



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663J294290

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

3. Date of Death / stillbirth

20 25 09 05

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

UPINGTON

4.2 Province of Death/stillbirth

NC

5. Place of Registration of Death / stillbirth

UPINGTON

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

7. Home telephone no.

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

4303220074086

9. Age at last birthday if DOB is unknown

10. Date of Birth if there is no ID number

11. Gender

11.1 Male

11.2 Female

11.3 Indeterminable

12. Surname

SILVER

13. Previous / Maiden Surname

ANNA

14. Forenames

15. Usual* Residential Address: Street

14 HOLLEY STREET

Town MORNING GLORY

Postal code 8901

Province NC

16. Citizenship

RSA

16.1 Place of Birth (City / Town / Village)

UPINGTON

or Country of Birth, if abroad

16.2 Province of Birth

NC

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 NTC 2	Gr 12 Form 5 NTC 3	Univ Tech	Un- Known
<input checked="" type="checkbox"/>															

(mark with a)

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

PENSIONER

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, extraterritorial organisations, representatives of foreign governments & other activities not adequately defined

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

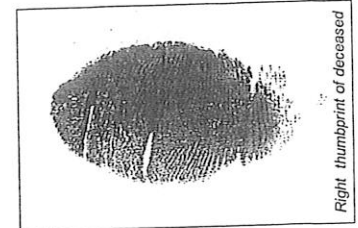
21.1 Yes

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.



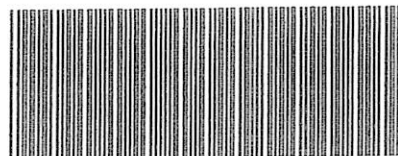


REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663J294290

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)

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 Parlour REKATHUSA FUNERAL PARLOUR

48. DHA Designation No. A7105 49. Company Reg. No. 19971053590/03

50. SARS Reg. No. (Income tax reference no.) A670205381

Details of Funeral Undertaker or Authorised Representative

51. Identity No. (Passport No. if foreigner) 9501111073084

52. Surname MOMGALAMTAME

53. Forenames DI MALATSO

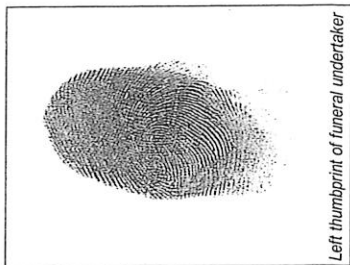
54. Business Address Street LOWU STR 5 Town UPINGTON Province MC Postal Code _____

Telephone No. (Office) 0543321008 Cellphone No. _____

55. Date of collection of corpse 20250905 56. Date of Cremation (if applicable) _____

57. Place of Burial (City / Town / Village) MORNING GLORY Province _____

58. Date of Burial 20250913 59. Grave No. (if available) _____



Left thumbprint of funeral undertaker

Place signed Undertaker
Date signed 20250908 Signature [Signature]

Name of person who collected the deceased:

60. Identity No. (Passport No. if foreigner) 9501111073084

61. Surname MOMGALAMTAME

62. Forenames DI MALATSO

Place signed Undertaker
63. Date signed 20250908 Signature [Signature]



F. FOR OFFICIAL USE ONLY

Registration of death approved, DHA-1663 received by (particulars of DHA official):

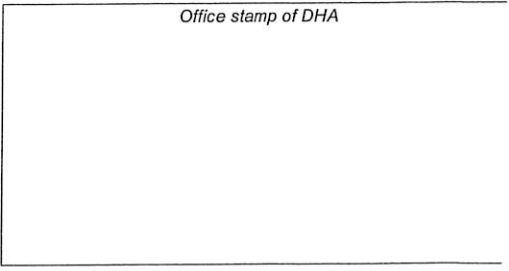
64. Surname _____

65. Forenames _____

66. Persal No. _____

Documents included with this notice: Copy of the deceased's ID Copy of ID document of the informant
 DHA - 6 (if applicable) DHA - 1680 (if applicable)
 Informant Funeral Undertaker

DHA-1663 was submitted by: _____



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 [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)



1663J294290

This page must be sealed after completion to ensure confidentiality

OLD TO IS POINT

FOLD TO THIS POINT

ID No. (Passport No. if foreigner) 43032201074086 File no 22935076 Date 2025/09/08 DHA-1663 B 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

PARTICULARS OF DECEASED

67. Identity No. (Passport No. if foreigner) 43032201074086
68. Gender 68.1 Male 68.2 Female 68.3 Indeterminable
69. Surname SILNER
70. Forenames ANNA
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 DR HAR RI SURTIJIC HOSPITAL
74. Facility Contact Telephone No. incl. Area Code 0542329114
75. Patient File No. 22935076
76. Contact Person at Facility: Surname HORN, Forenames HORN, Role/Rank WENSIJA

