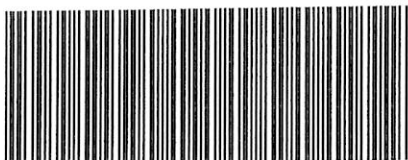




REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS  
NOTICE OF DEATH / STILLBIRTH  
[Births and Deaths Registration Act 51 of 1992]



16631462831

[Regulations 11 and 14]

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. All fields are **COMPULSORY**, incomplete applications and applications that are not legible may be considered invalid. The form to be completed in **BLACK INK** with **BLOCK LETTERS**. Please mark with  the CORRECT box, where required.

(Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

**A. PARTICULARS OF THE DECEASED**

Instructions: Section A to be filled out by Authorised Medical Practitioner / Professional Nurse, who is responsible for examining the body to determine the cause of death. The Informant must verify, and where necessary, complete in full the personal particulars and other information of the deceased below.

1. Was this a death or a stillbirth?  1.1 Death  1.2 Stillbirth

2. Identification of the deceased (tick one box):

2.1 The deceased was identified with an ID document / passport (if foreigner) produced by the family

2.2 Stillborn child

2.3 The features of the deceased do not seem to match the features on the ID document or passport of deceased

2.4 ID document or passport of the deceased was not presented. The deceased was identified through word of mouth

2.5 The deceased was already buried prior to the completion of this form

2.6 The deceased was unidentifiable:  2.6.1 Burnt  2.6.2 Decomposed  2.6.3 Other (specify) \_\_\_\_\_

2.6.4 DNA samples retrieved for identification purposes  2.6.5 Dental records taken for identification purposes

3. Date of Death / stillbirth

20251101

4.1 Place of Death/stillbirth (City/Town/Village)

LOUISVALLEDORP

4.2 Province of Death/stillbirth

NORTHERN CAPE

5. Place of Registration of Death / stillbirth

UPINGTON

6. If death occurred within 24 hours after birth, number of hours alive

6309245256085

8. Identity No. (Passport No. if foreigner)

V Y Y M M D D

10. Date of Birth if there is no ID number

11.1 Male  11.2 Female  11.3 Indeterminable

12. Surname

STRAUSS

13. Previous / Maiden Surname

JACBOUS ALBERTUS GLENN

14. Forenames

3 STRAUSSINGLE

15. Usual Residential Address:

Street: LOUISVALLEDORP

16.1 Place of Birth (City / Town / Village) or Country of Birth, if abroad

LOUISVALLEDORP

16.2 Province of Birth

NORTHERN CAPE

17.1 Single  17.2 Married  17.3 Widowed  17.4 Divorced

18. Education level of deceased, (Specify only the highest class completed)

None  GR  GR1  GR2  GR3  GR4  GR5  GR6  GR7  Form 1  Form 2  Form 3  Form 4  Form 5  Un-  Known  Tech

19. Usual occupation of deceased (type of work done during most of working life) (mark with a )

PAINTER

20. Type of business / industry: (mark with a )

1. Agriculture, hunting, forestry and fishing

2. Mining and quarrying

3. Manufacturing

4. Electricity, gas and water supply

5. Construction

6. Wholesale and retail trade; repair of motor vehicles, personal and household goods; hotels and restaurants

7. Transport, storage and communication

8. Financial estate and insurance, real estate and business services

9. Community, social and personal services

10. Private households, external organisations, representatives of foreign governments & other activities not adequately defined

21. Was the deceased a regular smoker five years ago? (mark with a )

21.1 Yes  21.2 No  21.3 Do not know  21.4 Not applicable (minor)

Where the deceased lived on most days. \*Smoking tobacco on most days.



REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS  
NOTICE OF DEATH / STILLBIRTH  
[Births and Deaths Registration Act 51 of 1992]  
[Regulations 11 and 14]

16631462831



To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker.  
The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with the CORRECT box, where required.  
All fields are COMPULSORY. Incomplete applications and applications that are not legible may be considered invalid.  
(Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker.)

B. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

Instructions: Section B to be filled out by the same Medical Practitioner / Professional Nurse who completed Section A.  
 22.1 I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to Natural Causes  
 22.2 I, the undersigned, am not in a position to certify that the deceased died exclusively due to Natural Causes

Particulars of the Medical Practitioner / Professional Nurse who filled out the form:

23. HPCSA Registration No. 14083752

24. Surname RAMPHIRI  
25. Forenames GERTRUIDA  
26. Name of Health Facility / Practice RAASWATER PHC  
27. Facility / Practice No.

