

UG 1 1938

REC'D SEP 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City (No. Nazareth Convent)

Registration District No. 284
Primary Registration District No. 200

File No. 30070
Registered No. 1350
St. _____ Ward _____

2. FULL NAME Sister Anna of the Cross Isabel Steele

(a) Residence, No. Nazareth Convent St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ***

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 I 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teaching
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SCHOOL
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dundee Scotland 4

FATHER 13. NAME Thomas Steele 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tipperary Ireland 4

MOTHER 15. MAIDEN NAME Susan Gulsman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peterhead Scotland

17. INFORMANT (ADDRESS) Sister M. Jane Nazareth Convent

18. BURIAL, CREMATION, OR REMOVAL PLACE Nazareth Cem. DATE Aug. 12 19 38

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. & L. Co. 7814 S. Broadway

20. FILED AUG 11 1938 W. H. M. Steele Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10 19 38

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1936, to Aug 10 1938

I last saw him alive on Aug 9 1938 Death is said to have occurred on the date stated above, at 8:45 AM

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis ?
92 W
Other contributory causes of importance: Sedation of the brain

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) Waldorf M. D.

(Address) Lansing N. S. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10/10/50

Mr. J. Edgar Hoover

Director, Federal Bureau of Investigation
Washington, D. C.

Dear Sir:

I am writing to you regarding the information
received from the [redacted] concerning
the activities of [redacted] in
the [redacted] area.

The information indicates that [redacted]
has been active in [redacted] and
is currently [redacted].

It is requested that you [redacted]
and [redacted] the [redacted] of
this information.

Very truly yours,
[redacted]

cc: [redacted]
[redacted]