

## SUPPLEMENTARY TABLES

**Supplementary Table 1. Significant p values in addition to those shown in Figures 3, 4.**

Figures	Comparisons	p values
3 B	IL-1 $\beta$ , TLR-3 antagonist vs. TLR-3 siRNA	0.0114
	IP-10, TLR-3 antagonist vs. TLR-3 siRNA	0.0175
3 C	Il-1 $\alpha$ senescent, 24 vs. 96 hrs.	0.0466
	Il-1 $\alpha$ , TLR-4 siRNA vs. control	0.0132
	IL-6, TLR-3 siRNA vs. control	0.0450
4 B	IL-6, TLR-4 siRNA vs. control	0.0193
	IL-8, TLR-4 siRNA vs. control	0.0065
	IP-10, TLR-4 siRNA vs. control	0.0288

**Supplementary Table 2. Information about the control lung biopsy patients in Figure 5.**

Gender	Cause of death	Age
F	Car accident	92
F	Car accident	100
M	Myocardial infarction (from atherosclerotic cardiovascular disease)	52
M	Drowning. Lungs without significant diagnostic abnormalities. No <i>rigor mortis</i> (death less than 24 hrs.)	72
M	Cerebrovascular accident	92
M	Dementia/malnutrition	59

**Supplementary Table 3. Information about the COVID lung biopsy patients in Figure 5.**

Gender	Cause of death/specified COVID complication	Age
M	Respiratory failure due to COVID	71
M	Developed severe hypoxemia. Bronchoscopy did not reveal clear reversible cause	73
M	SARS-CoV-2 bronchopneumonia, lethargic, generalized muscle weakness, hypotension, and continued hallucinations	93
F	Aspiration pneumonia in the setting of a recent SARS-CoV-2 infection. The deceased began antibiotic therapy, however patient experienced significant decline in mentation and renal function	89
M	Acute respiratory distress syndrome (ARDS). Family elected to have compassionate ventilator withdrawal	72
F	COVID-19 associated pneumonia in the setting of multiple chronic medical conditions and missed hemodialysis	71
F	COVID-19 infection requiring intubation, multiple strokes with residual left hemiparesis, diabetes mellitus type 2, coronary artery disease, essential hypertension, acute respiratory failure, and cognitive decline	70
M	CT chest showed findings consistent with COVID infection with profound hypoxemia. Palliative care was consulted and patient transitioned to DNR	76
M	Multiple GI bleeds. Pneumothorax infections. Massive transfusion and death	51