



City of Philadelphia
Office of the Medical Examiner

321 University Avenue
Philadelphia, PA 19104

Case Number : 11-00420
Date of Death : 01/26/2011
Investigator : Stephen Olszewski
Date Today : 04/15/2011

INVESTIGATION REPORT

Decedent: ELLEN R. GREENBERG

ORIGIN AND DETAILS

On 1/26/11 at 1931, Det. Sierra 9103 of Homicide, called to report the death of the above decedent found in her apartment with a knife in her chest.

AT SCENE

I arrived to the scene at 2027 and was met by Fifth District Police, Snipes 6358 and Young 6960, holding the log. NWDD Sgt. Ferguson 446, Det Veal 9216 and Det Revell 9020, the assigned. DC 11-05-001577. Homicide Sierra 9103 and Peters 851 arrived a short time later. The decedents fiancé, Samuel Goldberg DOB: [REDACTED], along with his family and some friends are also present

BACKGROUND

The decedents Fiancé, Samuel GOLDBERG DOB: [REDACTED] /a reportedly left the decedent at the apartment around 1645 to go to the gym. He returned around 1715-1730 and was unable to get into the apartment. He opened the door with his keys but the door was secure from the inside. He proceeded to try and contact the decedent via text messages, telephone calls and emails for approximately an hour before he forced entry into the apartment. An apartment security man was reportedly present during the entry. He immediately discovered her and called 911, radio time is at 1833. He was briefly instructed to start CPR until he noticed a knife in her chest, then was instructed to stop. PFD Medic-5 responded and pronounced death at 1840.

BODY AND VICINITY

The location of death is in the kitchen of the decedents apartment located at the Venice Loft Apartments, 4601 Flat Rock Rd unit 603, Philadelphia, PA 19127. It is a two bedroom apartment on the 6th floor of the building, shared by the decedent with her fiancé, Samuel GOLDBERG. The apartment is well kept, clean. The inside lock to the front door, a common latch/solid bar door guard, is broken with the screws on the door loose, obviously forced in when in a locked position. Throughout the entire apartment, there is no evidence of a struggle. Furniture and items appear in place, nothing is obviously missing or disturbed. There are numerous valuables present, money, keys, 3 laptop computers; one in the kitchen on the island (appears to be GOLDBERG'S), one in the master bedroom suite on the floor (appears to be the decedents, as evidenced by wedding material and one on an additional bedroom desk (appears to be the decedents work computer, as evidenced by numerous teaching materials). The decedent is a teacher. There is no note found or anything indicative of suicide on the computers or in the rest of the apartment. The only way to exit the apartment with the front doorway locked is through a rear slider leading to a patio. The patio is 6 stories high. There is snow present with no tracks or footprints, completely undisturbed. The ambient temperature is inside the apartment reads 69 Deg F on a thermostat. The incident occurred during a winter snowstorm.

Prescription medication are recovered from a bed stand located in the master bedroom, Prescriber, Dr Ellen Berman (██████████) Rx: alprazolam, clonazepam and zolpidem. A paper booklet is in the decedents pocketbook that's on a chair at the living room island, resembles a journal of her medications and her state of mind while taking, last dated 1/16. (see evidence for details). The decedents cell phone is in the master bathroom. Review of her call and message log reveals:

1. last outgoing call was to a number ██████████ on 1/26/11 at 1433 duration 30 seconds
2. last missed call was to a programmed, ██████████. Additional missed calls from a programmed Sam Goldberg on 1/26/11 between 1730-1742 and programmed Venice Lofts ██████████ 1/16/11 between 1807-1810
3. last outgoing text to a programmed ██████████ on 1/16/11 at 1547
4. last incoming texts and an email from a programmed Sam Goldberg on 1/26/11 between 1732-1754

1. Hello
2. open the door
3. what r u doin
4. im getting pissed
5. hello
6. you better have an excuse
7. what the fuck
8. ahhh
9. u have no idea

The decedent is on the hardwood kitchen floor, located just inside the door entrance. The decedent is found supine with her head and some of her upper body/shoulders resting against the lower half of the white kitchen cabinets next to the range. Her body, starting with the head is facing north and the legs west. She is clad in a zipper up dark colored shirt overtop a t-shirt, grey sweatpants, underwear, and light brown UGG boots. A pair of eyeglasses are on the floor to the right of the decedent. A white towel is grasped in her left hand. A hair tie or scrunchie is on her right wrist. There are no personal effects on the body.

Upon further examination of the body, the decedent has a knife embedded in her left chest, through her clothing. There are multiple stab wounds examined at the scene; at the chest where the knife is located, a few superficial grouped nearby, one to the left upper chest near the clavicle, 2 more at the mid chest between and just below the breasts. There are defects to the shirts consistent with the underlying wounds. There are no defense injuries to the hands, wrists or forearms. The right hand is closed in a loose fist. Postmortem findings at arrival at 2027 and 2155 are the same. The body is mostly flaccid. The hands appear to be slightly stiff. The body is cool to the touch at the extremities and warm to the touch at the torso, front and back. Lividity is inconspicuous. Findings are consistent with current position of the body.

Blood is present on the head, in the hair and neck. The right hand has blood on it. On the front side of her shirts, along her pants on the front side and on the top of both of her boots is blood. The right boot has blood on the sole. The blood around her is generally confined to the area of the body, on the floor underneath and on the face of the cabinets behind her. One small blood spatter is on the cabinet to the left of the body. Two separate drops of blood spatter are on the granite counter top above her (see pictures).

Two kitchen knives are in the sink adjacent to the body. They are free of any blood or tissue. The sink underneath is dry and also bears no evidence of blood or tissue. A knife block is on the counter between the sink and range. It is turned over to the side. The three utensils are a spatula, fork and peering knife, all that bears no evidence of blood or tissue. The knife in her body is consistent with the knife set found in the sink and in the block.

