to say that persons could be admitted on his specific authority. He had agreed to the SIB investigating the Portakabin, so that was in order. Both he and the Soviet Acting Governor said that they would have to consult

(REGIMINT)
CODE 5-34-0

[OVER]

- 2 -

their authorities about SIB entry to the Cell Block, and M Planet then said he had reconsidered his position and would have to do the same. (I did not volunteer the information I had earlier received from Capt Ambrose that someone, presumably a British Warder, had in fact already let them in to that area and they had been able to

*Col Keane told friend
circumstances film centre -*