

**STANDARD CERTIFICATE OF DEATH**

State File No. **41686**  
 Registrar's No. **2924**

FILED NOV 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived). If institution: residence before admission. a. STATE <u>Illinois</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wellston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belleville</u>	
c. LENGTH OF STAY (in this place) <u>42 yrs.</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) <u>Joseph Kopp (Reverend)</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 15, 1953</u>				
a. (First)	b. (Middle)		c. (Last)				
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Never married.</u>		<b>8. DATE OF BIRTH</b> <u>Dec. 2, 1870</u>	
<b>9. AGE</b> (In years last birthday) <u>82</u>		If UNDER 1 YEAR: Months <u>11</u> Days _____		If UNDER 15 YEARS: Years _____ Months _____ Days _____		<b>12. CITIZENSHIP OR WHAT COUNTRY?</b> <u>Net. U.S.</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Clergyman</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Religious</u>			<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Germany</u>	

<b>13a. FATHER'S NAME</b> <u>Frank Kopp</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Anna Maria Grasel</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>NONE</u>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME:</b> ADDRESS <u>Records of St. Vincent's Hospital</u>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>						INTERVAL BETWEEN ONSET AND DEATH Years	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Generalized arteriosclerosis</u>						Years	
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>						"	
		DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Schizophrenia, paranoid type</u>						"	

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4200</u>						<b>20. AUTOPSY??</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)			<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATES)	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			<b>21f. HOW DID INJURY OCCUR?</b>	

22. I hereby certify that I attended the deceased from Dec. 5, 1949, to Nov. 15, 1953, that I last saw the deceased alive on Nov. 15, 1953, and that death occurred at 11:57A.M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Joseph A. Coatsins M.D.</u>		<b>23b. ADDRESS</b> <u>2407 North Broadway, St. Louis</u>		<b>23c. DATE SIGNED</b> <u>11/15/53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>REMOVED</u>		<b>24b. DATE</b> <u>11-18-53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>GREEN MOUNT</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Belleville Ill</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>NOV 16 1953</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Herbert B. Smith</u>			<b>25. FUNERAL DIRECTOR'S SIGNATURE:</b> ADDRESS <u>Walter Barnes East St. Louis</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Philip Ogden*

Licensed Embalmer No. *7091*

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, fact should be so stated above.