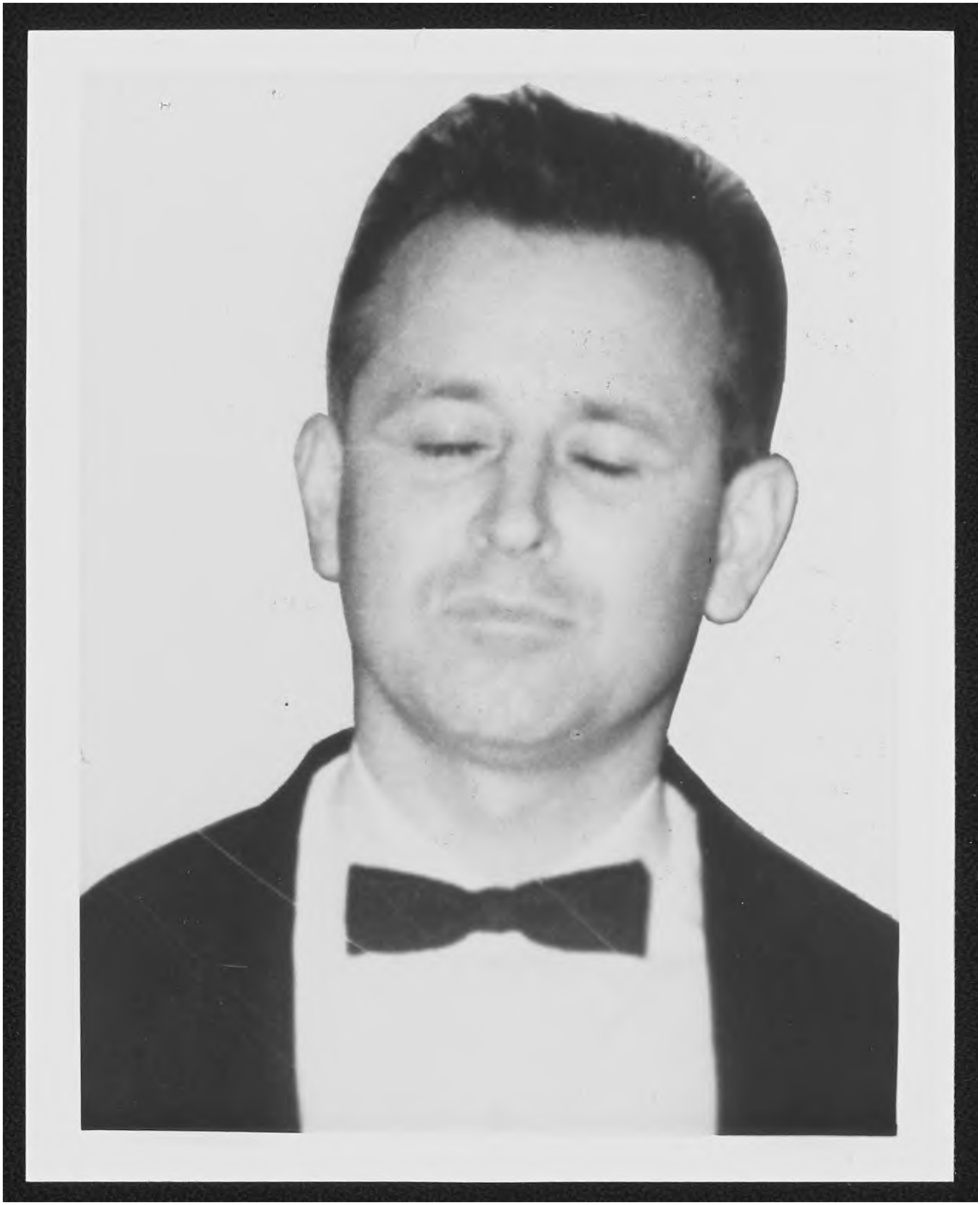


COMPOSITE OF UNSUB, AKA
ERIC STARVO GALT,
HARVEY LOWMYER,
JOHN WILLARD

White Male
Date of Birth: 7/20/31 (not verified)
5'8" - 5'11"
160 - 175 pounds
Medium Build
Brown Hair - Brush Cut
Eyes - Blue, or Green, or Hazel
Clean Shaven