INTERVIEWS

Police at the scene provided the information described in the background section. Uniformed police briefly canvassed the hall. At the time, no neighbors reported any loud noises or arguments.

Fiancée. Samuel GOLDBERG: Police initially interviewed him. He provided the information described in the background section. He was taken to NWDD for further interviews.

Parents: Joshua and Sandra Greenberg. [REDACTED]

[REDACTED] Interviewed 1/27/11 at 0741.

The identification was completed via telephone by the decedents parents, Joshua and Sandra GREENBERG. They were notified of the death by the parents of the decedents fiancée.

Mom states she last talked to the decedent the same day at 0700 when they were both on their way to work. They had a pleasant conversation. She gave no indication that something was imminently wrong. The decedent has been battling issues with anxiety since the end of last year. Mom states she was "struggling with something", for which she urged her to seek help. She was seeing a Psychiatrist, Ellen BERMAN, in Merion Station. The decedent as described as anxious, insecure, not sure of herself and not liking how she felt, characteristics that were not the norm her entire life. The decedent expressed to the parents that she was a bit overwhelmed with her classroom work. The decedents occupation is a teacher for the School District of Philadelphia, currently teaching at Juniata Academy Elementary School, employed for 3 years. She is described as a bright woman, who was very successful and recently received her master's degree in Education and certified in Reading specialty. The day the incident occurred is the same day that school grades were to be handed in.

The decedent was in a committed relationship with Sam GOLDBERG. They have been together for 3 years, recently engaged over the summer. The parents have no reservations about their relationship. They described the fiancé Sam as a "fine young man." They were happy to have him as an in-law. They have no knowledge of any verbal or physical abuse.

The parents deny any previous suicide attempts or ideations. The incident is a surprise to them despite her issues with anxiety.

Psychiatrist: Ellen Berman. [REDACTED] Interviewed via phone 1/27/11 at 1130.

When notified of the death, BERMAN was upset. She states that the decedent was a new patient of hers, only seeing her 3 times 1/12/11, 1/17/11 and 1/19/11. She was scheduled for an appointment 1/27/11. The decedent presented initially as severe anxiety for 2 months. During her brief sessions it was believed that she was having difficulty with work, overwhelmed and felt pressure. She did mention that she was doing well but the school district changed some regulations. She also had issues with difficult students. She didn't know whether to quit or work through it.

BERMAN was in the process of developing a treatment plan and was in contact with the decedents mother who called expressing concerns for her daughter. There was never any feeling of suicidal thoughts. When asked about her fiancée, the decedent had nothing but good things to say about him, mentioned they were getting married, and he was wonderful. BERMAN even noted a smile when she spoke of him. BERMAN recalls asking about abuse, the decedent denied any verbal or physical confrontations.

The decedent was initially prescribed medication, although she expressed the uneasiness of taking medication. She tried Zoloft first, and then switched to a low dose of xanax. After no success, BERMAN prescribed her ambient and clonopin to help her get sleep. There was never any indication of abusive behavior.

ACTION

The scene and body were examined, interviews were conducted, and photographs were taken. The Knife was kept in place during transport. The Rx meds and small booklet was taken as evidence. The body was ordered for transportation to the MEO via Police Wagon for further postmortem examination.

COMMENTS

The knife recovered from autopsy is a single edged serrated blade approximately 12.5 cm in length and 1.5 cm wide. The handle is also approximately 12.5 cm in length. It is a CUTCO brand steak knife.

Video is available. For further information on surveillance, contact [REDACTED]
[REDACTED]

**Refer to the scene photographs and case file for further reference.*



Stephen Olszewski, INVESTIGATOR



City of Philadelphia
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FINDINGS AND OPINIONS

DECEDENT'S NAME ELLEN R. GREENBERG	AGE 27 Years	RACE White	SEX Female	HEIGHT 5 ft 7 in	WEIGHT 136 lb
PRONOUNCED DEAD BY Medic-5	AT 4601 Flat Rock Rd. Unit 603 Philadelphia PA			DATE & TIME Jan 26 2011 6:40PM	
ID WITNESS NAME Joshua Greenberg	ADDRESS [REDACTED]			RELATION Father	

Findings:

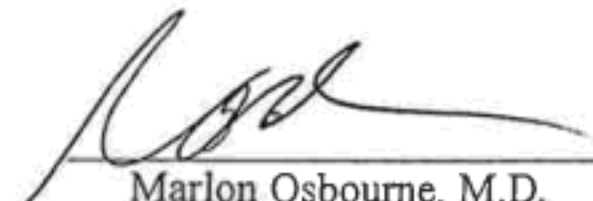
The decedent is a 27-year-old female with a history of anxiety. Per the police investigation the decedents' live in fiancé returned home from the gym to find door locked and the security latch on the door. He made several attempts to contact the decedent by yelling into the apartment, sending her a series of text messages, sending her an E-mail, and calling her phone. The fiancé ultimately broke into the apartment and found her dead in the kitchen.

