



MISS KAREN WAHLSTROM
Latin I, II, IV

(2) Wall Isogram

- Bx Homicide Det DONOVAN at scene
- 'Personal property of D.O.A. revealed
Rifle purchased at DAVEGA'S -
E. Foxham Rd, Bx on 4/22. -
(Long way off)
- Where was receipt? on person-
purse? Apt - ON person at
scenes

Grandad said Mental
Child - the woman was on M. of P. Person Rept.

What was weather 4/22 + 4/23
C.P.A. now at.

Wound - Entrance - Contact - chest
Exit - Back
No shell recovered -
Bullet

Shell in chamber

22 Manlin

Entrance - center of white slip

Exit - rear of slip

Rear of Blue Sweater (B. Altmann)

What about RAINCOAT ?!

GRANDAD SAID wearing a Black Raincoat
+ yellow ~~handkerchief~~ Kerchief

RECORDS
DEPARTMENT OF HEALTH
BROUOUGH OF BROOK
FILED

APR 26 11:54 AM '65

Certificate of Death
Certificate No. **106-65-204831**

First Name **JAMES** Middle Name **AMN** Last Name **WEBSTER**

1. NAME OF DECEASED
(To be filled in by Funeral Director)

PERSONAL PARTICULARS
(To be filled in by Funeral Director)

2. USUAL RESIDENCE: (a) State **New York** City or Town **Brook** (c) Zip **11101**
(d) No. **6195 Fieldstone Blvd** Ave. **St**
(e) Length of residence or day in City of New York immediately prior to death **Life**

3. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

4. DATE OF BIRTH OF DECEDENT **January 9 1938** (Month) (Day) (Year)

5. AGE **27** yrs. If under 1 year: mos. days hrs. or min.

6. Usual Occupation (Kind of work done during most of working life, even if retired) **School teacher**

7. Kind of Business or Industry in which the work was done **Parochial school**

8. SOCIAL SECURITY NO.

9. BIRTHPLACE (State or Foreign Country) **U.S.**

10. OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH? **U.S.**

10a. WAS DECEASED EVER IN UNITED STATES ARMED FORCES? **No**

11. NAME OF FATHER OF DECEDENT **John**

12. MAIDEN NAME OF DECEDENT **Winifred Martin**

13. NAME OF INFORMANT **Thomas F. Distin** Grandfather

14. Name of Cemetery or Crematory **St. Joseph Cemetery** Director **Sherin Funeral Service**

16. PLACE OF DEATH: (a) NEW YORK CITY: (b) Newark (c) Yonkers (d) Other (Specify)
(1) Name of Hospital, Office, Home, or Institution (If not in hospital or office, specify character of place of death, as home, school, street, factory, etc.)
(2) If elsewhere than in hospital or office residence, specify character of place of death, as home, school, street, factory, etc.

17. DATE AND TIME OF DEATH **April 24 1965** (Month) (Day) (Year) (Hour) (Min)

18. SEX **Female** 19. Approximate Age **27 Yrs.**

20. I HEREBY CERTIFY that, in accordance with the provisions of law, I took charge of the dead body at **Brook Borough Mortuary** this **25** day of **April** 19**65**

I further certify that the investigation and post mortem examination (with) autopsy that, in my opinion, death occurred on the date and at the hour stated above and resulted from **trauma (suicide)** and that the cause of death were: **DESTRUCTION OF ORBIT AND**

(a) Immediate Cause **ABDOMEN**
(b) and (c) Antecedent Cause with Primary Cause Stated Last **TRAUMATION OF LIVER - LUNG - ABDOMEN**
Part II Contributory Cause **RESEMBLES SUICIDAL**

M. E. Case No. **1524** Signed **Joseph Michaelstein M.D.** (Attending Physician) **Medical Examiner**

RELATIONSHIP TO DECEASED **Grandfather** ADDRESS **6135 Fieldstone Rd. Bx. 71, NYC**

14. Location (City, Town or County and State) **Yonkers, New York** 15. Date of Burial or Cremation **April 28, 1965**

ADDRESS **240 East 80th St. N.Y.C.**

BUREAU OF RECORDS AND STATISTICS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

THIS CERTIFICATE NOT VALID UNLESS REVERSED IN THIS SPACE. MARGIN RESERVED FOR CODING AND BINDING.

Institution **X600**
Type of Occurrence **1**
Date of Occurrence **4**
Cause of Death **1**
Manner of Death **1**
Type of Case **1**
Type of Occurrence **1**

CITY OF NEW YORK
OFFICE OF CHIEF MEDICAL EXAMINER

Case N

1524

BOROUGH OF Bronx

NOTICE OF DEATH

Police Pilows Precinct No. 50
(Name of Officer)

Hospital _____
(Name) (Doctor reporting case)

Private Physician _____
(Name) (Address) (Tel. No.)

Private Citizen _____
(Name) (Address) (Friend, Relative, Funeral Director)

Reported by:

NAME OF DECEASED UFW AGE 22 SEX F

USUAL RESIDENCE _____ Occupation _____ Race _____

PLACE OF DEATH VAN CORTLANDT PARK - APT.# _____ TEL.# _____
NORTH OF RIDING ACADEMY

If moved from public place to station house by police, give precinct number _____

Date and time of Admission in Hospital Cases _____ Att. Physician _____

Previous private medical attention, if any, by Dr. _____ Address _____ Tel.# _____

DATE and TIME of DEATH NOTIFIED TIME DISPOSITION

DATE and TIME of DEATH	NOTIFIED	TIME	DISPOSITION
<u>4/24 10⁰⁰ AM</u>	<u>Dr. Hochman</u> (Name)	<u>11¹⁵ AM</u>	<input type="checkbox"/> Certified at scene <input type="checkbox"/> Ordered to M. E. Mortuary <input type="checkbox"/> No Case <input type="checkbox"/> Cremation (Check)

Circumstances and pertinent information leading to reporting of case _____
(In hospital cremation cases include whether body was autopsied)

- NORTH OF RIDING ACADEMY -
PICNIC AREA

(.22 CAL.) SHOTGUN - SHELL - IN AR BODY

- POSS. HOMICIDE -

[Signature]
Clerk

SUPPLEMENTARY COMPLAINT REPORT (DO NOT FOLD THIS REPORT)

128.81
1/2 1/2

People of the State of N.Y.
Bronx County

8. Date and Time Reported as U.T. of
April 24, 1965 10:00 A.M.
19. Pct. 20. U.T.
50 1079
11. Date and Time of Occurrence
April 24, 1965 10:00 A.M.
21. Pct. 22. U.T.
42 Pct. of 44 Acres
Arroyo

FOLLOWING QUESTIONS PERTAIN TO THIS COMPLAINT REPORT

12. Title of Complaint
13. Name of Person(s) Reported
14. Name of Person(s) Reported by
15. Name of Person(s) Reported to
16. Name of Person(s) Reported to
17. Name of Person(s) Reported to
18. Name of Person(s) Reported to
19. Name of Person(s) Reported to
20. Name of Person(s) Reported to
21. Name of Person(s) Reported to
22. Name of Person(s) Reported to
23. Name of Person(s) Reported to
24. Name of Person(s) Reported to
25. Name of Person(s) Reported to
26. Name of Person(s) Reported to
27. Name of Person(s) Reported to
28. Name of Person(s) Reported to
29. Name of Person(s) Reported to
30. Name of Person(s) Reported to
31. Name of Person(s) Reported to
32. Name of Person(s) Reported to
33. Name of Person(s) Reported to
34. Name of Person(s) Reported to
35. Name of Person(s) Reported to
36. Name of Person(s) Reported to
37. Name of Person(s) Reported to
38. Name of Person(s) Reported to
39. Name of Person(s) Reported to
40. Name of Person(s) Reported to
41. Name of Person(s) Reported to
42. Name of Person(s) Reported to
43. Name of Person(s) Reported to
44. Name of Person(s) Reported to
45. Name of Person(s) Reported to
46. Name of Person(s) Reported to
47. Name of Person(s) Reported to
48. Name of Person(s) Reported to
49. Name of Person(s) Reported to
50. Name of Person(s) Reported to
51. Name of Person(s) Reported to
52. Name of Person(s) Reported to
53. Name of Person(s) Reported to
54. Name of Person(s) Reported to
55. Name of Person(s) Reported to
56. Name of Person(s) Reported to
57. Name of Person(s) Reported to
58. Name of Person(s) Reported to
59. Name of Person(s) Reported to
60. Name of Person(s) Reported to
61. Name of Person(s) Reported to
62. Name of Person(s) Reported to
63. Name of Person(s) Reported to
64. Name of Person(s) Reported to
65. Name of Person(s) Reported to
66. Name of Person(s) Reported to
67. Name of Person(s) Reported to
68. Name of Person(s) Reported to
69. Name of Person(s) Reported to
70. Name of Person(s) Reported to
71. Name of Person(s) Reported to
72. Name of Person(s) Reported to
73. Name of Person(s) Reported to
74. Name of Person(s) Reported to
75. Name of Person(s) Reported to
76. Name of Person(s) Reported to
77. Name of Person(s) Reported to
78. Name of Person(s) Reported to
79. Name of Person(s) Reported to
80. Name of Person(s) Reported to
81. Name of Person(s) Reported to
82. Name of Person(s) Reported to
83. Name of Person(s) Reported to
84. Name of Person(s) Reported to
85. Name of Person(s) Reported to
86. Name of Person(s) Reported to
87. Name of Person(s) Reported to
88. Name of Person(s) Reported to
89. Name of Person(s) Reported to
90. Name of Person(s) Reported to
91. Name of Person(s) Reported to
92. Name of Person(s) Reported to
93. Name of Person(s) Reported to
94. Name of Person(s) Reported to
95. Name of Person(s) Reported to
96. Name of Person(s) Reported to
97. Name of Person(s) Reported to
98. Name of Person(s) Reported to
99. Name of Person(s) Reported to
100. Name of Person(s) Reported to

Investigation Aided

1259

[Signature]
Lt. [Name]

April 27, 1965

DECEASED: WAHLSTROM, Karan, F/W/27 of 6135 Fieldstone Rd.

