

Charles September

G.P.S. 0819

DHA-1663 A  
Page 1 of 3

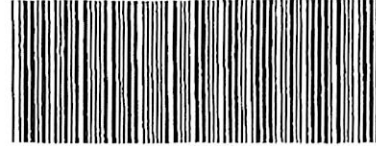


REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

(Births and Deaths Registration Act 51 of 1992)

(Regulations 11 and 14)



1663J077175

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)

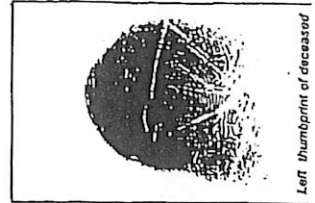
A. PARTICULARS OF THE DECEASED

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.

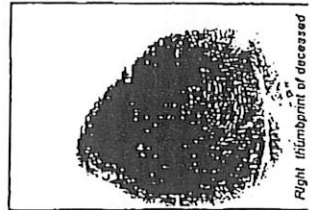
1. Was this a death or a stillbirth?  1.1 Death  1.2 Stillbirth

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



Left thumbprint of deceased



Right thumbprint of deceased

3. Date of Death / stillbirth

20 25 11 08

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

DOUGLAS

4.2 Province of Death / stillbirth

NTC

5. Place of Registration of Death / stillbirth

DOUGLAS

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

00

7. Home telephone no.

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

4810085159083

9. Age at last birthday if DOB is unknown

10. Date of Birth if there is no ID number

YY YY MM DD

11. Gender

11.1 Male

11.2 Female

11.3 Indeterminable

12. Surname

SEPTEMBER

13. Previous / Maiden Surname

14. Forenames

CHARLES

15. Usual Residential Address: Street

104 NIAAL ORANJE LAAN

Town

BREI PAA

Province

NTC

Postal code

8730

16. Citizenship

SAC

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

MABELS FOUNTAIN

16.2 Province of Birth

NTC

17. Marital Status of the deceased

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 R

Gr 1

Gr 2

Gr 3

Gr 4

Gr 5

Gr 6

Gr 7

Gr 8

Form 1

Gr 9

Form 2

Gr 10

Form 3

NTC 1

Gr 11

Form 4

Gr 12

Form 5

NTC 3

Univ

Tech

Un-  
Known

(mark with a )

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

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, motor cycles and personal and household goods; hotels and restaurants	7. Transport, storage and communication	8. Financial intermediation, insurance, real estate and business services	9. Community, social and personal services	10. Private households, extralocal 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

**SOUTH AFRICAN POLICE SERVICE**  
SCM  
DOUGLAS  
2025 -11- 04  
DOUGLAS  
SCM  
**SUID-AFRIKAANSE POLISIEDIENS**

Ek sertifiseer dat hierdie dokument 'n ware afdruk (afskrif) is van die oorspronklike dokument wat aan my vir waarneming voorgelê is. ek sertifiseer verder dat volgens my waarnemings daar nie 'n wysiging of verandering op die oorspronklike dokument aangebring is nie.  
I certify that this document is a true reproduction (copy) of the original document which was handed to me for authentication. I further certify that from my observations an amendment or change was not made to the original document.

Handtekening / Signatuur: *[Signature]*  
Magstroomnommer / Rank: 7208206  
Magstroom / Rank: Constable  
Magstroom / Rank: *[Signature]*

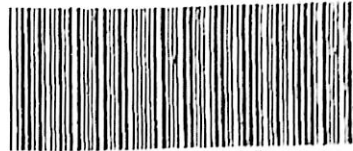


REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663J077175

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 [X] 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)

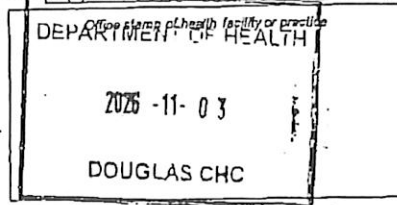
B. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

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. MP09987464
24. Surname MPEMBE
25. Forenames SIMON SETU
26. Name of Health Facility / Practice Umcele 27. Facility / Practice No.
28. Business Address: Street BOWEN STREET Town DOUGLAS Province CAPE
Telephone No. (Office) 0532989812 Postal Code 8230

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).



