

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

Do not use this space.

**3989**

**1. PLACE OF DEATH**

Country St. Genevieve  
 Union Township Beth School Dist  
 City St. Genevieve (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 7  
 Primary Registration District No. 11

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Paula Prunier Sallo

(a) Residence, No. Demay, St. Louis St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 1863

7. AGE YEARS 74 MONTHS 4 DAYS 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) Sept 1935  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South St. Louis St. Louis, Mo.

13. NAME Benjamin Prunier Sallo

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester New York

15. MAIDEN NAME Janet Elizabeth Bushley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ansania Conn.

17. INFORMANT (ADDRESS) Almond P. Brown

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Louis Feb 16 1938

19. UNDERTAKER (ADDRESS) Josephine St. Louis

20. FILED 3-23 1938 Reas Joseph A. Gassner Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-11 1938, to 2-11 1938.  
 I last saw him alive on 2/11 1938. Death is said to have occurred on the date stated above, at 4:00 P.M.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach  
Myocarditis  
 Other contributory causes of importance: Yes

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) Charles A. Winters M. D.  
 (Address) Freemington

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

3989  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Genevieve Registration District No. 934  
 (b) Township Union Primary Registration District No. 6026 Registered No. 2  
 (c) City..... (d) Street No.....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 7 yrs. 4 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Beulah LaVeranda Sells  
 (a) Residence, No. Kemay St. Louis St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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) Oct 12, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mln.  
74 4 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Home maker  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 2 yrs 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South St. Louis  
St. Louis Co. Mo.

FATHER 13. NAME Benjamin Franklin Sells

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester

MOTHER 15. MAIDEN NAME Hannah Elizabeth Buehl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andover

17. INFORMANT (ADDRESS) Glen C Brown  
Wenigton R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE L.O.O.F. on Broadway DATE Feb 16, 1938

19. FUNERAL DIRECTOR (ADDRESS) Farmington Nat Co  
Farmington

20. FILED March 23, 1938 Re Joseph Garner  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-11-1938 to 3-11-1938

I last saw him alive on 2-11-1938 Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Carcinoma of Stomach

Other contributory causes of importance: myo Carditis

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 Clyde C Winter, M. D.

(Signed) Farmington

(Address) Farmington

1938  
S-3989