

OFFICE OF THE MEDICAL EXAMINER
State of Louisiana
CITY OF NEW ORLEANS

REPORT OF INVESTIGATION BY COUNTY MEDICAL EXAMINER

DECEDENT MARION MARCUS ALLEN RACE White SEX Male AGE 26
First Name Middle Name Last Name

HOME ADDRESS 3625 Washington Avenue, Arkham Mass, 01970 M W S D OCCUPATION: Student

TYPE OF DEATH: Violent Casualty Suicide Suddenly when in apparent health Found Dead
 In Prison Suspicious, unusual or unnatural Cremation

Comment.....

If Motor Vehicle Accident Check One: Driver Passenger Pedestrian Unknown

Notification by Patrol Officer Harold Warren Address 715 S. Broad Avenue

Investigating Agency New Orleans Police Department

Description of Body Clothed Unclothed Partly Clothed

Eyes green Hair brown Mustache unremarkable Beard none

Weight 175 lbs Length 5'11" Body Temp 75.2 degrees Date and Time 08/14/1977, 11:15am
Pounds Feet inches Fahrenheit

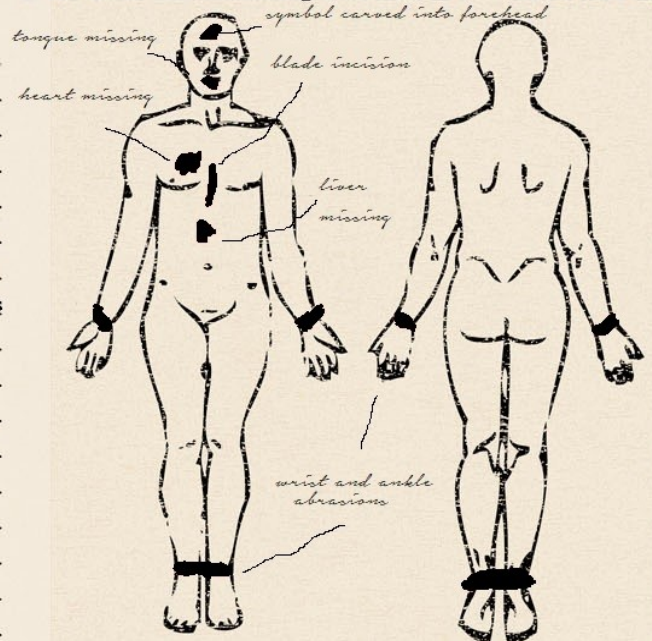
Rigor: Yes No Lysed Liver Color liver missing Fixed Non-Fixed

Marks and Wounds.....

The victim (Marion Marcus Allen) was killed by a single, powerful blade thrust to the bottom of the rib cage, cutting upward so as to separate the ribs from the breastbone. Hands were then used to pry the rib cage apart. The tongue was cut out, likely while the victim was dying. There was a symbol of unknown origin carved into the skin of the forehead. The cuts were deep enough that the symbol was etched into the skull.

The victim's liver and heart were missing. Both organs were removed with a sharp blade, although the procedure was crude. Police corroborate that no evidence of the missing organs was found at the scene.

Abrasions and bruises to the wrists and legs indicate that the victim was tied up and beaten before death.



| PROBABLE CAUSE OF DEATH | MANNER OF DEATH | DISPOSITION OF CASE |
|---|--|--|
| Exsanguination post vital organ removal | (check one only) Accident <input type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Unknown <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Pending <input type="checkbox"/> | 1. Not a medical examiner case <input type="checkbox"/> 2. Autopsy requested Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Autopsy ordered Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Pathologist <u>TBD</u> |

I hereby declare that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Section 21-830-33-69(b) Louisiana Code Annotated and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

08/14/1977

Date

New Orleans Coroner's Office

Place of Investigation

Dr. Walter Lawrence
Signature of County Medical Examiner

