Harvey Hill Funeral Home

1987

CERTIFICATE OF DEATH 12026

DEPT. OF PUBLIC HEALTH — STATE OF TENNESSEE — DIV. OF VITAL STATISTICS
COOPERATING WITH DEPT. OF COMMERCE — BUREAU OF THE CENSUS

REG. NO. 1253
REG. DIST NO. 21401

1987

1. FULL NAME Nelle Hilderbrand Freund (FIRST MIDDLE LAST) 2. DATE OF DEATH 6/22 1944 (MONTH DAY YEAR)

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

[redacted]ITE LEGIBLY USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE. NO ALTERATION CAN BE MADE OF ANY DATA AFTER CERTIFICATE IS FILED. CORRECTIONS MAY BE MADE BY AFFIDAVIT ONLY.

THE UNDERTAKER, OR PERSON ACTING AS SUCH, IS RESPONSIBLE FOR FILING THE COMPLETED CERTIFICATE WITH THE REGISTRAR OF THE DISTRICT WHERE DEATH OCCURRED.

THE PHYSICIAN LAST IN ATTENDANCE IS REQUIRED TO STATE THE CAUSE OF DEATH AND SIGN THE MEDICAL CERTIFICATION.

IF THERE WAS NO DOCTOR IN ATTENDANCE, MEDICAL CERTIFICATION TO BE COMPLETED BY LOCAL HEALTH OFFICER (OR CORONER, IF INQUEST WAS HELD).

ALL CERTIFIED COPIES ARE MADE WITH A PHOTOSTAT.

FORM 104

3. PLACE OF DEATH:
A) COUNTY Davidson CIVIL DISTRICT 1
B) CITY OR TOWN Nashville Tenn. (IF OUTSIDE CITY LIMITS, WRITE RURAL)
C) NAME OF HOSPITAL 1409 Hartland Ave (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)
D) LENGTH OF STAY: IN HOSPITAL IN COMMUNITY 59 yrs

4. LEGAL RESIDENCE:
A) STATE Tenn
B) COUNTY Davidson CIVIL DISTRICT 1
C) CITY OR TOWN Nashville Tenn (IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)
D) STREET NO. 1409 Hartland
E) CITIZEN OF FOREIGN COUNTRY (YES OR NO)
IF YES, NAME COUNTRY

5. RACE OR COLOR: Colored
6. SEX: Female
7. SINGLE, MARRIED, WIDOWED, DIVORCED: Widowed

8. AGE: 59 YEARS | 7 MONTHS | 7 DAYS | IF LESS THAN ONE DAY: HRS. MINS.

9. DATE OF BIRTH: MONTH Nov DAY 15 YEAR 1884

10. PLACE OF BIRTH: CITY OR COUNTY Davidson STATE OR COUNTRY Tenn.

11. HUSBAND OR WIFE OF A. C. Freund
AGE OF HUSBAND OR WIFE, IF LIVING 58 YEARS

12. IF VETERAN NAME OF WAR No | SOCIAL SECURITY NUMBER none

13. USUAL OCCUPATION At Home

14. INDUSTRY OR BUSINESS 99

FATHER
15. FULL NAME Jacon Hilderbrand
BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Germany

MOTHER
16. MAIDEN NAME Mary Sona
BIRTHPLACE CITY OR COUNTY STATE OR COUNTRY Tenn.

17. INFORMANT A. C. Freund
ADDRESS 1409 Hartland Ave

18. BURIAL, REMOVAL OR CREMATION Burial DATE 6/24 1944
CEMETERY Mt Olivet PLACE Nashville Tenn

19. UNDERTAKER John C Roesch & Co
ADDRESS Nashville Tenn BY H B Lannom

RECEIVED JUL 10 1944 STATE HEALTH DEPT.

DATE FILED 6-29-1944 J W Ellis REGISTRAR

MEDICAL CERTIFICATION

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-25 1943 TO 6-22 1944
AND THAT I LAST SAW H[redacted] ALIVE ON 6-20 1944
AND THAT DEATH OCCURRED ON THE DATE STATED AT 9 a. M.

IMMEDIATE CAUSE OF DEATH: Myocarditis — DURATION: Cannot say
DUE TO: Chronic Interstitial Nephritis — 43
DUE TO: Arterio Sclerosis — 124B

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN 3 MONTHS OF DEATH)

OPERATION? FINDINGS none

AUTOPSY? FINDINGS none

PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY)
B) DATE OF OCCURRENCE
C) WHERE DID INJURY OCCUR (CITY COUNTY STATE)
D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE?
WHILE AT WORK MEANS OF INJURY

SIGNATURE [redacted] M.D.
ADDRESS [redacted] DATE SIGNED 6-28-44