

REPORT OF DEATH TO CORONER

Parramatta Police Station
2 December, 19 80

The Coroner, GLEBE.

SUBJECT: Death of Walter John BEDSER Age 47
Marital state Single Address
Time and date of death: 2.15pm on the 2.12.80
Place of death: Casualty Section, Parramatta Hospital.
By whom found: Phillip STEPHENS Address:
By whom reported to Police: as above STEPHENS Address:
By whom last seen alive: as above STEPHENS Address:
When last seen alive: 2pm on the 2.12.80
Deceased a native of (County and District): Sydney, Australia.
Occupation: Second Hand Dealer.
If Military or Invalid pensioner, state disability: No
Name and address of nearest relative and relationship: Mother, Mrs Edna BEDSER

Name and address of identifying person: Mr Noel John BROWN, (FRIEND)

Police present when deceased identified: Detective Senior Constable P.L. Roots.
Did deceased leave a will? Yes
By whom burial or cremation is being arranged: mother
Property and clothing found on and with the deceased. (Attach inventory if space insufficient):
Clothing removed for scientific examination
One wrist watch and two rings handed to mother.

Miscellaneous Property Book Reference:
How property and clothing disposed of and on whose authority: Clothing kept for examination
jewellery returned to mother by authority Det Sgt Hamilton, Parramatta.

Circumstances under which death took place. (If any previous illness, and deceased seen by doctor, particulars should be given. Where treated by a doctor a note should be obtained giving particulars of treatment from such doctor):

About 1.50pm this date a male person, the suspect was seen running from the deceased antique shop at 4 Darcy Street, Parramatta. A short time later the deceased ran from the shop into the green grocer shop of Phillip Stephens situate opposite. At the time the deceased had a number of severe lacerations to the left arm, a stab wound to the lower chest section on the right side and another stab wound to the upper chest section left side above the heart. The deceased collapsed in the shop, the ambulance was contacted and attended and conveyed the deceased to the casualty section of the Parramatta Hospital where he died at 2.15pm Life pronounced extinct by Dr Older.

Signature: [Handwritten Signature]
Rank: Det Sgt

(Continued overleaf)

Annual leave from to

ST 5427

- NOTE: (1) This form should be prepared in quadruplicate in all cases where a death is reported to the Coroner. The original and two copies should be forwarded to the Coroner. All statements in duplicate should be lodged with the Coroner at least 7 days before the date of the inquest. (2) The full name and address of all persons and the registered number of all motor vehicles concerned should be indicated.

POISONING—

- (a) Was death apparently from (i) poison, (ii) drug .....
- (b) Name poison or drug (if known) .....
- (c) Apparently administered by whom? Name:..... Address: .....
- (d) Date and time ...../...../19....., at ..... a.m./p.m.
- (e) When symptoms first showed ...../...../19....., at ..... a.m./p.m.
- (f) Detail symptoms: .....
- (g) State recently prescribed medicine: .....
- (h) Prescribing Doctor: Name:..... Address:.....
- (i) When prescribed? ...../...../19..... (j) Quantity prescribed:.....
- (k) How much remains now? ..... (l) Dispensing chemist: .....
- Name and address: .....

GAS POISONING—

- (a) Did gas come from coal-gas supply, brazier, or car? .....
- (b) Where in building was body found? .....
- (c) In what position was body found? .....
- (d) State appliance gas had escaped from: .....
- (e) Was gas still escaping? .....
- (f) If room sealed, how? .....
- (g) Was food being prepared? .....
- (h) Who in Gas Company notified? Name:.....

ELECTROCUTION—

- (a) What had caused shock? .....
- (b) Where in building was body found?..... (c) Position? .....
- (d) State appliance "shock" received from: .....
- (e) Was appliance still "alive"? .....
- (f) Detail any burns: .....
- (g) Who in Electricity Commission of supplying Authority notified? .....

UNIDENTIFIED CASES (The following information should be furnished)—

Sex, Age, Height, Build, Complexion, Hair, Eyes, Nose, Face: .....

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Peculiarities, marks, scars, tattoos, deformities, etc.: .....

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What steps have been taken to establish identification (Reference to ..... Departmental file): .....

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REPORT OF INQUEST  
(or Magisterial Inquiry)

Date and place of Inquest: .....

Name of Coroner or Magistrate: .....

VERDICT:

.....

INQUEST NOT HELD

Inquest disposed of on: .....

By whom: .....

Cause of death:

.....

Signature: .....

Rank: ..... Reg'd No. ....

Date: .....