# **Louis Becker**

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Birth: Jul. 26, 1902

Maxville (Jefferson County)

Jefferson County Missouri, USA

Feb. 22, 1953 Death:

> Saint Louis St. Louis City Missouri, USA

Son of Adam Becker and Clara Kessler, Never married, worked on father's farm. Died at Alexian Brothers Hospital of myocarditis and cirrosis of the liver

### Family links:

#### Parents:

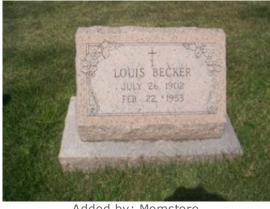
Adam Becker (1850 - 1923) Clara Kessler Becker (1858 - 1943)

### 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)\*



## Burial:



Added by: Momstore



Cemetery Photo Added by: DesotoJoe/The Record Man

# Immaculate Conception Cemetery

Arnold Jefferson County Missouri, USA

### Edit Virtual Cemetery info [?]

Created by: Momstore

Record added: Aug 31, 2009

Find A Grave Memorial# 41395195

100 II.	THE DIVISION OF HEALTH OF MISSOURI  STANDARD CERTIFICATE OF DEATH  State File No. 11219										
	HILED MAR 18	1953	SIA	NDARD	CERTIF	ICATE OF DE	ATH	State	File No		<u>.</u>
į	BIRTH NO	REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2057.  DEATH  2 USUAL RESIDENCE (Where decommed lived. If institution: residence before									
1	I. PLACE OF DEA	ΥТН				2 USUAL RESI		(Where deceased line)		effer	
-	b. CITY (If outside corpurate limits, write RURAL and give c. LENGTH OF OR township) STAY (in this place)					C. CITY (If outside corporate limits, write RURAL and give township)					
a  -	Town St. Louis   2 days					[[		mperial		150	0
	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Alexian Bros. Hosp.					d. STREET ADDRESS R1	-	Route		/	
	3. NAME OF DECEASED	b. (Middle)			c. (Last)		4. DATE OF	(Month)	(Day)	(Year)	
	(Type or Print)	<u>-</u>			Be <b>cker</b>	-	DEATH	<u>2-22</u> .			
	5. SEX / 6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single			8. DATE OF BIRTH	•	9, AGE (In year last birthday) 5 ()	Months		UNDER 24 H22, PUPS   Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR IN- DUSTRY			11. BIRTHPLACE (State or foreign equatry)  12. CITIZEN OF COUNTRY?					NOF WHAT
-	<u>l'armer</u>	13b. MOTHER'S MAIDEN		Maxville, Mo.			USA				
1	_Adam Beck							, OK #16	E		
	15. WAS DECEASED EVE				17. INFORMANT'S SIGNATURE OR NAME ADDRESS						
1	(Yee. no, or unknown) (If	yes, give war or dates	of service)	none	NO.	Florence	Becke	r. Imper	rial	. Mo.	
.1	18. CAUSE OF DEATH Enter only one cause per   I. DISEASE OR COl					LERTIFICATION					L BETWEEN AND DEATH
∥,	line for (a), (b), and (c)									<del>21 ( ; , .</del>	
	*This does not mean ANTECEDENT CAUSES the mode of dying, such Morbid conditions, if any, giving DUE TO (b)					-criare	- of	Live	ب	32/2	<u> </u>
	as heart failure, asthenia, the underlying cause last.				e de la companya della companya della companya de la companya della companya dell						
	ease, injury, or complica- tion which caused death. II. OTHER SIGNIFIC			CANT CONDITIONS						122	7200
║.	ison water tales to teals.	Conditions contributing to the death but not related to the disease or condition causing death.									
1	19a. DATE OF OPERA-	196. MAJOR FIND			5.	90 a d 100 e	. 'A.	* 11		20. AUT	OPSY1
					· .				YES	NO 🗆	
2	21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 2	215. PLACE bome, farm,	EOF INJURY (e.g factory, street, offi	fa or about ee bldg., etc.)	21c. (CITY, TOWN, OF	R TOWNSH		UNTY)		(ATE)
1	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCU WHILEAT NOT W) INJURY - m. WORK AT WO				CCURRED TWHILE	211. HOW DID INJURY OCCUR?					
-	22. I hereby certify that I attended the deceased from 3/20/, 1953, to 2/22/53, 19_, that I last saw the deceased										
ŀ.	alive on 2/2/, 1932, and that death occurred at 4344 m., from the causes and on the date stated above.  23e. SIGNATURE: // 23c. DATE SIGNED										
	a. L. Wester M. R. O.					3606		woes		2/27	63
1	24a. BURIAL, CREMA- TION, REMOVAL (Breedly) PMOVAL 2-23-53					Y OR CREMATORY	Impe	ation (City, tow rial. Mo	n, or com	<b>1137)</b> ,,	(State)
Ī	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE								DDRESS		
FEB 24 1353   X Calla Mulla Mullel litag F. H., Imberial, Mo.											
(Licensed Embalmer's Statement on Reverse Side)											