



City of Saint Louis  
Recorder of Deeds

**Sharon Quigley Carpenter**

Pre-1910 Vital Records, c/o Death Records  
City Hall, Room 124, 1200 Market Street  
Saint Louis, Missouri 63103

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

## INSTRUCTIONS

**READ DEATH REGISTER DETAILS @**  
[www.stlouiscityrecorder.org](http://www.stlouiscityrecorder.org) Before Using Form

- **Type or Print All Information Legibly.**
- **Affix Copy of Applicant Photo ID.**
- **NONREFUNDABLE \$13.00 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. \$10 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.

### APPLICANT (CUSTOMER) INFORMATION

**Applicant Name:**

\_\_\_\_\_  
First Name + Middle Name + Last Name

**Applicant Day Phone:** (\_\_\_\_) \_\_\_\_\_

**Applicant Address:**

\_\_\_\_\_  
Street Number + Street Name + Apt. Number

\_\_\_\_\_  
City + State + Zip Code

**Relationship of Applicant to Deceased Person or Interest of Person Requesting Copy:**

**Purpose Certified Copy is to be used:**

\_\_\_\_ Legal Matter. Benefits Application. Irish,  
\_\_\_\_ Israeli, Italian Dual Citizenship Application.  
\_\_\_\_ Genealogy.  
\_\_\_\_ Other \_\_\_\_\_

**Applicant Signature:**

**Date:** \_\_\_\_\_

Month + Day + Year

**Affix Copy of Applicant Photo Identification Here**

### INFORMATION ON THE DECEASED

**Number of Transcripts of this Death Register Entry Requested:** \_\_\_\_\_

**Name of the Deceased:**

\_\_\_\_\_  
First Name + Middle Name + Last Name

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_  
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 Name + Maiden Last Name