28. Business Address: 2661 SKORSTRA.  
Town RAASWATER  
Telephone No. (Office) 054-3351451

Postal Code 8809  
Province NORTH WEST  
Office stamp of health facility or practice: RAASWATER CLINIC, ZF MGCAWU DISTRICT, 2025-11-04

I, the undersigned, hereby certify that I examined the body of the deceased named in section A and declare that the deceased, to the best of my knowledge and belief, died solely and exclusively due to natural or unnatural causes as indicated in paragraph 22 and in case this is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992).

Date signed 20251104  
Place signed RAASWATER  
Signature

C. CERTIFICATE BY MEDICAL PRACTITIONER/ FORENSIC PATHOLOGIST

Instructions: Section C to be filled out by Medical Practitioner or Forensic Pathologist, who is conducting medico-legal investigation of death.  
29. I, the undersigned, hereby certify that a medico-legal investigation of death has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and the cause of death is:

30.1 Natural  
 30.2 Unnatural  
 30.3 Under investigation

31. Date of Post-mortem  
32. Name of Medico-legal Mortuary  
33. Mortuary No.

34. Mortuary Reference Number of Deceased  
35. SAPS Case No.  
36. Name of Police Station  
36.1 HPCSA Registration No.

37. Surname  
38. Forenames  
39. Business Address  
Street  
Town  
Telephone No. (Office)

I, the undersigned, hereby certify that I examined the body of the deceased named in section A and the deceased, to the best of my knowledge and belief, died solely and exclusively due to natural or unnatural causes as indicated on paragraph 29 and in case this is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992).

Date signed  
Place signed

D. PARTICULARS OF INFORMANT

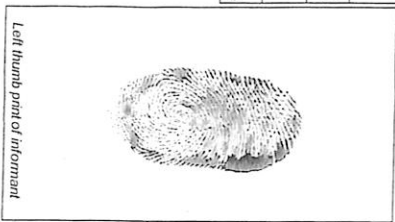
Instructions: Section D to be completed by informant. Informant is responsible for certifying the identity of the deceased.

40. Identity No. (Passport No. if foreigner) 9209130120080  
41. Date of Birth 19920913

42. Citizenship SOUTH-AFRICAN  
43. Surname STRAUSS  
44. Forenames SHAD ESTELLE

45. Residential Address: IS TAMBOURG  
Town LOUISVAL EDORP  
Province NORTH WEST

Postal Code 8809  
Cellphone No. 0619291545  
46. The Deceased is my:  46.1 Parent  46.2 Spouse  46.3 Child  46.4 Other, Specify UNCLE



Signature S STRAUSS  
Date signed 20251104  
I, the undersigned, hereby certify that the identity of the deceased mentioned in section A is to the best of my knowledge and belief true and correct in case it is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992.)



REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS  
NOTICE OF DEATH / STILLBIRTH  
[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]

16631462831



To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. All fields are **COMPULSORY**. Incomplete applications and applications that are not legible may be considered invalid. The form to be completed in **BLACK INK** with **BLOCK LETTERS**. Please mark with  the **CORRECT** box, where required. (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

**E. PARTICULARS OF FUNERAL UNDERTAKER**

Instructions: Section E to be completed by Funeral Undertaker. The undertaker must take his or her finger print, the finger print of the deceased and the informant. Authorised Funeral Undertaker or Informant may submit the completed form to the nearest Home Affairs office.

47. Name of Funeral Parour: **E D B F u n e r a l s**  
48. DHA Designation No.: **u p t a 1 7 9**  
49. Company Reg. No.: **0 4 3 9 0 7 9 0 6 a**  
50. SARS Reg. No. (Income tax reference no.): **2 0 2 5 1 1 0 1**

**Details of Funeral Undertaker or Authorised Representative**

51. Identity No. (Passport No. if foreigner): **9 5 0 4 1 8 0 1 8 2 0 8 3**  
52. Surname: **D A R T I S**  
53. Forenames: **L O G - A N D R E**  
54. Business Address: Street **3 J e n n e t e s t r e**, Town **u p t a 1 7 9**, Province **n o r t h e r n c a p e**  
55. Telephone No. (Office): **0 5 4 3 3 9 1 1 2 a**  
56. Date of collection of corpse: **2 0 2 5 1 1 0 1**  
57. Place of Burial (City / Town / Village): **L o u i s v r i e d o r p**  
58. Date of Burial: **2 0 2 5 1 1 0 4**

