

# Adam Becker

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Birth: Nov. 21, 1850  
Neuss  
Nordrhein-Westfalen, Germany

Death: Mar. 14, 1923  
Maxville (Jefferson County)  
Jefferson County  
Missouri, USA

Adam was born in Rosellerheide, near Neuss, Germany. He came here at age 6 with his parents and sister on board the Oldenburgh Ship Thyen in 1856. They came up the river from New Orleans to Jefferson County. The family were members of the Immaculate Conception Church for many years. Adam married Clara Kessler and they had thirteen children, eight sons and five daughters. The house where they lived was sold to the Arnold Fire District and is the site of the Lonedell fire station now.

## Family links:

### Parents:

Heinrich Becker (1813 - 1884)  
Anna Sophia *Hecker* Becker (1825 - 1889)

### Spouse:

Clara *Kessler* Becker (1858 - 1943)

### Children:

Henry Joseph Becker (1879 - 1946)\*  
Anna Clara *Becker* Horstman (1881 - 1950)\*  
Gertrude E *Becker* Heinrich (1883 - 1950)\*  
Joseph Francis Becker (1884 - 1939)\*  
Florenz Wolfgang Becker (1886 - 1953)\*  
Mary M *Becker* Miller (1888 - 1967)\*  
Cecelia Teresa *Becker* Luecken (1890 - 1969)\*



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10/18/2014

Adam Becker (1850 - 1923) - Find A Grave Memorial

John Adam Becker (1892 - 1918)\*  
Edward Becker (1896 - 1953)\*  
Anton P Becker (1898 - 1966)\*  
Louise F *Becker* Abeln (1899 - 1975)\*  
Louis Becker (1902 - 1953)\*  
Emil S Becker (1904 - 1974)\*

**Siblings:**

Adam Becker (1850 - 1923)  
Maria Helena *Becker* Zipp (1855 - 1924)\*  
Stephen Becker (1858 - 1931)\*  
Gertrude Becker Eynck (1860 - 1942)\*  
Louisa *Becker* Schumacher (1864 - 1932)\*  
Anna Maria Becker (1868 - 1868)\*

\*[Calculated relationship](#)

**Burial:**

[Immaculate Conception Cemetery](#)

Arnold

Jefferson County

Missouri, USA

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Record added: Aug 31, 2009

Find A Grave Memorial# 41393992



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

1. PLACE OF DEATH  
 County Jefferson Registration District No. 423 File No. 9507<sup>a</sup>  
 Township Ross Primary Registration District No. 5578 Registered No. 13  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Adam Becker  
 (a) Residence No. Kennett RFD #1 Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Becker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 21-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 3 23

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farming  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

10. NAME OF FATHER Henry Becker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sophia Heckner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

14. INFORMANT Joseph F. Becker  
 (Address) Kennett RFD #1

15. FILED 3-16-1923 Dr. J. F. Glise  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14 1923  
 17. 84 I HEREBY CERTIFY, That I attended deceased from March 14, 1923, to March 14, 1923, that I last saw him alive on March 14, 1923, and that death occurred, on the date stated above, at 9 am.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchitis (acute)  
106A  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) 940  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) J. H. Seering, M. B.

March 15, 1923 (Address) Kennett Mo  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Emmaculate Conception DATE OF BURIAL March 16 19  
 20. UNDERTAKER John G. Koch ADDRESS Fenton 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD