

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25435

State File No. ....

FILED JUL 17 1953

BIRTH NO. _____		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5395</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-ROCK TOWNSHIP</u>		c. LENGTH OF STAY (In this place) <u>LIFETIME</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-ROCK TOWNSHIP 0580</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME-NEAR ARNOLD Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>NEAR ARNOLD Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORENZ</u> b. (Middle) <u>BECKER</u> c. (Last) <u>BECKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 5. 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>SEPT 2. 1886</u>	
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MAXVILLE Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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>YES W.W.I</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>BECKER BROS. ARNOLD</u>		ADDRESS <u>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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary Arteriosclerosis</u>  ANTECEDENT CAUSES <u>Arterio Sclerosis</u> Morbidity 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>Arnold 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? <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>1951</u> to <u>7/5</u> , 19 <u>53</u> that I last saw the deceased alive on <u>7/2</u> , 19 <u>53</u> and that death occurred at <u>4:15</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Imperial, Mo</u>		23c. DATE SIGNED <u>7/6/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 8-1963</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IMMACULATE CONCEPTION</u>		24d. LOCATION (City, town, or county) (State) <u>ARNOLD Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 11 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>HEILIGTAG FUNERAL HOME IMPERIAL Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

# Florenz Wolfgang Becker

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

[Learn about sponsoring this memorial...](#)

Birth: Sep. 2, 1886  
Maxville (Jefferson County)  
Jefferson County  
Missouri, USA

Death: Jul. 5, 1953  
Maxville (Jefferson County)  
Jefferson County  
Missouri, USA

Served in the military during World War I in Europe. Single, son of Adam Becker and Clara Kessler. Farmer in Arnold, MO.

## 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)\*

\*[Calculated relationship](#)

## Burial:

[Immaculate Conception Cemetery](#)



Added by: [Momstore](#)



Added by: [Momstore](#)

10/14/2014

Florenz Wolfgang Becker (1886 - 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# 41394829



Cemetery Photo

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