

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2618
Do not use this space.

FILED FEB 13 1943

1. PLACE OF DEATH

(a) County JEFFERSON Registration District No. 162
(b) Township ROCK Primary Registration District No. 5595 50 Registered No. 4
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yr. mos. da. (f) How long in U.S., if of foreign birth? yr. mos. da.

2. PRINT FULL NAME

(a) Residence, No. KIMMSWICK Mo. R.R. #1 St. (If non-resident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF ADAM BECKER.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 29, 1859.

7. AGE YEARS 83 MONTHS 5 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KIMMSWICK Mo. R.R. #1

13. NAME MICHAEL KESSLER.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? GERMANY

15. MAIDEN NAME UNKNOWN.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN. 9

17. INFORMANT (ADDRESS) MR. FLORENCE BECKER.
KIMMSWICK Mo. R.R. #1

18. BURIAL, CREMATION, OR REMOVAL IMMACULATE CONCEPTION CEM. PLACE MAXVILLE Mo. DATE JAN 27 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) HEILIGTAG FUNERAL HOME
KIMMSWICK Mo.

20. FILED 1/26 1943 Ch. Clement
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23 1943

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1942 to 1-23, 1943

I last saw her alive on 1-23, 1943 Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Th. Myocarditis Date of onset _____

Other contributory causes of importance: Neumonia Hypostatica ✓

Name of operation None Date of _____

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) O. Reich, M. D.

(Address) Kimmswick Mo

G INK... THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1/26/43

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2618
Registrar's No. 4

Registration District No. 162

Primary Registration District No. 550

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Clara Becker
years, months or days)

3. (a) PRINT FULL NAME Clara Becker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased July 29 1915
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 12 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) MO.

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 1943 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death Chr. myocarditis duration _____

Due to Terminal Congestion of Both Lungs
Due to _____

Other conditions Pneumonia hyperstatica
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy 93d

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

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature OF Beck (M. D. or other) _____
Address Summers Date signed 7/26/43

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

SUPPLEMENTARY

Clara *Kessler* Becker

[Memorial](#)
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[Flowers](#)
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Birth: Jul. 28, 1858
 Maxville (Jefferson County)
 Jefferson County
 Missouri, USA

Death: Jan. 27, 1943
 Maxville (Jefferson County)
 Jefferson County
 Missouri, USA



Added by: [Momstore](#)

Family links:

Parents:

Michael Kessler (1815 - 1898)
 Clerissa *Zinzer* Kessler (1820 - 1901)

Spouse:

Adam Becker (1850 - 1923)*

Children:

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)*

Siblings:

Elizabeth Katharine *Kessler* Steckel (1846 - 1927)*
 Adam Kessler (1847 - 1903)*



Added by: [Momstore](#)

10/13/2014

Clara Kessler Becker (1858 - 1943) - Find A Grave Memorial

Mary Margaret Kessler (1852 - 1857)*
Henry Philip Kessler (1853 - 1934)*
Gertrude *Kessler* Hanson (1856 - 1940)*
Clara *Kessler* Becker (1858 - 1943)
Michael Kessler (1865 - 1872)*

*[Calculated relationship](#)

Burial:

[Immaculate Conception Cemetery](#)

Arnold

Jefferson County

Missouri, USA

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

Created by: [Momstore](#)

Record added: Aug 31, 2009

Find A Grave Memorial# 41394471



Added by: [Momstore](#)