- Multiple stab wounds to the chest, abdomen, and back of neck. A knife (12.5 centimeter blade) is present in one of the chest wound (at a depth of 10 centimeter). There is an incised wound to right occipital scalp
 - The wounds are associated injuries to the aortic arch, the upper lobe of the left lung, liver, and the cervical spinal cord at C2-C3 level dorsally.
 - The spinal cord injury was evaluated grossly by neuropathology. It was concluded that the injury to the spinal cord would not have incapacitated the decedent. Therefore the decedent would be able to inflict the subsequent stab wounds to her body.
 - There are bilateral hemothoraces, a hemopericardium, a small collection of subarachnoid blood over the vermis and the base of the right cerebellar hemisphere. There are no gross defects to the parenchyma of the cerebellum or brainstem.
- Multiple contusions are on upper and lower extremities in various stages of resolution
- DNA analysis of blood stains on the knife and the decedent clothing only match her DNA
- Analysis of the decedent's laptop provided no additional information

Cause of Death: Multiple Stab Wounds

Other Significant Conditions:

Manner of Death: Suicide


Marlon Osbourne, M.D.
Assistant Medical Examiner



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REPORT OF EXAMINATION

DECEDENT'S NAME

ELLEN R. GREENBERG

An autopsy was performed on the body of the decedent at the Philadelphia Medical Examiner's Office on January 27, 2011. The external examination was started at approximately 9AM. The internal examination was started at approximately 11AM.

Clothing: The clothing that accompanies the decedent consists of grey/purple hooded sweatshirt, grey sweat pants, and brown boots.

EXTERNAL EXAMINATION:

The body is that of a 5 foot 7 inch, 136 pound, white female who appears compatible with reported age of 27 years. The atraumatic scalp is covered by brown hair. The facial bones have no palpable fractures. The irides are brown. The sclerae are white. The conjunctivae have no petechiae. The external auditory meatuses have no discharge. The nares are patent. The nasal bones and nasal septum are intact. The lips are atraumatic. The oral cavity has no injuries. The tongue has no injuries. The teeth are natural and in good repair. The neck is symmetric. The chest is symmetric. The abdomen is flat. The body habitus is mesomorphic. The back is symmetric. The upper and lower extremities have no deformities or fractures. The external genitalia are those of an adult female. The anus and perineum have no trauma or abnormalities.

STAB WOUND "A" OF CHEST:

An elliptical, horizontally oriented 0.4 x 0.2 centimeter stab wound is centered 30 centimeters below the top of the head in the midline of the chest. The medial end of the wound is sharp. The lateral end is blunt. The edges of the wound are smooth. The wound is approximately 0.4 centimeters when reapproximated. The wound extends through the skin of the chest for a depth of 0.2 centimeters.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the chest

The pathway of the wound with the body in the normal anatomic position is front to back.

STAB WOUND "B" OF CHEST:

An elliptical, horizontally oriented 0.3 x 0.1 centimeter stab wound is centered 31 centimeters below the top of the head in the midline of the chest. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.3 centimeters when reapproximated. The wound extends through the skin of the chest for a depth of 0.2 centimeters.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the chest

The pathway of the wound with the body in the normal anatomic position is front to back.

STAB WOUND "C" OF CHEST:

An elliptical, obliquely oriented 2 x 0.6 centimeter stab wound is centered 29 centimeters below the top of the head, and 4.5 centimeters to the right of midline. The sharp end is in the 5 o'clock position. The blunt end is in the 10 o'clock position. The edges of the wound are smooth. The wound is approximately 1.7 centimeters when reapproximated. The wound extends through the skin and muscles of the right side of the chest and the right clavicle for a depth of 1.4 centimeters.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the right side of the chest and beneath the right clavicle.

The pathway of the wound with the body in the normal anatomic position is slightly right to left, front to back and slightly upward.

STAB WOUND "D" OF CHEST:

An elliptical, horizontally oriented 0.3 x 0.1 centimeter stab wound is centered 33 centimeters below the top of the head and 2.7 to the right of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.3 centimeters when reapproximated. The wound extends through the skin of the chest for a depth of 0.2 centimeters.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the chest

The pathway of the wound with the body in the normal anatomic position is front to back.

STAB WOUND "E" OF CHEST:

An elliptical, horizontally oriented 1.7 x 0.5 centimeter stab wound is centered 33 centimeters below the top of the head, and 2.5 centimeters to the left of midline. The sharp end is in the 3 o'clock position. The blunt end is in the 9 o'clock position. The edges of the wound are smooth. The wound is approximately 1.6 centimeters when reapproximated. The wound extends for a depth of 10 centimeters through the skin and muscles of the left side of the chest, the left second intercostal space, into the superior mediastinum.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the left side of the chest, creates a 2.4 centimeter incised defect to the aortic arch, and a incises the upper lobe of the left lung. The pericardial sac contains 120 milliliters of liquid and clotted blood. The left pleural cavity contains 600 milliliters of liquid blood. The right pleural cavity contains 500 milliliters of liquid blood. .

The pathway of the wound with the body in the normal anatomic position is left to right, front to back and slightly downward.

STAB WOUND "F" OF CHEST:

An elliptical, vertically oriented 0.6 x 0.2 centimeter stab wound is centered 34.5 centimeters below the top of the head and 0.8 to the left of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.5 centimeters when reapproximated. The wound extends through the skin of the chest for a depth of 0.2 centimeters.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the chest

The pathway of the wound with the body in the normal anatomic position is front to back.

STAB WOUND "G" OF CHEST:

An elliptical, vertically oriented 0.6 x 0.2 centimeter stab wound is centered 34.5 centimeters below the top of the head in the midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.5 centimeters when reapproximated. The wound extends through the skin of the chest for a depth of 0.2 centimeters.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the chest

The pathway of the wound with the body in the normal anatomic position is front to back.

STAB WOUND "H" OF CHEST:

An elliptical, vertically oriented 1.5 x 0.5 centimeter stab wound is centered 42 centimeters below the top of the head in the midline. The sharp end is in the 6 o'clock position. The blunt end is in the 12 o'clock position. The edges of the wound are smooth. The wound is approximately 1.5 centimeters when reapproximated. The wound extends for a depth of 4 centimeters through the skin and muscles chest, through the right sixth intercostal space, and 2.3 centimeter into the liver.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the right side of the chest a 2.3

centimeter deep liver defect, and intraabdominal blood.

The pathway of the wound with the body in the normal anatomic position is slightly left to right, front to back.

STAB WOUND "I" OF ABDOMEN:

An elliptical, vertically oriented 2 x 0.8 centimeter stab wound is centered 46 centimeters below the top of the head in the midline. The sharp end is in the 6 o'clock position. The blunt end is in the 12 o'clock position. The edges of the wound are smooth. The wound is approximately 1.9 centimeters when reapproximated. The wound extends for a depth of 6 centimeters through the skin and muscles of the abdominal wall.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the abdominal, intramesentric hemorrhage and intraabdominal blood.

The pathway of the wound with the body in the normal anatomic position is slightly left to right, front to back.

INCISED WOUND "J" OF SCALP:

An obliquely oriented 6.5 x 1.1 centimeter wound is centered 8 centimeters above the right external auditory meatus, and 6 centimeters to the right of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 6.5 centimeters when reapproximated. The wound extends through the skin and the scalp.

STAB WOUND "K" OF NECK:

An elliptical, vertically oriented 2 x 0.2 centimeter stab wound is centered 9 centimeters below the top of the head, and 2 centimeters to the left of midline. A 1 x 0.2 centimeter serrated abrasion is associated with the wound. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 1 centimeter when reapproximated. The 0.3 centimeter deep wound extends through the skin of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is slightly left to right, back to front.

STAB WOUND "L" OF NECK:

An elliptical, vertically oriented 1.1 x 0.6 centimeter stab wound is centered 14 centimeters below the top of the head, and 4 centimeters to the left of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 1.1 centimeter when reapproximated. The 0.2 centimeter deep wound extends through the skin of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is slightly left to right back to front.

STAB WOUND "M" OF NECK:

An elliptical, vertically oriented 0.2 x 0.1 centimeter stab wound is centered 11 centimeters below the top of the head in the midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.2 centimeter when reapproximated. The 0.3 centimeter deep wound extends through the skin of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is back to front.

STAB WOUND "N" OF NECK:

An elliptical, vertically oriented 1.1 x 0.4 centimeter stab wound is centered 13 centimeters below the top of the head, and 0.5 centimeters to the left of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 1.2 centimeter when reapproximated. The 8 centimeter deep wound extends through the skin and muscles of the posterior neck through the occipital triangle and into the ligamentum nuchae.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the posterior neck, a defect in the ligamentum nuchae, incises small vessels overlying the cerebellum, creating a subarachnoid hemorrhage over the vermis, the caudal aspect of the right cerebellar hemisphere.

The pathway of the wound with the body in the normal anatomic position is left to right, back to front and upward.

STAB WOUND "O" OF NECK:

An elliptical, horizontally oriented 1.2 x 0.6 centimeter stab wound is centered 14 centimeters below the top of the head, and 6.8 centimeters below the right external auditory meatus. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 1.4 centimeter when reapproximated. The 3 centimeter deep wound extends through the skin and muscles of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is right to left, back to front.

STAB WOUND "P" OF NECK:

An elliptical, vertically oriented 1 x 0.3 centimeter stab wound is centered 13.5 centimeters below the top of the head, and 2 centimeters to the right of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 1 centimeter when reapproximated. The 2.1 centimeter deep wound extends through the skin and muscles of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is right to left, back to front.

STAB WOUND "Q" OF NECK:

An elliptical, vertically oriented 0.6 x 0.3 centimeter stab wound is centered 15 centimeters below the top of the head, and 3 centimeters to the left of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.6 centimeters when reapproximated. The 2 centimeter deep wound extends through the skin and muscles of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is slightly left to right, back to front.

STAB WOUND "R" OF NECK:

An elliptical, vertically oriented 0.9 x 0.6 centimeter stab wound is centered 16 centimeters below the top of the head, and 3 centimeters to the left of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.9 centimeters when reapproximated. The 1.9 centimeter deep wound extends through the skin and muscles of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is slightly left to right, back to front.

STAB WOUND "S" OF NECK:

An elliptical, vertically oriented 0.5 x 0.1 centimeter stab wound is centered 16.5 centimeters below the top of the head, and 1.1 centimeters to the left of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.5 centimeters when reapproximated. The 2.1 centimeter deep wound extends through the skin and muscles of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is slightly left to right, back to front.

STAB WOUND "T" OF NECK:

An elliptical, horizontally oriented 1.5 x 0.3 centimeter stab wound is centered 16.5 centimeters below the top of the head, and 4.5 centimeters to the right of midline. The medial end of the wound is sharp. The lateral end is blunt. The edges of the wound are smooth. The wound is approximately 1.5 centimeters when reapproximated. The 7 centimeter deep wound extends through the skin, and muscles of the back, between the second and third cervical vertebra laterally, and incises the dura covering the subjacent spinal cord.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the left side of the back, a defect of the dura and focal epidural hemorrhage. Grossly there is bulging of the cervical cord subjacent to the dural defect.

Note: Neuropathologist Dr. Lucy Rouke examined the spinal cord and concluded that there is no defect of the spinal cord.

The pathway of the wound with the body in the normal anatomic position is right to left, back to front.

OTHER INJURIES:

The right upper arm has a round 3 x 4 centimeter contusion. The right forearm has a 3 x 1.5 centimeter area of three round contusions. The right lower quadrant of the abdomen has a 3 x 3.5 centimeter contusion. The right thigh has vertical row of round contusions that are a 2.5 x 3 centimeter, 4.5 x 3 centimeter, and 5 x 6 centimeters. Above the right knee is a 4.5 x 3 centimeter area of three round contusions.

