

AL SECURITY NO.  
62-10-6827

**CERTIFICATE OF DEATH**  
MICHIGAN DEPARTMENT OF HEALTH  
Bureau of Records and Statistics

State File No.  
**320690**

If veteran, name war

Full Name **Glenalvin, Robert** Robert Glenalvin  
Local File No. **4163**

PLACE OF DEATH:  
County **Wayne**  
Township  
City or village  
Name of hospital **Henry Ford Hosp**  
(If not a hospital, give street address)  
Length of stay: In hospital **1 day** In this community **10 yrs.**

USUAL RESIDENCE OF DECEASED:  
State **Mich.** County **Wayne**  
Township  
City or village **Detroit**  
Street no. **Willard Hotel**  
Citizen of foreign country? **NO**  
If yes, name country

Color or race **White** Single, Married, Widowed or Divorced **Divorced**  
NAME OF HUSBAND or WIFE  
Name **UNKNOWN** Age, if alive  
Birth date of deceased **Jan. 17 1907**  
Age: Years **71** Months **2** Days **7** If less than one day hrs. min.

**MEDICAL CERTIFICATION**  
Date of death **Mar 24 1944**  
I hereby certify that I attended the deceased from **3-24 1944** to **3-24 1944**. I last saw him alive on **3-24 1944**. Death is said to have occurred on the date stated above at **1:50 P M.** Duration

Birthplace **Indianapolis, Ind.**  
Usual occupation **Stock handler**  
Industry or business **Ford Motor Car Co.**  
Father: Name **unknown**  
Birthplace  
Mother: Maiden name  
Birthplace

Immediate cause of death  
**Arteriosclerotic Heart Disease** **Angina** **Jun '43**  
Other contributory cause of importance  
**Arteriosclerosis, Generalized**

Informant **Ford Motor Car Co.**  
Address **Detroit, Mich.**

Major findings and dates:  
Of operations  
Of autopsy **No** **W.H.P.**  
**APR - 1 1944**

During cremation or removal (Circle the word which applies)  
Place **Detroit, Michigan**  
Cemetery **Evergreen** Date **April 2, 1944**

In case of violence, state if accident, homicide or suicide  
Date

Funeral director's signature **Robert Hammond**  
**THE WM. H. HAMILTON CO.**  
Address **3075 Cass Ave., Detroit, Mich.**

Where did injury occur? (Specify city, county, or state)  
In industry, home or public place?  
Was disease or injury related to occupation of deceased?

Filed **APR 1 1944** Local Registrar

Signature **Edward L. Quinn MD**  
Address **Henry Ford Hospital**