Place signed Umcele Date signed 26/11/25 Signature [Signature]

C. CERTIFICATE BY MEDICAL PRACTITIONER / FORENSIC PATHOLOGIST

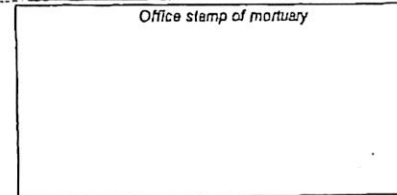
Instructions: Section C to be filled out by Medical Practitioner or Forensic Pathologist, who is conducting medico-legal investigation of death.

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 YY Y Y M M D D
32. Name of Medico-legal Mortuary 33. Mortuary No.
34. Mortuary Reference Number of Deceased
35. SAPS Case No.
36. Name of Police Station SCM DOUGLAS
36.1 HPCSA Registration No. 2025-11-04
37. Surname
38. Forenames
39. Business Address
40. Town
41. Date of Birth YY Y Y M M D D

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 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).



Place signed Date signed YY Y Y M M D D Signature

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) 8411160736082 41. Date of Birth YY Y Y M M D D
42. Citizenship SAC
43. Surname JANSSEN
44. Forenames HENDRIKA ELIZABETH
45. Residential Address: Street 104 NAAU ORANJE LAAN Town BREI PAAL Province NIC Postal Code 8730
Telephone No. (Home) Cellphone No. 0674374860
46. The Deceased is my: 46.1 Parent 46.2 Spouse 46.3 Child 46.4 Other, Specify

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).

Signature H Janssen Date signed 26/11/25









# home affairs

Department:  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

G 9041814

RU/11/11 5

PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

## ABRIDGED DEATH CERTIFICATE

IDENTITY NUMBER: 481008 5159 08 3

SURNAME: SEPTEMBER

FIRST NAMES: CHARLES

DATE OF BIRTH: 1948-10-08

GENDER: MALE

MARITAL STATUS: MARRIED

DATE OF DEATH: 2025-11-03

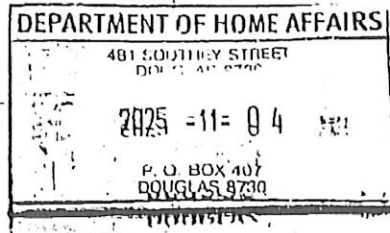
PLACE OF DEATH: DOUGLAS

CAUSE OF DEATH: NATURAL CAUSES

DATE OF ISSUE: 2025-11-04

ISSUED BY: YOG107

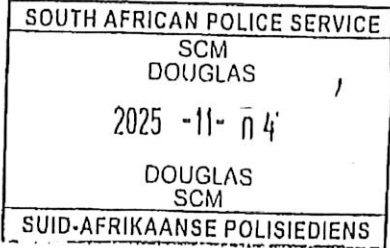
*P.P.D. Makola*  
DIRECTOR-GENERAL: HOME AFFAIRS



SRA


Ek sertifiseer dat hierdie dokument 'n ware aldruk (afskrif) is van die oorspronklike dokument wat aan my vir waarneming voorgeleë is. ek sertifiseer verder dat volgens my waarnemings daar nie 'n wysiging of verandering op die oorspronklike dokument aangebring is nie.  
I certify that this document is a true reproduction (copy) of the original document which was handed to me for authentication. I further certify that from my observations an amendment or change was not made to the original document.

Handtekening/Signature: *[Signature]* Rang: *[Rank]*  
Magtsonnmer: *[Magtsonnmer]* Rang: *[Rank]*  
Name in Print: *[Name in Print]*



**REPUBLIC OF SOUTH AFRICA**  
**NATIONAL IDENTITY CARD**

Surname: **SEPTEMBER**  
 Names: **CHARLES**  
 Sex: **M**  
 Nationality: **RSA**  
 Identity Number: **4810085159083**  
 Date of Birth: **08 OCT 1948**  
 Country of Birth: **RSA**  
 Status: **CITIZEN**