INTERNAL EXAMINATION:

The firm, brown, muscles of the anterior neck, have no hemorrhage or injuries. The adjacent connective tissue and vessels of the anterior aspect of the cervical spine are unremarkable. The clavicles, sternum, and pelvic bones have no fractures. The hyoid bone and thyroid cartilage are intact. The peritoneal cavity has no adhesions. The intrathoracic and intraabdominal organs are in their normal positions.

The smooth epicardium has a normal amount of subepicardial adipose tissue in a normal distribution. The heart is 230 grams. The right coronary artery supplies the posterior interventricular septum. The coronary arteries have no atherosclerosis. The chambers of the heart contain no mural thrombi. The atrioventricular and semilunar valves are normally formed and have no calcifications, nodularity, or vegetations. The coronary arteries arise normally from the sinuses of Valsalva. The firm, red-brown, homogenous myocardium has no areas of fibrosis or necrosis. Injuries to the aorta are as previously described. The aorta arises from its usual position, has a normal branching pattern and no atherosclerosis. The pulmonary arteries have no thromboemboli.

The larynx and trachea have no foreign objects or mucous plugs. The right and left lungs are 220 grams and 200 grams, respectively. Injuries to the right lung are as previously described. The smooth pink-tan to purple visceral pleural surfaces have mild anthracosis. The red-maroon and congested lung parenchyma has no areas of consolidation, granulomata or masses. The tracheobronchial tree has no mucous plugs or foreign objects.

The esophagus has a white-tan, longitudinally folded mucosa and no varices. The empty stomach has a pink smooth serosa. The tan gastric mucosa has rugal folds and no erosions or ulcers. The small and large intestines have tan, smooth serosa and no perforation, obstruction, masses or ischemic injuries. The appendix is normal. The rectum is filled with green stool.

The 1160 gram liver has an intact capsule, red-brown congested parenchyma and no masses or cysts. The gallbladder is empty. The tan, lobulated pancreas has no masses or cysts.

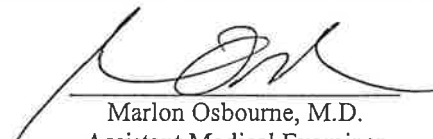
The 100 gram spleen has a lavender intact capsule, red-maroon parenchyma and inconspicuous Malpighian corpuscles. The paraaortic, paratracheal, and mediastinal lymph nodes are inconspicuous.

The right and left kidneys are 110 grams and 140 grams, respectively. The cortical surfaces are smooth. The renal parenchyma has pale cortices and distinct and prominent medullary pyramids. The calyces and pelves are not dilated and have no masses or calculi. The ureters are unobstructed and normal in course and caliber to the urinary bladder. The urinary bladder contains 100 milliliters of yellow urine.

The vagina has a smooth mucosa and no lesions. The cervix is normal. The uterus has a normal shape and normal myometrial thickness. The endometrium is smooth and has no lesions. The ovaries are normal. The fallopian tubes have normal caliber.

The brown, bilobed thyroid gland has no masses or cysts. The parathyroid glands are inconspicuous. The adrenal glands have thin yellow cortices and brown medullae.

The reflected scalp has no subgaleal hemorrhages. The calvarium and skull base are intact. The epidural and subdural spaces have no liquid accumulations. A small amount of subarachnoid blood covers the rostral surface of the vermis, right cerebellar hemisphere, and the basal cisterns. No gross parenchymal defects are identified in these areas. The leptomeninges are thin and translucent. The brain is 1440 grams. The cerebral hemispheres are symmetric. The corpus callosum is intact. The basilar artery, its tributaries and branches have no atherosclerosis or aneurysms. The cingulate gyri, unci and cerebellar tonsils are not herniated.



Marlon Osbourne, M.D.
Assistant Medical Examiner

(End of Report)



Toxicology Report

City of Philadelphia
Office of the Medical Examiner

CASE NO. 11-00420

Name: ELLEN R. GREENBERG

Age: 27 Years Sex: Female Race: White

Pathologist: Marlon Osbourne

ELISA - Enzyme Immunoassay

BENZODIAZEPINES	Blood, Cardiac (F)	Negative
FENTANYL	Blood, Cardiac (F)	Negative
OPIATES	Blood, Cardiac (F)	Negative
OPIATES	Urine	Negative

Wet Chemical Tests - Colorimetry

VOLATILES	Blood, Cardiac (F)	Negative
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Drug Screen - SPE, GC/MSD

ZOLPIDEM	Urine	Trace
ZOLPIDEM	Blood, Cardiac (F)	Trace

Benzodiazepine Confirmation/Quantitation - SPE, GC/MSD

CLONAZEPAM	Blood, Cardiac (F)	Present	<7.5 µg/L
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Analysis Notes

Volatiles analysis is a colorimetric method that screens for low molecular weight organic volatile reducing agents such as ethanol, methanol, isopropanol, acetaldehyde, and formaldehyde.

Drug Screen by GC/MSD includes screening for the following drug(s) and class of drugs: anticonvulsants, antidepressants, antihistamines, anticholinergics, barbiturates, muscle relaxants and non-steroidal anti-inflammatory agents (excluding salicylates), non-benzodiazepine sedative-hypnotics. Detection of specific compounds of each class is concentration dependent and not all drugs of each class are detected. Certain compounds outside of these classes are also detected. Common incidental findings such as caffeine and metabolites or nicotine and metabolites are not reported.

Benzodiazepine Confirmation/Quantitation is a GC/MSD screen/quantitation for: diazepam, nordiazepam, oxazepam, temazepam, alprazolam, triazolam, estazolam, midazolam, lorazepam, clonazepam, 7-aminoclonazepam.

Enzyme immunoassay testing results are preliminary. Any positive results must be confirmed by another technique.

Toxicologist: Lisa A. Mundy

Date: 2/8/2011


CYRIL H. WECHT, M.D., J.D.