At 11:00 A.M., April 24, 1965, while at the 20 Pct. received notification from Det. O'Connor # 2056 - 50 Sgd., "Woman found D.C.A., gun shot wound, Van Cortlandt Park north of riding academy". At 11:30 A.M., April 24, 1965 arrived at scene to conduct ballistic investigation

**WOUNDS: BWE - Chest (Contact)
LWX - Back**

**CLOTHING: BWE - Center of white slip (contact)
BWX - Rear of above slip
BHX - Rear of blue sweater "B. Altman".**

Scene searched for other ballistics evidence without results.

GUN: .22 Cal. Marlin Mod 100G bolt action single shot rifle marked "0", blue, 22" bbl., 39" O.A., evidence of discharge in bore.

LOAD: 1- .22 Cal. "U" r.f. discharged shell.

**TEST: Used 2- .22 L. Cal. "U" r.f., g.c. load ctgns.
Gun is capable of discharging a projectile.**

Above deceased an apparent suicide.

Det. O'Connor # 2056 - 50 Sgd. assigned.

P.S.# 1372

PTL. JOSEPH G. CORDES #11,796 B.S.

[Signature]

4/22/65

17 4 22

COMPLAINT REPORT

(DO NOT FOLD THIS REPORT)

UP 57
File No. 100-1259

City and State: City of New York
 Telephone No.:
 Date and Time Reported: April 24, 1965
 14:00 PM
 Day, Date and Time of Occurrence: Apr. 24-65 10AM
 38. PD. Code: 100-1259
 39. Area: 100-1259
 40. Precinct: 100-1259
 50. TYPE OF PROPERTY:
 1. Auto Stolen by...
 2. Auto Recovered by Other...
 3. Auto Recovered D.O.A.
 THIS REPORT CONCERNING (Check One)
 4. Currency
 5. Jewelry
 6. Firearms
 7. Clothing
 8. Explosives
 9. Miscellaneous
 10. Other
 11. Other

41. Date and Time Reported: April 24, 1965
 14:00 PM
 42. Day, Date and Time of Occurrence: Apr. 24-65 10AM
 38. PD. Code: 100-1259
 39. Area: 100-1259
 40. Precinct: 100-1259
 50. TYPE OF PROPERTY:
 1. Auto Stolen by...
 2. Auto Recovered by Other...
 3. Auto Recovered D.O.A.
 THIS REPORT CONCERNING (Check One)
 4. Currency
 5. Jewelry
 6. Firearms
 7. Clothing
 8. Explosives
 9. Miscellaneous
 10. Other
 11. Other

NUMBER OF ARRESTS: 1
 ARRESTS MADE BY:
 Male: 1 Female: 0
 Uniformed Force: 0
 Detective: 1
 Other Peace Officer: 0
 Classification: Investigation D.O.A.
 File and Ser. No.: 1259
 Status of Case: Active

At 10AM this date one Erich Baum 57 Caryl Ave. Yonkers, NY reported via telephone to 50th Precinct that he had discovered a white female D.O.A. at place of occurrence.

Gun shot wound through the chest.

Report of Investigating Officer: (LIST ALL LOST OR STOLEN PROPERTY ON REVERSE SIDE) Date of This Report: 4/24/65

The assigned detective accompanied by Sgt Robert E. Coleman, commanding officer of the 50th Squad responded to the scene and conducted an investigation. Investigation revealed that the subject was one Karen Walstrom F.W. 27, of 6135 Fieldstone Rd Bronx, N.Y. Subject was reported as a Missing Person on April 23, 1965, M.P. 8934. 50 50th Squad. Reported missing by her Grand Father, Thomas Diskin. A 22 Cal rifle (Marlin) was recovered at the scene. One expelled shell in chamber. Personal property of D.O.A. revealed that the subject purchased rifle at Davegas Sporting Goods Store at East Yonkers Rd Bronx on April 22, 1965. Investigation also revealed that the the deceased was an out patient at Psychiatric Institute 722 West 165 St Manh. and she had attempted suicide on previous occasions. Chief Medical Examiner present (Dr Heckman) who stated gun shot was wound through the chest was self inflicted. Gun taken to Ballistics by Ptl. Cordia 14974 Ballistics Bureau. B.C.I. Checked. No Record on Subject. Bronx Photo Unit present and took pictures. Det. Bronx Homicide. Det. Donovan, present at scene. Inspector S Meenby and Sams present at scene. Jeremiah O'Conner Rank Det Shield 2056 Comm 50