COMPOSITE OF UNSUB, AKA
ERIC STARVO GALT,
HARVEY LOWMYER,
JOHN WILLARD

White Male
Date of Birth: 7/20/31 (not verified)
5'8" - 5'11"
160 - 175 pounds
Medium Build
Brown Hair - Brush Cut
Eyes - Blue, or Green, or Hazel
Clean Shaven

COMPOSITE OF UNSUB, AKA
ERIC STARVO GALT,
HARVEY LOWMYER,
JOHN WILLARD

White Male
Date of Birth: 7/20/31 (not verified)
5'8" - 5'11"
160 - 175 pounds
Medium Build
Brown Hair - Brush Cut
Eyes - Blue, or Green, or Hazel
Clean Shaven

FD-340 (REV. 6-24-65)

File No. 44-775-1A10

Date Received 4/22/68

From RC
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

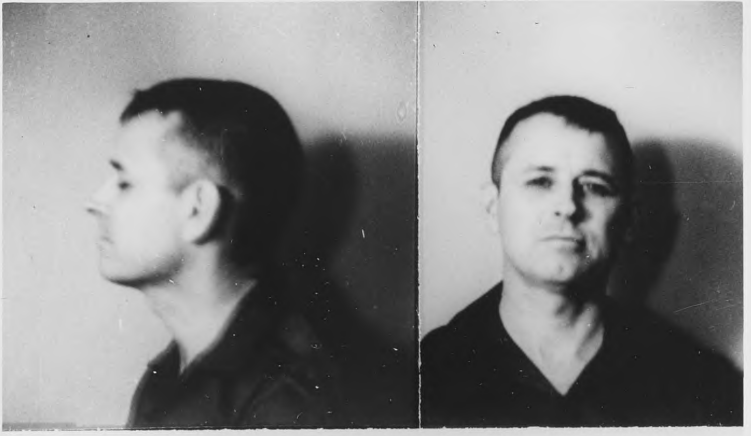
By MAU
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No

Receipt given ☐ Yes ☐ No

Description:

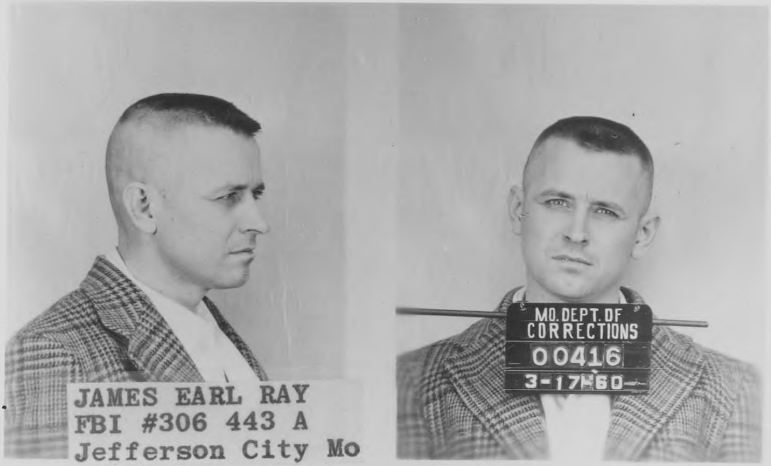
PHOTOS JAMES EARL RAY



JAMES EARL RAY

SEP. 8 1966

SL 64-775-1A 10



SI 44-775-1A10

FD-340 (REV. 6-24-65)

File No. 44-775-1A-7

Date Received 4/30/68

From Walter L. Brooks
(NAME OF CONTRIBUTOR)

Mgr., Congress Airport Inn
(ADDRESS OF CONTRIBUTOR)

3433 N. Lindbergh Blvd. St. Louis
(CITY AND STATE)

By Glen J. Buckley
(NAME OF SPECIAL AGENT)