59. Grave No. (if available): **2 0 2 5 1 1 0 5**  
60. Date of Cremation (if applicable): **Y Y Y Y M M D D**  
61. Province: **u p t a 1 7 9**

Place signed: **u p t a 1 7 9**  
Date signed: **2 0 2 5 1 1 0 4**  
Signature: *[Signature]*

Name of person who collected the deceased: **6 0 0 2 2 8 5 0 8 6 0 8 8**  
60. Identity No. (Passport No. if foreigner): **6 0 0 2 2 8 5 0 8 6 0 8 8**  
61. Surname: **C I O E T E**  
62. Forenames: **D 9 v i d**  
Place signed: **u p t a 1 7 9**  
Date signed: **2 0 2 5 1 1 0 4**  
Signature: *[Signature]*

Office stamp of funeral undertaker  
**E D B B E G R A F N I S**  
JENNEKSTR. 3  
UPINGTON: 8801 - 2/99  
054 339 1122 • 084 905 7792  
EDBBEGRAFNIS@GMAIL.COM

**F. FOR OFFICIAL USE ONLY**  
Registration of death approved, DHA-1663 received by (particulars of DHA official):  
64. Surname: **u p t a 1 7 9**  
65. Forenames: **u p t a 1 7 9**  
66. Peral No.: **u p t a 1 7 9**  
Documents included with this notice:  
 Copy of the deceased's ID  
 DHA - 6 (if applicable)  
 DHA - 1680 (if applicable)  
 Funeral Undertaker  
DHA-1663 was submitted by:

Office stamp of DHA

**NOTICE OF DEATH / STILLBIRTH**

Confirmation for Medical and Health use Only

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with  the CORRECT box, where required. All fields are COMPULSORY, incomplete applications and applications that are not legible may be considered invalid. (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

**This page must be sealed after completion to ensure confidentiality**

ID No. (Passport No. if foreigner) 6309245256085 File no 2025-11-04 Date 2025-11-04 Page 1 of 1



**G. MEDICAL CERTIFICATE OF CAUSE OF DEATH**

Instructions: Section G is to be filled out by Medical Practitioner/Professional Nurse / Forensic Pathologist, who has determined the cause of death

67. Identity No. (Passport No. if foreigner) 6309245256085

68. Gender  68.1 Male  68.2 Female  68.3 Indeterminable

69. Surname STRAUSS

70. Forenames JACOBUS ALBERTUS GLENN

71. Population Group  71.1 African  71.2 White  71.3 Indian/Asian  71.4 Coloured  71.5 Other (specify) \_\_\_\_\_

72. Place of Death  72.1 Hospital/Inpatient  72.2 ER/Outpatient  72.3 DOA  72.4 Nursing Home  72.5 At home  72.6 Other (specify) \_\_\_\_\_

73. Name of Health Facility/Practice RASWATER PHC

74. Facility Contact Telephone No. Incl. Area Code 0543851451

75. Patient File No. \_\_\_\_\_

76. Contact Person at Facility: Surname RAMPHRI Forenames GERTRUIDA Role/Rank PROFESSIONAL NURSE

77. CAUSES OF DEATH

Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line

Part 1

a) SHORTNESS OF BREATH (final disease or condition resulting in death)

b) COUGH (Sequentially list conditions, if any, leading to immediate cause)

c) CHEST PAIN (Disease or injury that initiated events resulting in death)

d) HYPERTENSION (Other significant conditions contributing to death but not resulting in underlying cause given in Part 1)

78. If a female, was she pregnant at the time of death or up to 42 days prior to death?  82.1 Yes  82.2 No

79. Method used to ascertain the cause of death (tick all that apply):  79.1 Autopsy  79.2 Post mortem examination  79.3 Opinion of attending medical practitioner  79.4 Opinion of attending medical practitioner on duty  79.5 Opinion of registered professional nurse  79.6 Interview of family member  79.7 Other (specify) \_\_\_\_\_

