

# Edward Becker

[Memorial](#)
[Photos](#)
[Flowers](#)
[Share](#)
[Edit](#)

[Learn about removing the ads from this memorial...](#)

Birth: Mar. 19, 1896  
 Maxville (Jefferson County)  
 Jefferson County  
 Missouri, USA

Death: Aug. 31, 1953  
 Maxville (Jefferson County)  
 Jefferson County  
 Missouri, USA



Added by: [Momstore](#)

Single, son of Adam Becker and Clara Kessler.  
 Does maintenance work at a steel company.  
 Died of coronary occlusion.

## Family links:

### Parents:

Adam Becker (1850 - 1923)  
 Clara *Kessler* Becker (1858 - 1943)

### Siblings:

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)\*  
 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)\*



Cemetery Photo

Added by: [DesotoJoe/The Record Man](#)

\*[Calculated relationship](#)

## Burial:

[Immaculate Conception Cemetery](#)

10/14/2014

Edward Becker (1896 - 1953) - Find A Grave Memorial

Arnold  
Jefferson County  
Missouri, USA

[Edit Virtual Cemetery info](#) [?]

Created by: [Momstore](#)  
Record added: Aug 31, 2009  
Find A Grave Memorial# 41394999

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

No. 300  
10.48

State File No. \_\_\_\_\_

FILED SEP 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5395 Registrar's No. 72

500  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Rock Township</u>		c. LENGTH OF STAY (in this place) (township) <u>Lifetime</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rock Township</u> <u>0500</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home near Maxville, Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>Home near Maxville, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>ALBERT</u> c. (Last) <u>BECKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 31, 1953</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Mar. 19, 1896</u>		9. AGE (In years last birthday) <u>57</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Steel Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>Adam Becker</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Kessler</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>500-18-5213</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anthony Becker Imperial, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Imperial Jefferson Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug 10, 1953</u> to <u>Aug 31, 1953</u> that I last saw the deceased alive on <u>Aug 31, 1953</u> and that death occurred at <u>12:00 p.m.</u> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. Reich, M.D.</u>			23b. ADDRESS <u>Imperial Mo</u>		23c. DATE SIGNED <u>9-1-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 3, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Immaculate Conception Arnold, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Imperial, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Sept 5-1953</u>		REGISTRAR'S SIGNATURE <u>Ruth J. Isaac</u> <u>438</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heiligtag Funeral Home Imperial,</u>	