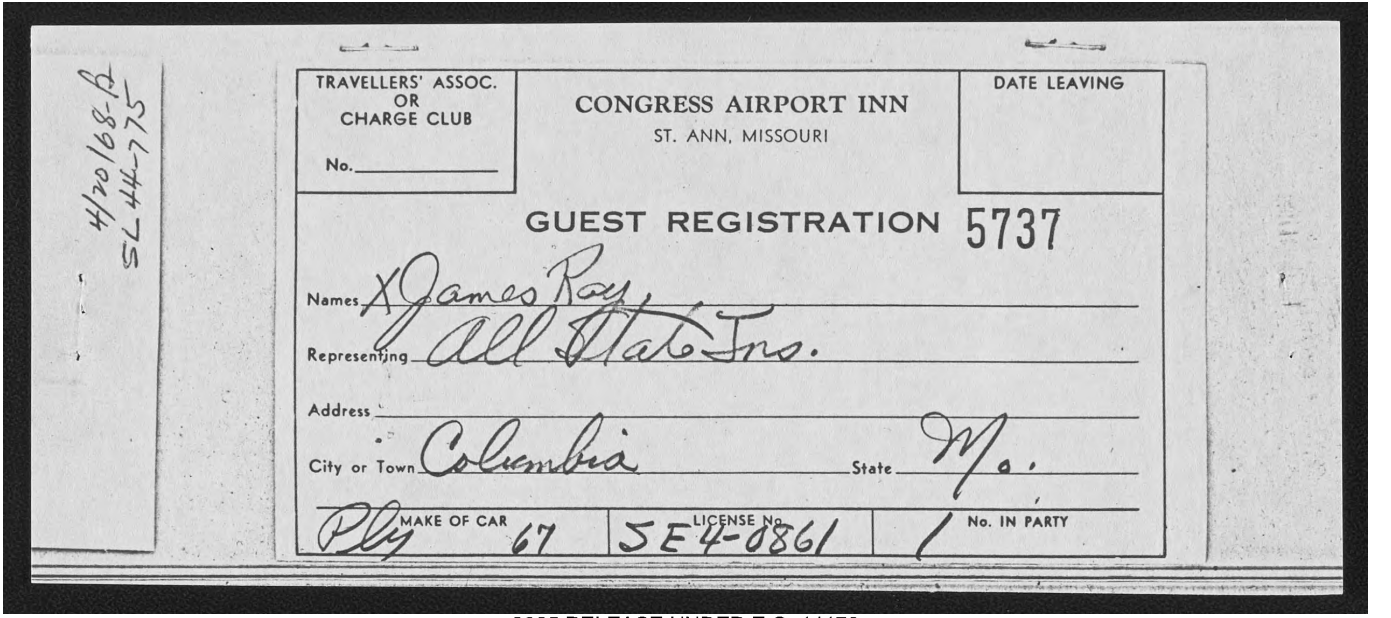
To Be Returned ☑ Yes ☐ No

Receipt given ☐ Yes ☑ No

Description:

Guest Registration
Card #5737
James Ray
Allstate Ins
Columbia, Mo.

original check
sent to Bureau
FBI Lab, 4/30/68
gmc
Ref: 4/27/68
Ref: To Brooks 5/1/68 jr



4/20/68-B
SL 44-75

TRAVELLERS' ASSOC. OR CHARGE CLUB
No.