Signature: **UNABLE TO SIGN**

**SOUTH AFRICAN POLICE SERVICE**  
 SCM  
 DOUGLAS  
 2025 -11- 07  
 DOUGLAS  
 SCM  
**SUID-AFRIKAANSE POLISIEDIENS**

Ek sertifiseer dat hierdie dokument 'n ware afdruk (afskrif) is van die oorspronklike dokument wat aan my vir waarneming voorgelê is ek sertifiseer verder dat volgens my waarnemings daar nie 'n wysiging of verandering op die oorspronklike dokument aangebring is nie. I certify that this document is a true reproduction (copy) of the original document which was brought to me for authentication. I further certify that from my observations an amendment or change was not made to the original document.

Handtekening/Signature: *[Signature]* Rang: *[Blank]*  
 Magsnommer/Force number: *[Blank]* Rank: *[Blank]*  
 Naam in Drukskrif/Name in Print: *[Blank]*



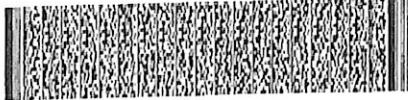
Conditions: **Date of Issue: 10 MAR 2015**

This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997


If found please return to the Department of Home Affairs  
 For enquiry or verification purposes contact 0800 60 11 80

**RSA**


001708389

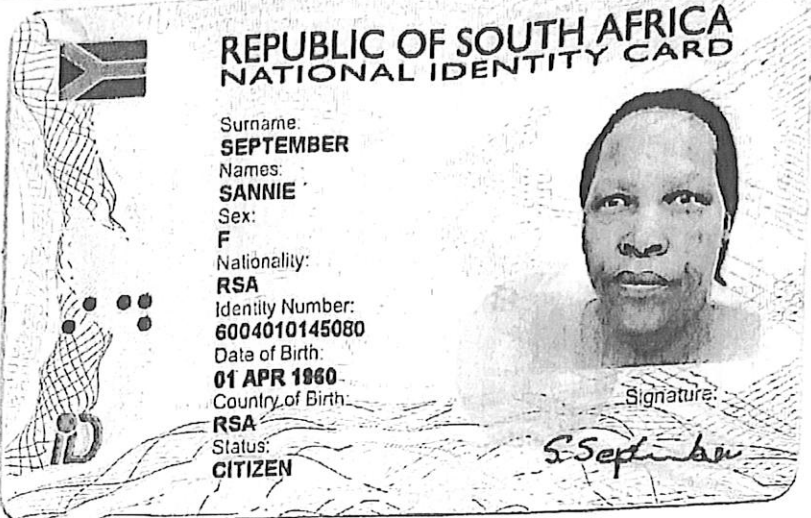
**REPUBLIC OF SOUTH AFRICA**  
**NATIONAL IDENTITY CARD**



Surname: **SEPTEMBER**  
 Names: **SANNIE**  
 Sex: **F**  
 Nationality: **RSA**  
 Identity Number: **6004010145080**  
 Date of Birth: **01 APR 1960**  
 Country of Birth: **RSA**  
 Status: **CITIZEN**



Signature: *S. September*



Ek sertifiseer dat hierdie dokument 'n ware afdruk (afskrif) is van die oorspronklike dokument wat aan my vir waarneming voorgelê is. Ek sertifiseer verder dat volgens my waarneming daar nie 'n wysiging of verandering in die oorspronklike dokument aangebring is nie.

I certify that this document is a true production (copy) of the original document which was handed to me for authentication. I further certify that from my observations, an amendment or change was not made to the original document.

Handtekening/Signature: *[Signature]*  
 Magsnommer/Force number... *12258827* Rang/Rank... *610*  
 Naam in Druk/Name in Print: *OU KEE*

**SOUTH AFRICAN POLICE SERVICE**  
 SCM  
 DOUGLAS  
 25 -11- 10  
 DOUGLAS  
 SCM  
**SUID-AFRIKAANSE POLISIEDIENS**

Conditions: **This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997**  
 Date of Issue: **23 AUG 2023**

If found please return to the Department of Home Affairs  
 For enquiry or verification purposes contact 0800 60 11 60

122926227