G.1 FOR DEATHS OCCURRING AFTER ONE WEEK OF BIRTH

Instructions: Section G.1 is to be completed for all deaths that occurred after one week of birth

77. CAUSES OF DEATH

Part 1 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. IMMEDIATE CAUSE (final disease or condition resulting in death) a) Cardio-Respiratory Arrest, b) Ischemic Stroke, c) Hypertension. Part 2 Other significant conditions contributing to death but not resulting in underlying cause given in Part 1

Table for office use only with ICD-10 columns

78. If a female, was she pregnant at the time of death or up to 42 days prior to death? (X) 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)

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

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

Mother section: 80. Identity Number, 81. Date of Birth, 82. Age of last birthday/ DOB unknown, 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, 86. First day of last menstrual period, 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
Child section: 89. Type of death: 89.1 Stillbirth, 89.2 Live birth, 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)

95. CAUSES OF DEATH

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

CONFIDENTIAL

CONFIDENTIAL



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

I 9593305

83/DHA - 5

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

ABRIDGED DEATH CERTIFICATE

IDENTITY NUMBER: 430322 0074 08 6
 SURNAME: SILWER
 FIRST NAMES: ANNA
 DATE OF BIRTH: 1943-03-22
 GENDER: FEMALE
 MARITAL STATUS: NEVER MARRIED
 DATE OF DEATH: 2025-09-05
 PLACE OF DEATH: UPINGTON
 CAUSE OF DEATH: NATURAL CAUSES

DATE OF ISSUE: 2025-09-08

ISSUED BY: YDC202


 DIRECTOR-GENERAL: HOME AFFAIRS


DEPARTMENT OF HOME AFFAIRS
 PRIVATE BAG X5885
 2025 -09- 08
 UPINGTON 8800
 L. O. UPINGTON (73)

SRA



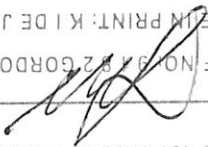
2025 -09- 08

MARTIN'S FUNERALS
 53 SCOTT STR, UPINGTON
 UPT2005/10
 054 331 3603

I CERTIFY THAT THIS IS A TRUE REPRODUCTION
 COPY OF THE ORIGINAL DOCUMENT WHICH WAS
 HANDED TO ME FOR AUTHENTICATION. I FURTHER
 CERTIFY THAT, FROM MY OBSERVATION, AN AMENDMENT
 OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.
 SIGNATURE: 
 REF NO: 9182 GORBONIA
 NAME IN PRINT: RICE JAGER



I CERTIFY THAT THIS IS A TRUE REPRODUCTION
(COPY) OF THE ORIGINAL DOCUMENT WHICH WAS
HANDLED TO ME FOR AUTHENTICATION. I FURTHER
CERTIFY THAT FROM MY OBSERVATION, AN AMENDMENT
OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

SIGNATURE: 

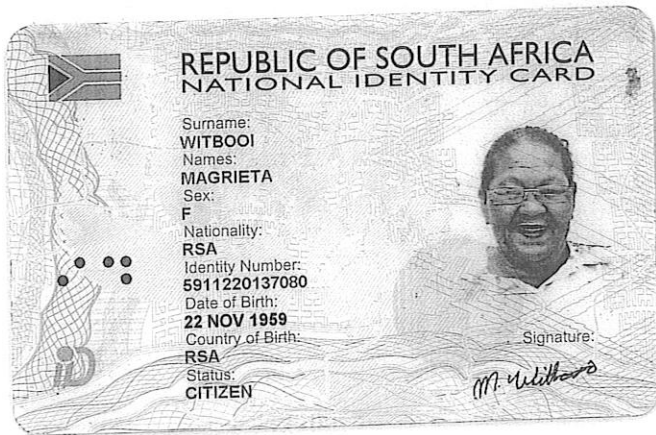
REF. NO. **BA 22 GORDONIA**
NAME IN PRINT: **K I DE JAGER**



2025 - 09 - 08

MARTIN'S FUNERALS
53 SCOTT STR, UPINGTON
UPT2005/10
054 331 3603





I CERTIFY THAT THIS IS A TRUE REPRODUCTION
(COPY) OF THE ORIGINAL DOCUMENT WHICH WAS
HANDLED TO ME FOR AUTHENTICATION. I FURTHER
CERTIFY THAT, FROM MY OBSERVATION, AN AMENDMENT
OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

SIGNATURE: _____

REF NO: 9182 GORDONIA

NAME IN PRINT: K I DE JAGER



2025 -39- 08

MARTIN'S FUNERALS
53 SCOTT STR, UPINGTON
UPT2005/10
054 331 3603