CONGRESS AIRPORT INN
ST. ANN, MISSOURI

DATE LEAVING

GUEST REGISTRATION 5737

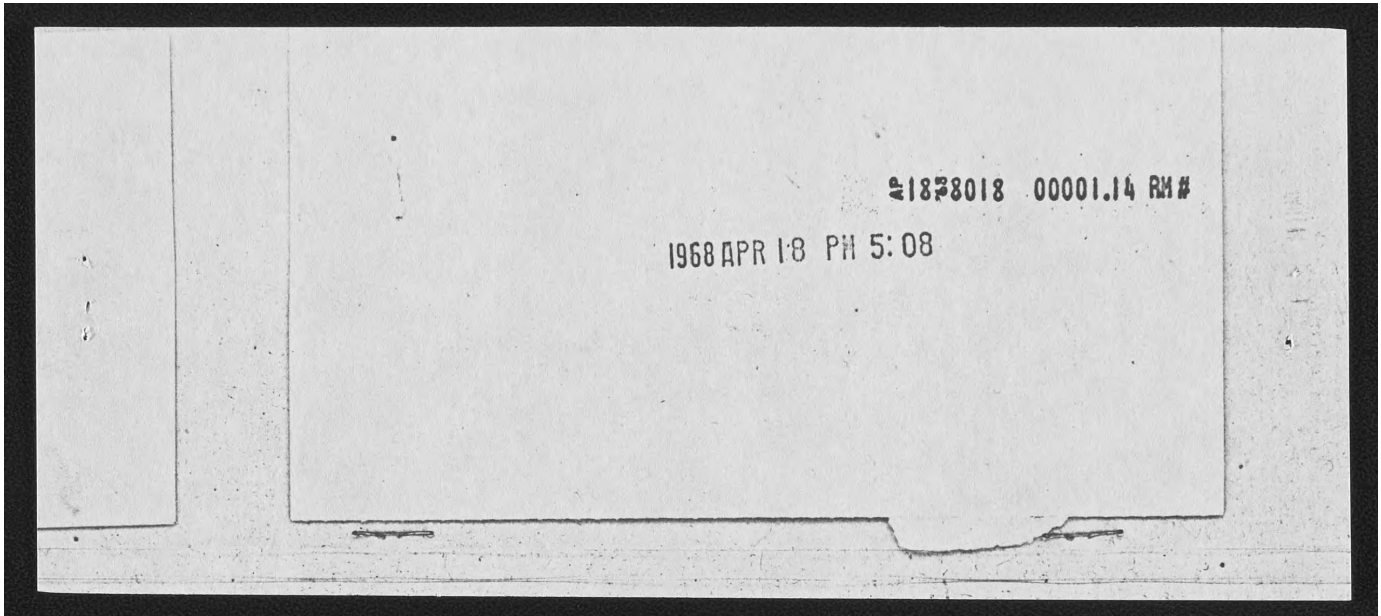
Names X James Ray

Representing All State Ins.

Address

City or Town Columbia State Mo.

MAKE OF CAR	LICENSE No.	No. IN PARTY
Ply 67	5E4-0861	1



FD-340 (REV. 6-24-65)

File No. 44-775-1A8

Date Received 4/22/48

From RC
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

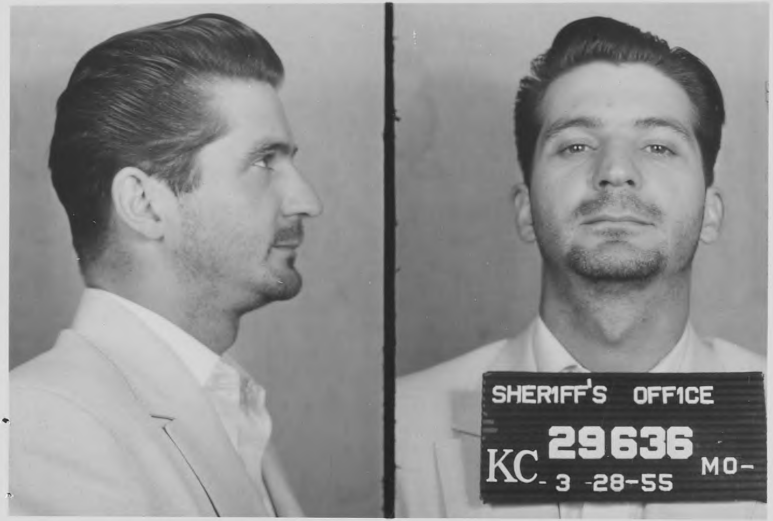
By MAIL
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No

Receipt given ☐ Yes ☐ No

Description:

PHOTO WALTER T. RIFE



WALTER T. RIFE

SL 44-775-1A 8

FD-340 (REV. 6-24-65)

File No. 44-775-1A9

Date Received 4/22/65

From KC
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By Mair
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☐ No

Receipt given ☐ Yes ☐ No

Description:

PHOTO JAMES EARL RAY WITH WALTER T. RIFE

MALIER T. RIFE

JAMES EARL RAY

1955 MAR 28

1955 MAR 28

FD-340 (REV. 6-24-65)

File No. 44-775-1A11

Date Received 4-22-68

From MISS VERNA REEVES
(NAME OF CONTRIBUTOR)
BUREAU OF VITAL STATISTICS, RM 10,
MUNICIPAL BLDG.
(ADDRESS OF CONTRIBUTOR)
ST. LOUIS, MO.
(CITY AND STATE)

By LOUIS F. CAPUTO
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No

Receipt given ☐ Yes ☒ No

Description:

1 photo copy of death certificate of LUCILLE MARY RYAN.

