



SPECIAL INVESTIGATION BRANCH  
RMP BAOR

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See Distribution

Reference 53052/7

Date 20 Jan 88

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ALLEGED SUICIDE  
(Addendum Report)

References:

- A. 14 Det SIB RMP BAOR Interim Report 53052/7 dated 25 Aug 87.
- B. 14 Det SIB RMP BAOR Final Report 53052/7 dated 11 Sep 87.

Herewith Addendum Report for your information and action where necessary.

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██████████  
██████████  
Captain  
for Commanding Officer

Enclosures:

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Report by Capt ██████████ RMP  
Post Mortem Report  
Annexes A and B

) Distribution:

Action:

CO SIB RMP BAOR

Information:

OC Western Region SIB RMP BAOR  
File

53052/7

14 Detachment  
93 Section SIB RMP BAOR  
BFPO 45

Berlin Mil 4248

CO SIB RMP BAOR

20 Jan 88

ALLEGED SUICIDE  
(Addendum Report)

Person Deceased: Walter Richard Rudolf HESS  
Born: 26 Apr 1894 at Alexandria, Egypt  
Prisoner Number 7  
Spandau Allied Prison Berlin

1. Further to this office reports of even reference dated 25 Aug 87 and 11 Sep 87, it will be recalled that following the death of the above named, on the afternoon of Mon 17 Aug 87, Police enquiries were undertaken by SIB with technical support from the FWOs Eastern and Western Regions SIB RMP BAOR.
2. The conclusion of the SIB enquiry was that Rudolf Hess died by his own hand and the evidence to justify this, is illustrated in the two reports mentioned in the above paragraph.
3. Additional technical and administrative information, pertinent to the enquiry, has been received since publication of the final report and that information, together with some concluding points, is now summarized in this addendum report.
4. A copy of the Post Mortem report has been made available to this office and a copy is attached.
5. It will be recalled that a number of exhibits were recovered by SIB personnel; either within Spandau Prison or at the BMH Berlin where the body of Prisoner Number 7 was secured, prior to Post Mortem examination and the final release of the body on 20 Aug 87 when it was delivered by RAF transport aircraft to the family of Rudolf Hess in West Germany.
6. It was the decision of the four Prison Governors, with a particular emphasis by the Soviet Governor, that all of the prisoner's clothing and effects be destroyed. Accordingly, following a formal request, all exhibits recovered by SIB were delivered to the Prison Governors via Lt Col (Retd) AH Le Tissier MBE the British Prison Governor. A list of those exhibits is shown at Annex A of this report. It is known by SIB that those items were destroyed by fire, in the main, under the personal supervision of Lt Col IV Kolodnikov the Soviet Prison Governor.
7. During follow up enquiries it was apparent that the Soviet Authorities in particular were anxious that Spandau Prison should not become a shrine to the Nazi era of German history and this possibly

explains the speed in which items were destroyed. The actual prison is now demolished and the rubble from it is buried within RAF Gatow.

8. On the afternoon of Fri 15 Jan 88, the three Allied Powers and the Soviet Authorities relinquished control over the prison and the area is now administered by the British Military Authorities.

9. In regard to the distribution of the Interim and Final Reports, the only official recipients were the Board of Governors, Spandau Allied Prison, Wilhelmstrasse 23, 1000 Berlin 20. Silent copies have been made available to higher formation and some other agencies. Such copies have been delivered by hand or dispatched by registered post. A list of those other addressees is shown at Annex B.

10. The only other items/exhibits currently retained by SIB Berlin are two 60 minute video cassettes recorded by WO2 <sup>67</sup> [REDACTED], 14 Det SIB RMP BAOR. One depicts an aerial view of Spandau Prison and the second is the visual 'Scene of Crime' record within the prison building and grounds which was recorded on the afternoon of 17 Aug 87. It is proposed that those two films are eventually taken out of Berlin and placed in safe keeping, together with the original statements, for historical purposes, and as directed by the CO SIB RMP BAOR.

47  
[REDACTED]  
[REDACTED]  
Captain  
for Commanding Officer

# The London Hospital Medical College

University of London

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

Department of Forensic Medicine:

Professor [REDACTED] M.D., Ph.D., F.R.C.S.(Glasg.), F.R.C.Path., D.M.J.(Path.)



Autopsy Report on Allied Prisoner No. 7

Copy passed by RMG to SIB.  
Not for further distribution.

