2108

STATE OF CALIFORNIA
Department of Public Health
VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

30-007 035

Local Registered No. 1514

*PLACE OF DEATH. DIST. No. 1908 (To be filled in by Registrar)
County of Los Angeles
City or Town of Los Angeles
or Rural Registration District
(No. California Lutheran Hospital)
If death occurred in a hospital or institution, give NAME instead of street and street number

*FULL NAME Gustave E Sandberg

PERSONAL AND STATISTICAL PARTICULARS

*SEX Male
*COLOR OR RACE Caucasian
*SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
*If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Sandberg
*DATE OF BIRTH Feb 23 1895 (Month) (Day) (Year)
FEB. 23, 1895
*AGE 34 years 11 months 11 days; If LESS than 1 day, hrs. or min.
*OCCUPATION (a) Trade, profession, or particular kind of work: Professional Ball Player
(b) General nature of industry, business, or establishment in which employed (or employer): Ball Team
(c) Name of employer: Ball Team
L.A. BALL TEAM
*BIRTHPLACE (State or country, city or town) New York
NEW YORK
PARENTS
*NAME OF FATHER Gustave Sandberg
GUSTAVE SANDBERG
*BIRTHPLACE OF FATHER (city or town) (State or country) Sweden
*MAIDEN NAME OF MOTHER Emelie Brandin
EMELIE BRANDIN
*BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden
SWEDEN
*LENGTH OF RESIDENCE At Place of Death years months days (Primary registration district) (If transient, give city or town and state)
In California 5 years months days
How long in U.S., if of foreign birth? years months days
*THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lois Sandberg
(Address) Sierra Bonita
FEB - 5 1930 Filed
George Parrish M.D. REGISTRAR
By Geo Peterson Deputy Registrar

CORONER'S CERTIFICATE OF DEATH

*DATE OF DEATH Feb 3 1930 (Month) (Day) (Year)
FEB. 3, 1930
I HEREBY CERTIFY, as to the person above named and herein described, That on February 3rd 1930 I held an inquest and the jury rendered a verdict on the death. ~~that I have investigated the death officially as coroner of~~
The CAUSE OF DEATH* was as follows: Burns - pneumonia following second degree burns of about half of body surface. Gasoline ignited clothing of deceased - accidental
GASOLINE IGNITED CLOTHING
State whether attributed to dangerous or insanitary conditions of employment
(Signed) John H Holcomb M.D. Coroner
Approved (Signed) Frank G Dewhurst By J.P. Woodbury
Feb 4 1930 (Address) City
*State the DISEASE CAUSING DEATH, or, in doubt, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.) VIOLENCE CAUSED
*SPECIAL INFORMATION for Hospitals, Institutions, Transients or Unknown Residents
Where was disease contracted, if not at place of death? Hollywood Cal
Former or usual residence Cal
*PLACE OF BURIAL OR REMOVAL Los Angeles Crematory DATE OF BURIAL Feb 6, 1930
*UNDERTAKER Guy W Coorbaugh
ADDRESS 1719 S Flower
EMBALMER'S LICENSE No. 1633