FORENSIC PATHOLOGY
LEGAL MEDICINE

January 11, 2012

Dr. Joshua Greenberg



Re: Ellen Greenberg, Deceased

Dear Dr. Greenberg:

Pursuant to your request, I have reviewed all the records and materials pertaining to the death of your daughter.

CLINICAL SUMMARY

Ms. Ellen Greenberg, 27 years old, was found dead by her fiancé, Mr. Samuel Goldberg, in their locked apartment on January 26, 2011. Mr. Goldberg reported that he had left their apartment for the gym in their apartment building at 16:45 that afternoon and returned between 17:15 to 17:30. He stated that he tried to contact the decedent via text message, telephone and email for approximately one hour in attempting to get back in, but he got no response (confirmed by incoming texts and email in decedent's cell phone between 1732 and 1754).

The 911 call was made at 1833. The solid bar door guard was broken (consistent with Mr. Goldberg's report of forcing in the door). An apartment security man was reportedly present during Mr. Goldberg's entry. He was briefly instructed to start CPR until he noticed a knife in her chest and was instructed to stop. Medics pronounced death at 1840.

There was no evidence of a struggle. Valuables were present and nothing was missing in the apartment. The decedent was found supine in the kitchen, her head and upper body resting against the lower half of the kitchen cabinets. Blood was present on the head, in the hair and on the neck. Multiple chest wounds were observed. A knife was embedded in her left chest. It was a


single edged serrated blade approximately 12.5 cm in length and 1.5 cm wide with a handle approximately 12.5 cm in length. The right hand with blood in it was closed in a loose fist. There was no note or anything to indicate suicide on the computers or in the rest of the well kept apartment. The last outgoing call in the decedent's cell phone was for 30 seconds on 1/26/11 at 1433. The recipient of the telephone call was not identified.

The decedent was clothed in a T-shirt, sweat pants, underwear, a zippered shirt and UGG boots. Blood was present on the head, in the hair, on the front side of the shirts, on the front of her pants and on the top of both boots. A pair of eyeglasses was on the floor to her right. A white towel was grasped in her left hand. It is not known if there was blood on the towel. A hair tie "scrunchie" was on her right wrist.

The decedent was in a committed relationship with Sam Goldberg. They had been together for 3 years, and were recently engaged. Her parents had no reservations about their relationship. There is no knowledge of any verbal or physical abuse. No report of a detailed interrogation of the fiancé is available. (How did the decedent behave before Mr. Goldberg went to the gym only 30 minutes earlier? Her mother stated that when she spoke with the decedent that morning, they "had a pleasant conversation. She gave no indication that something was imminently wrong.")

Her mother knew that her daughter was "struggling with something". Ms. Greenberg was seeing a psychiatrist, Dr. Ellen Berman. Ms. Greenberg visited the psychiatrist on January 12, 17 and 19. She was upset and stressed about her job as a school teacher for the District of Philadelphia, where she had been employed for three years. She had expressed that she was overwhelmed with her classroom work. She had been prescribed Zoloft first, then switched to a low dose of Xanax. After no success, the doctor prescribed Ambien and Klonopin. On January 17, it was specifically noted by the psychiatrist: "she starts thinking about everything else – not suicidal." On January 19, Dr. Berman noted: "way better". Ms. Greenberg denied any verbal or physical confrontations with her fiancé.

Also reviewed is diary-like emailed account ([REDACTED]). Ms. Ellen Greenberg reportedly responded to this close friend's text on January 26 about 12 pm saying "yah, you are getting out early" (Philadelphia schools were getting out early on account of the snow storm). Ms. Greenberg's response was "Thank Goodness".



[REDACTED]

As published in newspapers on February 1, 2011, "the Medical Examiner's Office ruled the death as a homicide", based on the Philadelphia Police Department's announcement on January 28. A few days later, the Police Department backed away, making a statement that the case had not been ruled a homicide and was being investigated as "suspicious". However, on February 18, 2011, the police retracted their original ruling, and officially declared that the death of Ellen Greenberg had been ruled a suicide.

Philadelphia City Assistant Medical Examiner Marlon Osbourne, M.D., listed "multiple stab wounds" as the cause of death. The manner was ruled to be suicide.

There were multiple stab wounds to the chest (8), abdomen (1), back of neck (10) and scalp (1). A knife with a 12.5 cm blade was present in the 10 cm. deep chest wound. There were injuries to the aortic arch, the left upper lung lobe, liver and dorsal cervical spinal cord at C2-C3. There were associated bilateral hemothorax and hemopericardium. The wounds were listed as follows:

Chest: (8 wounds)

- A. Front to back (0.2 cm deep) midline
- B. Front to back (0.2 cm deep) midline
- C. Right to left (1.4 cm deep) right chest, front to back, slightly upward
- D. Front to back (2.7 cm right of midline. 0.2 cm deep) front to back
- E. Left to right, front to back and slightly downward, (horizontal, 10 cm deep left 2nd ICS, sharp end @ 3:00, blunt end @ 9:00 superior mediastinum, aortic arch, left upper lung lobe, 600 cc left pleural hemothorax, 500 cc right pleural hemothorax, 120 cc hemopericardium
- F. Front to back (0.2 cm deep)
- G. Front to back (0.2 cm)
- H. Front to back, slightly left to right (4 cm deep, vertical blunt end @ 12:00, sharp end @ 6:00 through right 6th ICS

Abdomen (1)

- I. Front to back, slightly left to right (6 cm deep)

Head (1)

- J. Right occipital scalp (8 cm above right external auditory meatus)

Neck (10 wounds)

- K. Back to front, slightly left to right (0.3 cm deep) vertical
L. Back to front, slightly left to right (0.2 cm deep) vertical
M. Back to front (0.3 cm deep) vertical
N. Back to front (8 cm deep) through occipital triangle into ligamentum nuchae, small vessels overlying cerebellum, subarachnoid over vermis, caudal right cerebellar hemisphere
O. Back to front (3 cm deep), horizontal right to left
P. Back to front, (2.1 cm deep), vertical right to left
Q. Back to front (2 cm deep) vertical, slightly left to right
R. Back to front (1.9 cm deep), vertical slightly left to right
S. Back to front (2.1 cm deep) vertical left of midline slightly left to right
T. Back to front (7 cm deep) horizontal between 2nd and 3rd cervical vertebrae, incising dura over spinal cord right to left – 4.5 cm right of midline : no defect in spinal cord

Multiple contusions “in various stages of resolution” were present on the upper and lower extremities: right upper arm, right forearm (3), right lower abdomen, right thigh (round contusions in a vertical row) and above the right knee (3).

223 color photographs at the scene and at autopsy have been submitted. No toxicology reports are found in the materials submitted. (Reportedly, the tests were negative.) Ms. Greenberg had seen psychiatrist Dr. Ellen Berman. Her handwritten notes from three patient visits have been reviewed. There had not been any summary of a detailed interrogation of the fiancé.

MEDICOLEGAL QUESTION

What was the most likely manner of death?

Suicidal stab wounds can rarely be multiple. Suicides by stabbing are becoming less frequent, with simpler choices being drugs, hanging, or gunshot. Cutting of the wrist and throat is often associated with suicide, whereas stab wounds to the back are unlikely to be suicide.

A murder usually involves multiple stab wounds to the side, back or stomach. In a suicide, there may be additional cuts across the wrist, or tentative stabbings to see if it will hurt, or to work up courage. Then there will usually only be one wound and most likely in the chest.

The multiple stab wounds to the back of the upper neck and lower head found at autopsy were unlikely suicidal stab wounds especially the different directions that K, L, Q, R and S with vertical direction left to right, straight vertical of M, N and T, and, right to left horizontal, O and vertical P.

The locations of the stab wounds high up the back of neck and lower back of head are also unlikely for self-inflicted wounds.

A suicide victim will frequently leave a note. There was none. There was also no indication that the decedent was suicidal from the standpoint of her own family, friends, professional associates and the psychiatrist who had evaluated her. There had not been any indication that she had the intention to commit suicide, or was depressed during the day she was found dead. She seemed her usual self in the morning when she had a telephone conversation with her mother, and later at mid-day during her texting with a friend at approximately noon. It would be important to find out from the fiancé how she behaved barely half an hour before, when he left their apartment as he claimed.

A suicide victim will rarely stab herself through her clothing. Instead, she will open her shirt to expose the skin. Stabbing through clothing may indicate homicide. It is not known if fingerprints on the knife were taken and examined.

OPINION

Following the review of all submitted documents, the results of the autopsy and the accounts from the investigation, based upon reasonable degree of medical certainty, it is my professional opinion that the manner of the death of Ellen Greenberg is strongly suspicious of homicide.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Cyril H. Wecht". The signature is fluid and cursive, with the first name "Cyril" and last name "Wecht" being the most prominent parts.

Cyril H. Wecht, M.D., J.D.

WAYNE K. ROSS, M.D., P.C.
Specializing in Forensic and Neuropathology

David Skinner, *Office Manager*

January 10, 2017

Thomas P. Brennan Jr., Consultant
Criminal Investigative Analysis

RE: Greenberg, Ellen (C16- 119)

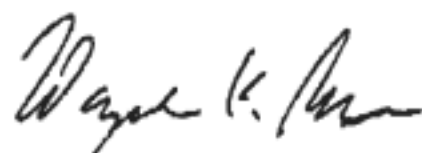
MATERIALS RECEIVED:

- Inspection Date of Organ Tissue- August 3rd 2016
- Scene Photographs
- Autopsy Report
- Autopsy Photographs

After review of the above information, I can offer the following opinions to a reasonable degree of medical certainty:

1. There was evidence of a stab wound which penetrated the cranial cavity and severed the cranial nerves and brain. As a result she would experience severe pain, cranial nerve dysfunction and traumatic brain signs and symptoms including numbness, tingling, irregular heartbeat and bradycardia, respiratory depression, neurogenic shock and impaired/loss of consciousness.
2. There was evidence of strangulation. There was a mark over the front of the neck which was consistent with a fingernail mark. There were multiple bruises under the neck and in the strap muscles over the right side of the neck. The patterns were compatible with a manual strangulation.
3. There were multiple bruises over the body some of which were fresh, many of which were older. The patterns were consistent with a repeated beating.
4. The scene findings were indicative of a homicide.

Should further information become available, we reserve the right to amend this report at that time.



Wayne K. Ross, M.D.



January 29, 2018

Mr. Thomas P. Brennan, Jr.
Criminal Investigative Analysis



Re: Decedent- Ellen R. Greenberg

Items reviewed:

1. Case reports
2. Photographs

Submitted by: Thomas P. Brennan Jr.
Harrisburg, Pennsylvania

After review of the photographs and reports sent to the Henry Lee Institute of Forensic Science, the following were observed.

1. Photo #1 shows a view of the door leading into the residence with security lock visible. Some damage appears to be in the area of this lock in the close-up photograph. There does not appear to be damage to the doorjamb or evidence of break-in at the dead bolt lock from the other side of the door.

A person can be seen on the floor, in the corner of the kitchen cabinets.

2. The view of the decedent in Photo #2 shows a female on the kitchen floor with her head and shoulders against the corner cabinets near the stove and sink. A pair of glasses are on the floor to the decedent's right hand. Blood-like stains are seen on the floor and on the woman's clothing. A white towel is in her left hand. Several blood-like stains appear to be on the kitchen counter near the sink.