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Register's No. 905 STATE FILE NUMBER

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo.
Length of stay in this: 3½ Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis City Hosp. #1 Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE: Missouri b. COUNTY: ~~St. Louis~~
c. CITY OR TOWN: St. Louis Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1913 Hickory Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Lucille Middle: Mary Last: Ryan
4. DATE OF DEATH: Month: I Day: 25 Year: 61
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/27/09
9. AGE (Last birthday): 51 IF UNDER 1 YEAR: Months: 9 Days: 20 IF UNDER 24 HR.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HouseWork
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Alton, Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Maher
13b. MOTHER'S MAIDEN NAME: Mary Fitzsimmons
14. NAME OF HUSBAND OR WIFE: Gerald Ryan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: ?
17. INFORMANT Address: X Carol Ryan 1031 Rutger

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hepatic coma
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Laennec's cirrhosis
DUE TO (c): 581.1
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c): Post operative from portacaval shunt

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/11/61 to 1/25/61 and last saw ~~him~~ her alive on 1/25/61
Death occurred at 11:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Elayne Zinder MD
22b. ADDRESS: 1515 Lafayette, Ave.
22c. DATE SIGNED: 1/25/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 30, 1961
23c. NAME OF CEMETERY OR CREMATORY: St. Patrick's
23d. LOCATION (City, town, or county) (State): Godfrey Twp., Illinois

24. FUNERAL DIRECTOR ADDRESS: Thomas J. Burke, Jr., Alton, Ill.
25. DATE RECD. BY LOCAL REG.: JAN 30 1961
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

MEDICAL CERTIFICATION

FD-340 (REV. 6-24-65)

