

Henry Joseph Becker

[Memorial](#)[Photos](#)[Flowers](#)[Share](#)[Edit](#)[Learn about upgrading this memorial...](#)

Birth: Dec. 30, 1879
Maxville (Jefferson County)
Jefferson County
Missouri, USA

Death: May 16, 1946
Saint Louis
St. Louis City
Missouri, USA

Henry was born on a farm in Maxville, MO, the oldest of thirteen children. His parents were Adam Becker and Clara Kessler. Henry stayed on the farm and helped raise his younger siblings until the age of 39, when he married Anna Dierker, of Sappington, MO. They bought a farm on Vogel Road, near the Kessler farm, but Henry lost the farm during the Depression. They moved to the city, where he had a difficult time finding work. They had 6 children, including a set of twins. The family were long time members of St Anthony of Padua Church and lived across the street on Meramec Street. Henry died of a heart attack at age 66.

Family links:

Parents:

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

Spouse:

Anna Frances Dierker Becker (1889 - 1966)

Children:

John Adam Becker (1919 - 2005)*
Lucille Clara Becker (1920 - 2006)*
Louis Henry Becker (1920 - 1977)*



Added by: [Momstore](#)



Added by: [Momstore](#)

Herbert Michael Becker (1922 - 2008)*

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)*



Added by: Momstore

*[Calculated relationship](#)

Burial:

[Resurrection Cemetery](#)

Affton

St. Louis County

Missouri, USA

Plot: 011 0068

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

Created by: [Momstore](#)

Record added: Aug 31, 2009

Find A Grave Memorial# 41380807

FILED MAY 27 1946

1003

Registrar's No. 4448

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3137 Meramec St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT
FULL NAME

Henry J. Becker

3. (b) If veteran,
name war **No**

3. (c) Social Security
No. **493-03-5846**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Anna F. Dierker**
6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **Dec. 30th 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 4 16 hr. min.

9. Birthplace **Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Meridarts Co.**

12. Name **Adam Becker**

13. Birthplace **Missouri** (City, town, or county) (State or foreign country)

14. Maiden name **Clara Kessler**

15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Anna F. Becker**

(b) Address **3137 Meramec St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5-20-1946**
(Month) (Day) (Year)

(c) Place: burial or cremation **New S. Peter & Paul Cem.**

18. (a) Signature of funeral director **Wm. Bermechie Funeral Home**

(b) Address **3819 S. Grand Blvd**

19. **MAY 17 1946**
(Date received local registrar)

J. J. Budeck
(Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **1577**
(d) Street No. **3137 A Meramec St.**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5th** day **16th**
year **1946** hour **8/30 A.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **Mar. 25**, 19 **46** to **May 16th**, 19 **46**
that I last saw him alive on **May 16. 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** ?

Due to _____
Due to _____
Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) (e) Means of injury _____

23. Signature **J. J. Budeck** (M. D. or other) _____

Address **4065-50 Grand** Date signed **5/17/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

17044