79.8. Antenatal care two or more visits:  88.1 Yes  88.2 No  88.3 Unknown

Instructions: Section G.2 is to be completed for all stillbirths and deaths that occurred within one week of birth (perinatal deaths)

**G.2 FOR STILLBIRTHS AND DEATHS OCCURRING WITHIN ONE WEEK OF BIRTH (PERINATAL DEATHS)**

80. Identity Number 6309245256085

81. Date of Birth Y Y Y M M D

82. Age of last birthday/ DOB unknown Y Y Y M M D

83. Number of previous pregnancies resulting in:  83.1 Live births  83.2 Stillbirths  83.3 Abortions

84. Outcome of last previous pregnancy (tick one):  84.1 Live birth  84.2 Stillbirth  84.3 Abortion

85. Date of last previous delivery Y Y Y M M D

86. First day of last menstrual period Y Y Y M M D

Or, if unknown, estimated duration of pregnancy (in completed weeks)   

87. Method of delivery:  87.1 Spontaneous  87.2 Forceps delivery  87.3 Forceps and rotation  87.4 Vacuum extractor  87.5 Caesarean section  87.6 Other (specify) \_\_\_\_\_

88. Antenatal care two or more visits:  88.1 Yes  88.2 No  88.3 Unknown

**95. CAUSES OF DEATH**

89. Type of death:  89.1 Stillbirth  89.2 Live birth  89.3 Other (specify) \_\_\_\_\_

90. Birth weight (in grams)   

91. This birth was:  91.1 Single birth  91.2 First twin  91.3 Second twin  91.4 Other multiple

92. If still born, heartbeat ceased:  92.1 Before labour  92.2 During labour but before delivery  92.3 Before delivery but not known whether before or during labour

93. If death occurred within 24 hours after birth, number of hours alive   

94. Attendant at birth:  94.1 Physician  94.2 Trained midwife  94.3 Other trained person (specify) \_\_\_\_\_  94.4 Other (specify) \_\_\_\_\_

96. Autopsy information (  )

96.1 Certified causes of death has been confirmed by autopsy  96.2 Autopsy information may be available later  96.3 Autopsy not performed

a. Main disease or conditions in foetus or infant \_\_\_\_\_

b. Other diseases or conditions in foetus or infant \_\_\_\_\_

c. Main maternal disease or condition affecting foetus or infant \_\_\_\_\_

d. Other maternal diseases or conditions affecting foetus or infant \_\_\_\_\_

e. Other relevant circumstances \_\_\_\_\_

REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS



[Births and Deaths Registration Act 51 of 1992]

Annexure 16  
BURIAL ORDER

[Regulation 16]



AA4711532

The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with  the CORRECT box, where required

Date of Issue

2025 11 04

Serial number of  
DHA-1663

14628317 Bar-code number of DHA-1663  
19631462831

A. PARTICULARS OF DECEASED

Identity number

630924 5256 085

Passport number  
(if foreigner)

SA CITIZEN

Citizenship

Sex  
MALE

Surname

STRAUSS

Previous or Maiden  
surname

ALBERTUS

Forenames

ALBERTUS GLEND

Place of death:  
City/Town

LOUISVILLERDORP

Province

MLC

Place of burial:  
City/Town

LOUISVILLERDORP

Province

ML

Cause of death

Natural  Unnatural  Under investigation

B. AUTHORITY FOR BURIAL OF CORPSE

This certificate grants the authority for the burial of the corpse from the magisterial district in which the death occurred or at the magisterial district where the burial will take place.

C. FOR OFFICIAL USE ONLY

Registration of death approved and burial order issued: DHA-1663 received by (particulars of DHA official):

DEPARTMENT OF HOME AFFAIRS  
PRIVATE BAG X5885  
2025-11-04  
UPINGTON 8800  
LOUPINGTON (82)

Surname

LOU

Forenames

SISIMTHANE

Persal No.