44-775-1A12

File No. ~~44-760~~

Date Received 4-23-68

From M.S.P.
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

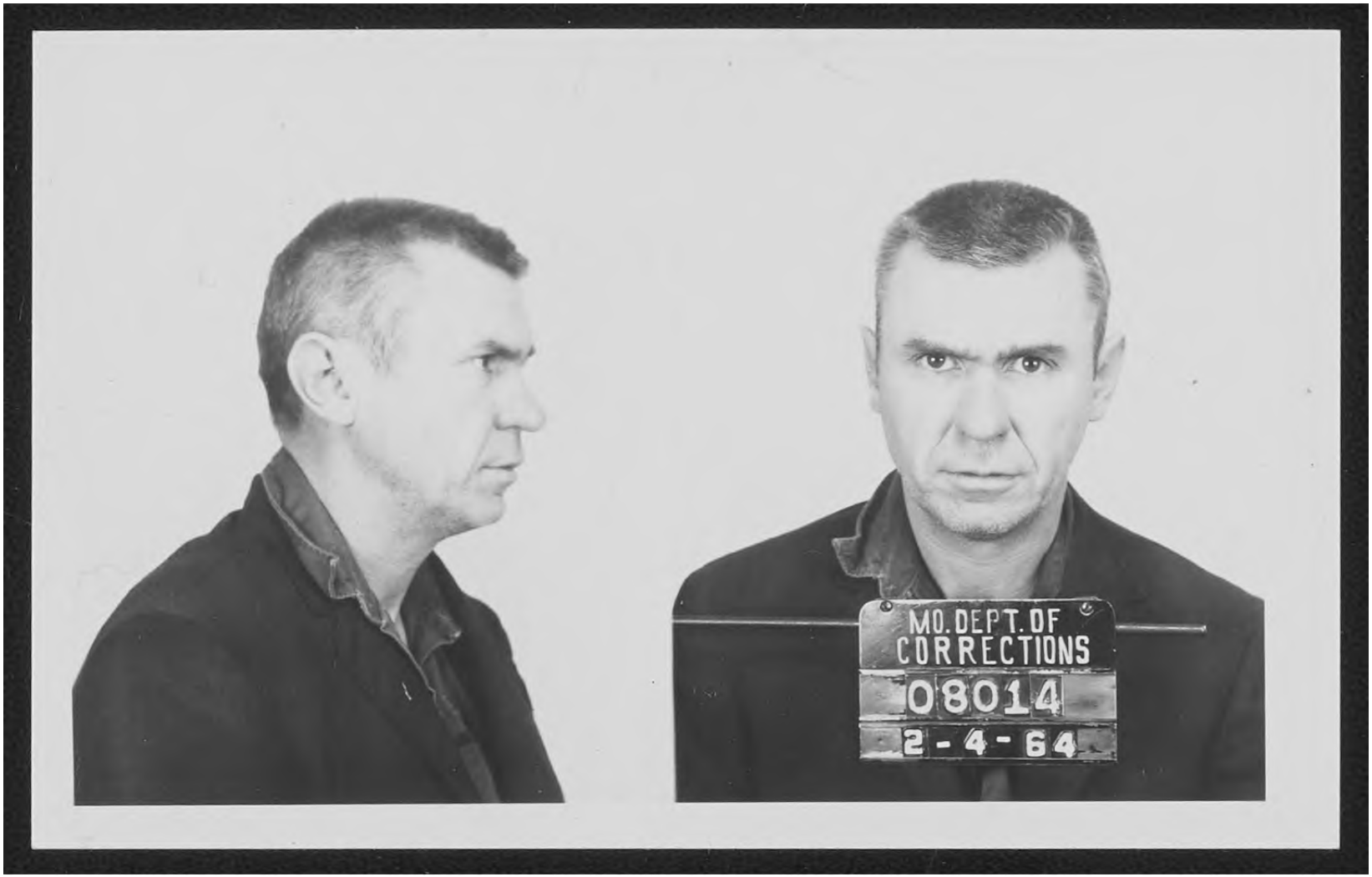
Jefferson City MO.
(CITY AND STATE)

By T.C. William C. McDonald
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No

Receipt given ☐ Yes ☒ No

Description: Photograph of Russell Lee Martin, MSP#08014.



Russell Lee Martin

SL 44-775-1A12

FD-340 (REV. 6-24-65)

File No. 44-775-1A'

Date Received 4-12-68

From Bureau
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By R/S (Dated 4-11-68)
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No

Receipt given ☐ Yes ☒ No

Description: 3 photographs of tee shirt and shorts bearing laundry marks.

SL 44-115: IA1

SL ٧٧-٦٦٤-١٨١

SL 44-775-1A'

44-775-1A

FD-340a (Rev. 6-12-63)

(Title) MURKIN

(File No.) 44-775-1A

1. 3 photographs of Tee Shirts and	Shorts bearing Laundry Marks.	4-12-68
2. 8 photos of the artist Conception	of Unsub	4-12-68
3. Artist Conception photos from	Description & Impressions of Witnesses	4-12-68
4. Photos of Artist Conception from	Held by Witnesses at Memphis, Tenn.	" "
5. Composite of Unsub, aka	Eric Starvo Galt	4-25-68
6. 1960 PHOTOS JAMES EARL	RAY	4-24-68
7. GUEST REGISTRATION CARD	#5737 JAMES RAY, ALGIERS	4-24-68
ENS. COLUMBIA, MO.		
8. PHOTO WALTER T. RIFE		4-25-68
9. PHOTO JAMES EARL RAY WITH	WALTER T. RIFE	4-25-68
10. PHOTO JAMES EARL RAY		4-25-68
11. PHOTO COPY DEATH CERTIFICATE	LUCILLE MARY RYAN	4-25-68
12. PHOTO RUSSELL LEE MARTIN	MSP # 08017	4-25-68

Disposition.

7. FWD TO BUREAU 4/26/68 gjb. REC 4/27/68 gjb.

7. REC. TO BPRDS 5/1/68 gjb