. Health,
. & Welfare
. Public
h Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035980
STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 267

1. PLACE OF DEATH
a. COUNTY Franklin.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 15 E. 4th St. Length of stay in 1b 1 yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri. b. COUNTY Franklin.
c. CITY OR TOWN Washington. Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 15 E. 4th St. Reside on Farm Yes [ ] No [X]

0362

3. NAME OF DECEASED (Type or print) First Frank Middle Herman Last Kopp.

4. DATE OF DEATH Month Oct. Day 28th, Year 1958.

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Sept. 17, 1882.
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 1 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming.
10b. KIND OF BUSINESS OR INDUSTRY Farming.
11. BIRTHPLACE (City and state or country) Washington, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Frederick Kopp.
13b. MOTHER'S MAIDEN NAME Agnes Amelung.
14. NAME OF ~~HUSBAND~~ OR WIFE Mrs. Tillie Kopp.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT Raymond F. Kopp Address 5234 Hamilton Ave. St. Louis 20, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio-sclerotic C-V-R disease — 10-15 yrs.
DUE TO (c) Old age. 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8 Apr 48, to 28 Oct 58 and last saw ~~her~~ him alive on 28 Oct 58
Death occurred at 7:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. W. Boggs, MD
22b. ADDRESS Washington, Mo.
22c. DATE SIGNED 28 Oct 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 30, 1958
23c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia Cemetery,
23d. LOCATION (City, town, or county) (State) Washington, Mo.

24. FUNERAL DIRECTOR Nieburg & Vitt, Inc. ADDRESS Washington, Mo.
25. DATE RECD. BY LOCAL REG. 10/28/58
26. REGISTRAR'S SIGNATURE F. L. Heidmann

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Jerome F. Svoboda

Licensed Embalmer No. 4507

P. O. Address Washington

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.