Rev. 08.28.2020



Michael Butler

Date:

Month + Day + Year

Pre-1910 Vital Records, c/o Death Records City Hall, Room 127, 1200 Market Street Saint Louis, Missouri 63103

Affix Copy of Applicant Photo Identification Here

CERTIFIED TRANSCRIPT APPLICATION PRE-1910 DEATH REGISTER ENTRY ST. LOUIS CITY DEATHS ONLY

INSTRUCTIONS

READ DEATH REGISTER DETAILS @ www.stlouiscityrecorder.org Before Using Form

- Type or Print All Information Legibly.
- Affix Copy of Applicant Photo ID.
- NONREFUNDABLE \$14.00 FEE for each 5-year search using Decedent information provided by Applicant (Customer) and, if record is found, one (1) Certified Transcript will be issued. \$11 for each additional Transcript of that Register Entry.
- NO PERSONAL CHECKS. Payment must be made by Cash or Money Order/Business Check made out to: Vital Records.
- MAIL-IN SERVICE-- Send this form completed, Payment, and Self-Addressed-Stamped-Envelope or add 50 cents to Payment for mailing.
- WALK-IN SERVICE-- Pre-1910 St. Louis City Death Records services subject to availability of Vital Records staff and customer volume. Bring form completed and Payment.

| INFORMATION ON THE DECEASED Number of Transcripts of this Death Register Entry Requested: Name of the Deceased: First Name + Middle Name + Last Name | | | |
|---|--------|-------------------|--------------------------------|
| | | Sex: Rac | ce: |
| | | Female or Male | (race identification optional) |
| | | City of St. Louis | |
| Place of Death: City + | County | | |
| Date of Death: Month + Day + Year | | | |
| Father's Name: | | | |
| First Name + Middle Name + Last Name | | | |
| Mother's Maiden Name (before Marriage): | | | |
| First Name + Middle Nam | | | |