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. [REDACTED] 24
U.K.	Mr. A.H. le Tissier	Lt. Col. [REDACTED] 22
U.S.A.	Mr. D. Keane	Lt. Col. [REDACTED] 23
U.S.S.R.	Mr. I.V. Kolodnikov	Lt. Col. [REDACTED] 25

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

Major [REDACTED]  
WO 1 [REDACTED] 40  
WO 2 [REDACTED] 67  
WO 2 [REDACTED] 59 - Exhibits Officer  
SSgt [REDACTED] 14

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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. [REDACTED] 69 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.

[REDACTED] 21

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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:

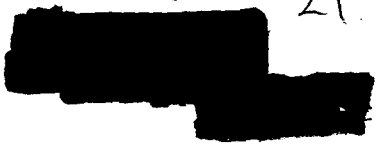
A sample of head hair was taken (Exhibit No. NL/6).

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.

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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

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.

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Samples taken by me and handed to [redacted] 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. [redacted] 70 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.

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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:

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Microscopic sections (twenty-three - 23) were prepared, processed and stained from samples of tissue retained (Exhibit No. NL/15 and 16). Lt. Col. [REDACTED], 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).

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.

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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 - in conjunction with Dr. [REDACTED] <sup>70</sup> (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 - in conjunction with Lt. Col. [REDACTED] <sup>71</sup> (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
  - 1b. COMPRESSION OF THE NECK
  - 1c. SUSPENSION

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[REDACTED]

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[REDACTED] 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)

EXHIBITS DELIVERED TO  
PRISON GOVERNORS - SPANAU PRISON

1. The following items were handed to the British Prison Governor on 27 Aug 87 by the OC 14 Det SIB RMP BAOR.

- a. WLF/2 - Grey nylon scarf, blue/white linen handkerchief, two knitted wristbands
- WLF/3 - Fawn coloured Trench Coat
- WLF/6 - One plastic comb
- WLF/7 - Electrical extension lead (inclusive of plug and socket, 8ft 10ins length)
- NL/1 - One jacket - light grey check
- NL/2 - One pair of grey trousers
- NL/3 - One white shirt
- NL/4 - One pair of Long John underpants colour white
- NL/5 - One pair of Boxer Shorts colour white

b. Miscellaneous items - no exhibit labels

- One pair of blue socks
- One pair of brown shoes
- One truss

2. Note: Exhibit WLF/1 was a half set of dentures, these were retained by the Medical Authorities at time of Post Mortem.

3. The two remaining exhibits were recovered by the British Prison Governor from 14 Det SIB RMP BAOR on 7 Dec 87. They are:

- WFL/4 - One straw Sombrero hat
- WFL/5 - One wooden walking stick

4. Note: The British Prison Governor signed a receipt for all the exhibits as listed.

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It was directed or incumbent to make copies of the Interim and Final Reports to the following addressees:

1. CO SIB RMP BAOR
2. OC Western Region SIB RMP BAOR
3. OC Eastern Region SIB RMP BAOR
4. SO1 Police/Legal HQ PM (ARMY)
5. Provost Marshal BAOR
6. British Military Government Berlin - POLAD/Head of Chancery
7. US Mission (American Sector) Berlin - Political/Military Officer
8. CCRIO RMP London

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**Headquarters Provost Marshal (Army)**

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See Distribution

Your reference

Our reference D/PM(A)/52/4/2(PM1)

Date *13/3* March 1988


ALLEGED SUICIDE  
PRISONER NUMBER 7

References:

- A. HQ SIB RMP BAOR 53052/7 dated 20 Jan 88
- B. HQ PM(A) 53052/7 dated 4 Feb 88
- C. B 4165/1 Pro dated 2 Feb 88
- D. B 4165/1 Pro dated 24 Feb 88

1. The advice on the disposal of the two video tapes given at Reference B was prompted by the contents of para 10 of Reference A which had been referred to this office by CO SIB RMP BAOR. Reference C was not received at this office until 5 Feb 88 and thus its contents were not considered.

2. It is now clear, however, from the contents of Reference D, that both tapes should be passed to this office for subsequent action as described in paras 2 and 3 of Reference C.

  
Lt Col  
for Provost Marshal(Army)

Distribution:

PM BAOR  
CO SIB RMP BAOR  
CCRIO RMP (for 53052/7)

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