3. A close-up view of the decedent's head and shoulders is seen in photo #3 shows a knife in her left upper chest. There are blood-like stains on the knife, her face and her clothes. There appear to be several cuts on her head. The blood is flowing in different directions on her face. This could mean that she moved after receiving the initial bleeding injuries to her head. The location of several of the wounds would be a difficult position for her to cause these wounds.
4. The decedent's upper body and the cabinets behind her are shown in Photograph #4. Swipe-type patterns can be seen on the cabinet corner area. There are also some blood spatter patterns and a blood dripping in a downward direction on the cabinet to her right. These stains indicate that the decedent received some of her wounds while she was above the level of the stains. The swipe patterns are consistent with having been formed when she fell to the floor.
5. Photograph #5 shows her middle torso and lower arms. There are at least 300-400 blood drops on her upper thighs and waist area. These stains are consistent with vertical blood drops, formed when blood fell from her wounds onto this area while she was in a sitting position. There is also blood on the floor between her legs. Based on the appearance of the bloodstains and their locations, these are consistent with the knife being inserted at the area where she was found. She later fell onto the floor with the dripping wounds over her legs.

Some blood-like stains are seen on her right hand. No defensive-type wounds can be seen.

6. The decedent's lower extremities are shown in photograph #6. Multiple blood drops are seen on the upper legs, with addition drops noted on the lower legs and on the boot tops. A closer view of the left boot (photograph #7) shows several vertical blood drops on the boot top and the sides of the boot sole. Some of these stains appear to be the result of vertical blood drops. Based on the number and distribution of the drops, these stains are consistent with having been from her initial injuries. If the decedent had received a massive injury while upright, the number of stains should have been greater.
7. The decedent's right hand and the area around her right hand is shown in photograph #8. There is a blood smear on her right hand. A few blood drops can be seen on the floor, which may indicate that she was upright for some of her injuries. There is no indication of cleaning in this area.
8. Photograph #9 is a closer view of the bloodstains on the cabinet doors near the decedent's head. Several bloodstains can be seen that are dripping downward, further indicating that she was upright when she received some of her wounds. A small amount of cast-off type bloodstains are also seen in this area of the cabinets, indicating a downward direction.
9. Photograph #10 is a close-up picture of reddish-colored stains on the counter. It is unknown if this stain is in fact blood; if, however, it is blood, it is consistent with a blood drop with some spatter. This would be further indication that the decedent was upright when she received some of her injuries, and then subsequently fell to the floor, leaning back against the cabinet.

10. Photograph #11 shows the inside of the sink in the kitchen. Two knives and a wash brush are in the sink. Other photographs (See photograph #12) show cut fruit and other knives on the kitchen counter.
11. Review of the medical examiner findings showed that the decedent received multiple stab wounds to the chest, abdomen, neck and scalp. Multiple contusions / bruising were noted at various locations on her upper and lower extremities. These bruises were apparently in various stages of healing.

Summary of findings:

After review of the reports and the photographs, the kitchen area where the decedent was found is consistent with the primary, indoor scene. Assuming that all of the blood noted was the decedent's blood, the bloodstain patterns indicate that she was in a standing position when she received her initial injuries, which caused the blood dripping on the kitchen sink, counter, cabinet and drops on the floor. Subsequently, she was on the floor with her head leaning forward, producing all of the blood drops that fell onto her pants and between her legs.

Two separate contact stains were found on the cabinet near her: one stain was consistent with a wipe from right to left; the second was consistent with a hair swipe, indicating her hair with blood from her head injury, came in contact with the cabinet in a downward direction.

The stab wounds noted in the photographs are consistent with being caused by a knife, but there is no indication of the length or width of the knife, except for the wound in which the knife was embedded to the handle. The decedent received additional wounds to her neck and head that were not clear in the scene photographs. Therefore, it is not possible to make additional observations on those patterns at this time.

The number and type of wounds and bloodstain patterns observed are consistent with a homicide scene.



Elaine M. Pagliaro, MS, JD



Henry C. Lee, PhD

From: Grace, Joe <jgrace@attorneygeneral.gov>
Sent: Friday, March 8, 2019 4:34 PM
To: Farr, Stephanie <farrs@phillynews.com>
Subject: RE: Media request - Ellen Greenberg case

“Following the initial 2011 investigation carried out by the Philadelphia Police Department, our office received this case in 2018 on a conflict referral from the Philadelphia District Attorney’s Office. We conducted our own thorough investigation to determine a manner of death—interviewing the chief medical examiner of Philadelphia and the medical examiner who performed the autopsy, meeting with the family’s representatives, and reviewing information they provided to our attorneys, among other steps.”

“Among the additional evidence we reviewed were web searches for “methods of committing suicide,” “quick death” and “depression” done on Ms. Greenberg’s personal computer in the weeks before her death, and text messages between Ms. Greenberg and a family member on the day of her death showing the decedent in serious mental distress. Our Office has concluded that this evidence supports “Suicide” as the manner of death; accordingly, we have communicated our findings to the family through its representatives and have closed this investigation.”

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http://www.google.com/search?client=safari&rls=en&q=suffocation&ie=UTF-8&oe=UTF-8	12/18/2010 14:36
http://www.google.com/s?hl=en&explds=17259,17311,26700,27642&sugexp=ldymls&xhr=t&q=suffocation%20&cp=0&pf=p&sclient=	12/18/2010 14:36
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http://googleads.g.doubleclick.net/pagead/ads?client=ca-boston_js&output=js&imt=1261950246&num_ads=3&channel=news_health 1/10/2011 0:41

<http://secure-us.imrworldwide.com/cgi-bin/m?ci=us-604060h&cg=0&cc=1&si=http%3A//www.boston.com/lifestyle/health/blog/daily> 1/10/2011 0:41

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