

\$13.00 per copy – Additional copies of the same record ordered at the same time \$10.00 per copy



Approved \_\_\_\_\_

# APPLICATION FOR COPIES OF DEATH CERTIFICATE

Number of copies requested: \_\_\_\_\_ Work Order number: \_\_\_\_\_

Full name of deceased (If this death could be recorded under another name, please indicate alternate name):  
\_\_\_\_\_

Place of death (Hospital or Other Address): \_\_\_\_\_ Date of death: \_\_\_\_\_

Relationship to deceased or interest of person requesting certificate: \_\_\_\_\_

### PURPOSE FOR WHICH CERTIFIED COPY IS TO BE USED (CHECK ONE):

Insurance claim on policy issued within 2 years of death  Other insurance claim

Other (specify):  \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date of application: \_\_\_\_\_

MAIL TO: \_\_\_\_\_

H:\FORMS\DEATHCERT.APP (Rev. 01/03/00 car) FORM VR504 DOH PS 09/04

### ADDRESS ALL INQUIRIES TO:

St. Louis County Department of Health  
Vital Statistics  
111 South Meramec Avenue  
Clayton, MO 63105

Telephone: (314) 615-1720 or (314) 615-1687

TDD Access only: (314) 615-8428

### PLEASE PRINT "MAIL TO" ADDRESS LEGIBLY

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CITY	STATE	ZIPCODE