

MAR 29 1939

APR 7 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

12407  
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784  
(b) Township Carondelet Primary Registration District No. 200  
(c) City Jefferson Barracks (d) Street No. VETERAN'S Hospital Registered No. 570  
(e) Length of residence in city or town where death occurred Unkn. (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Evan Sand  
(a) Residence, No. 923 Pine Street, St.  Saint Louis, Missouri  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) February 14, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
49 1 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Jeweler  
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) -- 11. Total time (years) spent in this occupation --

12. BIRTHPLACE (CITY OR TOWN) Norway  
(STATE OR COUNTRY)

13. NAME Martin Sand

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

15. MAIDEN NAME Margaret Linengager

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

17. INFORMANT Clifford A. V. Jefferson  
(ADDRESS) Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE NATIONAL CEM DATE MARCH 30, 1939

19. FUNERAL DIRECTOR (NAME) C. Hoffmeister  
(ADDRESS) 7814 S. Broadway

20. FILED MAR 29 1939  
Legal Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1939 to March 27, 1939

I last saw him alive on March 27, 1939. Death is said to have occurred on the date stated above, at 3:10 PM  
The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic, with hypertrophy (Hypertensive heart disease). Date of onset Unkn.

Other contributory causes of importance: Arteriosclerosis, general. Nephritis, chronic. Unkn.

Name of operation None Date of Phy. clinical manif. and lab.  
What test confirmed diagnosis? NO Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? NO Date of injury NO  
Where did injury occur? NO (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NO  
Nature of injury NO

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify NO  
(Signed) C. W. HUGHES, Chief Med. Off., M. D.  
(Address) V.A.P., Jefferson Barracks, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**