19420000

Documents included with this notice:

Copy of the deceased's ID/passport  
 Copy of ID document/passport of the informant  
 Funeral Undertaker

DHA-1663 was submitted by:

Informant

Identity Number of Recipient:

930913 0130 080

If Funeral Undertaker:

Designation number

Signature of recipient

B. Strauss

Date received

2025 11 04

DEPARTMENT OF HOME AFFAIRS  
 PRIVATE BAG X5885  
 2025-11-04  
 UPINGTON 8800  
 (82)  
 TO UPINGTON

*R. S. Koko*  
 DIRECTOR-GENERAL: HOME AFFAIRS

DATE OF ISSUE: 2025-11-04  
 ISSUED BY: YDC227

IDENTITY NUMBER: 630924 5256 08 5  
 SURNAME: STRAUSS  
 FIRST NAMES: JACOBS ALBERTUS GLENN  
 DATE OF BIRTH: 1963-09-24  
 GENDER: MALE  
 MARITAL STATUS: MARRIED  
 DATE OF DEATH: 2025-11-01  
 PLACE OF DEATH: LOUISVALLDORP  
 CAUSE OF DEATH: NATURAL CAUSES

ABRIDGED DEATH CERTIFICATE

PARTICULARS FROM THE POPULATION REGISTER, R.O.

Department: Home Affairs  
 REPUBLIC OF SOUTH AFRICA



home affairs

83/DHA - 5  
 I 9596282

CERTIFY A TRUE COPY OF THE ORIGINAL DOCUMENT.  
*[Signature]*  
 DATE: 05/11/2025  
 SIGNATURE

CLERK OF THE COURT  
 MAGISTRATE COURT  
 UPINGTON  
 2025-11-05  
 PRIVATE BAG / PRIVAATSAK X5983  
 UPINGTON 8800  
 KLERK VAN DIE HOF

CERTIFY A TRUE COPY OF THE  
 ORIGINAL DOCUMENT.  
 DATE 05/11/2025  
 SIGNATURE *[Signature]*

CLERK OF THE COURT  
 MAGISTRATE COURT  
 UPINGTON  
 2025-11-05  
 PRIVATE BAG / PRIVAATSAK X5983  
 UPINGTON 8800  
 KLERK VAN DIE HOF

I.D.No. 630924 5256 08 5  
 S.A. BURGER/S.A. CITIZEN  
 STRAUSS  
 VAN/SURNAME  
 VORNAME/FORENAMES  
 JACOBS ALBERTUS BLENN  
 GEBORTEDISTRIK OF-LAND/  
 DISTRICT OR COUNTRY OF BIRTH  
 SUID-AFRIKA  
 GEBORTE DATUM/  
 DATE OF BIRTH  
 1963-09-24  
 DATUM UITGEREIK  
 DATE ISSUED  
 2000-08-22  
 UITGEREIK OP GESAG VAN DIE  
 DIREKTEUR-GENERAAL:  
 BINNELANDSE SAKKE  
 ISSUED BY AUTHORITY OF THE  
 DIRECTOR-GENERAL:  
 HOME AFFAIRS

1. Bepaal die bewys van GEREGISREERDE WOON- EN POSADRES in hierdie saak.  
 2. Indien u 'n adres verander het, of indien besonderhede van u huidige adres (by straat, am en/of -nommer, ens. verander het, moet die vorm KENNINGSGEWING VAN ADRESVERANDERING, wat in die eëlkke oë in die identifikasiekennings is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKKE.

1. Keep the book of your REGISTERED RESIDENTIAL AND POSTAL ADDRESSES in this pocket.  
 2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used, and must be presented in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

GEREGISREERDE WOON- EN POSADRES  
 REGISTERED RESIDENTIAL AND POSTAL ADDRESS



ISSUED BY AUTHORITY OF  
THE DIRECTOR-GENERAL  
HOME AFFAIRS

DATE ISSUED  
2010-11-02



DATE OF BIRTH  
1992-09-13  
COUNTRY OF BIRTH  
SOUTH AFRICA

FORENAMES  
SHAD: ESTELLE

SURNAME  
STRAUSS

S.A. CITIZEN



I.D. No. 920913 0120 080

DEPARTMENT OF HOME AFFAIRS  
regional/district office of the  
nearest

1. Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particular of your present address e.g. name of street and/or street number etc.

2. Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS

NOTICE OF PERSONAL PARTICULARS

1. Any changes to the personal particulars in your ID Book must be communicated to all relevant parties.

CERTIFY A TRUE COPY OF THE ORIGINAL DOCUMENT.  
DATE 05/11/2025  
SIGNATURE

CLERK OF THE COURT  
MAGISTRATE COURT  
UPINGTON  
2025-11-05  
PRIVATE BAG / PRIVAATSAK X5983  
UPINGTON 8800  
KLERK VAN DIE HOF