



MISS KAREN WAHLSTROM
Latin I, II, IV

(2) Wall Is Room

- Bx Homicide Det DOVONAN 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
BUREAU OF RECORDS AND STATISTICS

Certificate of Death

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

APR 28 11:54 AM '65

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

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

2. USUAL RESIDENCE: (a) State **New York** City or Town **Brooklyn** (c) Zip **11216**

(b) No. **6195 Fieldstone Blvd** Ave. **St. Albans**

(c) 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, give in 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.**

11. WAS DECEASED EVER IN ARMED FORCES? **No**

12. NAME OF FATHER OF DECEDENT **John**

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

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

15. FUNERAL DIRECTOR **St. Joseph Cemetery** Sberin Funeral Service

16. Location (City, Town or County and State) **Yonkers, New York**

17. Date of Burial or Cremation **April 28, 1965**

Institution **X 600**

Burial **h**

Arms Dist. **01001**

R C **1**

Next Dec. **1/1**

Case No. **976**

Operation **0**

All-Inst. **4**

Com. **1**

Type Accid.

Occurrence

16. PLACE OF DEATH: (a) NEW YORK CITY; (b) Newark; (c) Other (Specify) **Brooklyn**

(d) Name of Hospital, 252nd St. & Van Cortlandt Park or Institution (If not in hospital or institution, give street and number)

(e) If elsewhere than in hospital or care residence, specify character of place of death, as hotel, school, etc., street, town, etc.

17. DATE AND TIME OF DEATH **April 28 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 due to gunshot wounds (suicide)**

and that the cause of death were: **SHOOTING WOUND OF CHEST AND ABDOMEN**

(a) Immediate Cause **SHOOTING WOUND OF CHEST AND ABDOMEN**

(b) and (c) Antecedent Cause with Primary Cause **suicidal**

Part II Contributory Cause

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

ADDRESS **6135 Fieldstone Rd. Bx. 71, NYC**

14. Location (City, Town or County and State)

17c. 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.

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 - NORTH OF RIDING ACADEMY APT.# _____ TEL.# _____

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 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
Arroy

FOLLOWING QUESTIONS PERTAIN TO THIS COMPLAINT REPORT
1. Is the property insured?
2. Is there an additional account?
3. Is there any other person who has access to the property?
4. Is there any property previously reported?
5. Is there any other person who has access to the property?
6. Is there any other person who has access to the property?
7. Is there any other person who has access to the property?
8. Is there any other person who has access to the property?
9. Is there any other person who has access to the property?
10. Is there any other person who has access to the property?

12. Name of Property
13. Address of Property
14. City of Property
15. State of Property
16. Zip of Property
17. Name of Property
18. Address of Property
19. City of Property
20. State of Property
21. Zip of Property

Investigation Aided
1259
Signature of Investigator
Lt. Joseph G. Cordes
Date of Report 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 Sqd., "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
BWX - 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 Sqd. assigned. P.S.# 1372

PTL. JOSEPH G. CORDES #11,796 B.S.
Signature of PTL. Joseph G. Cordes

