

Louis Becker

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Birth: Jul. 26, 1902
 Maxville (Jefferson County)
 Jefferson County
 Missouri, USA
Death: Feb. 22, 1953
 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)*

*[Calculated relationship](#)

Burial:



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Arnold

Jefferson County

Missouri, USA

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Record added: Aug 31, 2009

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11219**
Registrar's No. **2057**

FILED MAR 18 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		b. COUNTY Jefferson	
c. LENGTH OF STAY (in this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Imperial	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hosp.		d. STREET ADDRESS (If rural, give location) Rural Route	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
Louis		Becker	2	22	53
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 7-22-1902	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (State or foreign country) Maxville, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Adam Becker	13b. MOTHER'S MAIDEN NAME Clara Kessler	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Florence Becker, Imperial, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		2 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cirrhosis of Liver DUE TO (c) General Aedema		3 yrs. 2 wks.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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? 5810

22. I hereby certify that I attended the deceased from **2/20/53**, 19**53**, to **2/22/53** 19**53**, that I last saw the deceased alive on **2/21**, 19**53**, and that death occurred at **4:30** m., from the causes and on the date stated above.

23a. SIGNATURE A. L. Heitlag M.D.	23b. ADDRESS 3606 Gravois	23c. DATE SIGNED 2/22/53
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 2-23-53	24c. NAME OF CEMETERY OR CREMATORY Imperial, Mo.

DATE REC'D BY LOCAL REG. FEB 24 1953	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Heitlag F. H., Imperial, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD