Barnes Bulletin

Emergency department gets temporary facelift

Barnes emergency department recently received a temporary “facelift” in an effort to facilitate patient care and to provide more privacy for patients and their families while plans are being finalized for the $8 million emergency department and clinic renovation/construction project. The short-term modifications will be in use until the major renovation is completed, according to Robert Shircliff, a Barnes vice-president.

“The emergency department’s admitting area, waiting room and registration desk have been modified to provide more efficient service to patients and their families, as well as to improve the department’s overall appearance,” said Mr. Shircliff.

Included in the changes are two carpeted partitions that separate the registration area from the desk where an emergency patient’s medical history is taken and a three-foot high privacy wall that divides the waiting room into three smaller areas.

New ceiling tiles, vinyl wall coverings, drapes and carpeting in a complementary beige and maroon color scheme have been installed in the waiting room, creating a more pleasant atmosphere for patients and their families. New, comfortable seating will arrive sometime this month. A vending area and piped-in “background” music complete the project.

“The temporary renovation was made to better serve the incoming emergency patients by quickly facilitating their movement through the department and to make their emergency situation, which is often very difficult for them, a little easier,” said Mr. Shircliff.

1927 bequest doubles Barnes endowment fund

Barnes Hospital is the recipient of a $4.6 million bequest from the late Paul Brown, a former hospital board member and founder of an investment firm which bore his name. The gift, which is an addition to the original $100,000 Paul Brown Endowment Fund, nearly doubles Barnes’ total endowment fund, according to Jim Hubbard, assistant administrator in charge of development.

Barnes received the additional funds following the death of Mr. Brown’s granddaughter, Dorothy Morris Brown, on August 6, 1982. Mr. Brown’s will stipulated that “... upon the death of Dorothy Brown, neither leaving descendants surviving, then I direct my Trustee to pay over, deliver and convey the entire trust estate unto Barnes Hospital of St. Louis, Missouri.” Barnes received official notification about the gift last month, Mr. Hubbard said.

Mr. Brown, who was born on August 20, 1847, in Eldorado, Arkansas, rose in status from his

Barnes Hospital, St. Louis, Mo., January-February, 1983, Volume XXXVII, Number 1-2

start as a part-time farm hand and tobacco factory worker to become one of the wealthiest businessmen in St. Louis with holdings worth an estimated $15 million at the time of his death in 1927.

Mr. Brown started his fortune in the tobacco industry, first as a member of the Sherman, Lacy & Brown tobacco firm of Montgomery City, Missouri, and later as head of his firm, the Paul Brown Tobacco Company. After selling his firm in 1898, Mr. Brown became heavily involved in real estate, banking and the stock market. Eventually he formed his own investment firm, the Paul Brown Company, and served as senior vice president and director of the Mercantile Trust Company and as head of the New York Stock Exchange.

A member of Barnes board of trustees from 1916 to 1925, Mr. Brown was active in numerous civic and charitable affairs. In addition to the original $100,000 bequest to Barnes, Mr. Brown set up similar endowments at St. Louis Children’s Hospital and the Warner Brown Hospital (named for his father) in Eldorado, Arkansas. Mr. Brown was a member of the St. Louis Club and the Noonday Club, and was one of the promoters of the Louisiana Purchase Exposition in 1904, according to his obituary in the St. Louis Globe-Democrat.

“One of our objectives for 1982-1983 is to dramatically increase our endowment fund,” commented Mr. Hubbard. “The $4.6 million addition to the Paul Brown Endowment Fund gets us off to a great start.” The endowment fund, which is used for the general support of the hospital, helps pay for care that patients could not otherwise afford, explained Mr. Hubbard.

Private rooms increased to meet consumer demand

In response to an increasing number of requests for private rooms from both physicians and patients, Barnes is converting 47 semi-private rooms into private accommodations, according to hospital president Robert E. Frank. The changes, which are occurring on ten nursing divisions, boost Barnes’ total number of private rooms from 195 to 242. Although Barnes remains licensed for 1,208 beds, the total bed compliment for the hospital now stands at 1,150.

The medicine service is retaining the largest number of beds with 386, followed by surgery and its sub-specialties with 338, psychiatry with 109 and neurology with 68 beds available. Gynecology and obstetrics have a total of 111 beds, while ophthalmology now has 52 beds. Otolaryngology now has 50 beds and neurology remains unchanged with 36 beds.

Medicine, dermatology, genito-urinary, urology, orthopedics, general surgery, plastic surgery, ophthalmology, otolaryngology are all gaining private rooms as of February 1, 1983.

The conversions bring Barnes in line with other St. Louis area hospitals in terms of the percentage of private beds per total bed compliment, said Mr. Frank. Increasing the number of private rooms is one of Barnes’ 1983 corporate goals and objectives, he said.

Birthing rooms complete Barnes’ maternity choices

With the opening of the two new birthing rooms on December 30, Barnes Hospital now offers an expectant mother and her obstetrician a full range of maternity choices. The mother-to-be can choose between the traditional labor, delivery and recovery rooms, the special room for cesarean-section deliveries or the all new, home-like birthing rooms.

The birthing rooms were designed to reach the expectant mother who might consider having her baby at home, but who realizes the medical advantages and expertise that Barnes can offer her and the newborn child.

The birthing room beds look like normal beds from home. They have a thick, comfortable mattress and can be adjusted automatically by a control within the mother’s reach from a reclining position up to a sitting position. The lower half of the bed is removed at the time of delivery, and stirrups or foot platforms are available to help make the delivery easier for the mother.

The rooms still have all the medical equipment traditional labor and delivery rooms have, but it is hidden behind louvered doors, explained Maxine Loucks, clinical director of nursing with responsibility for labor and delivery. She also said that women not anticipating complications during delivery are welcome to request one of the birthing rooms, which will be filled on a first-come basis.

On December 29 and 30 the two new birthing rooms were opened for special previews. Twenty-seven Barnes/WU obstetricians visited the new birthing rooms on the first day, examining the equipment and the surrounding furnishings. The following day, close to 125 Barnes employees toured through the rooms and expressed their amazement at the textured wallpaper and matching bed sheets and drapes. Since employees are the persons most frequently called

(continued on page 2)
Birthing rooms  
(continued from page 1)

upon to talk about the services Barnes offers, the successful turn-out for the birthing room tours was greatly appreciated, said Mrs. Loucks.

The reactions to the new birthing rooms on the part of the doctors, as well as the employees, were positive. During both previews people commented on the ceiling molding and other details and expressed their pleasure at seeing a coffee maker, TV, refrigerator, recliner and rocking chair.

According to Mrs. Loucks, the room offers an expectant mother greater comfort and provides her with more privacy since labor, delivery and recovery take place in one room. She added that the charge for use of the birthing room ($650) is approximately the same as that for the traditional labor, delivery and recovery rooms.

Medical Explorer Post named 1982 honor unit

Jennifer Serati, president of Barnes Medical Explorer Post, presented hospital president Robert E. Frank with an honorary ribbon on December 20. The ribbon named the post a 1982 honor unit, as decided by the Boy Scouts of America. It was presented to Barnes in recognition of the post's outstanding accomplishments made during their first year under a new charter.

Explorer posts are co-educational groups of students, from the age of 15 to 20, who have similar hobby or career interests including everything from camping to engineering to medicine.

The Explorer Post at Barnes is comprised of 25 young men and women who share an interest in the health care field. They participate in medical-related projects including tours of special hospital care areas like the burn center, and attend presentations by physicians, nurses and other medical personnel on topics such as child abuse, colon- tacies, cancer and social work.

Anna Ikeda-Tabor, nursing service quality assurance coordinator, is the post's advisor, while Bob Shiel, Barnes information desk clerk, Jim Hubbard, assistant administrator and Ennie Fuller, instructor in the education and training department, serve as the associate advisors.

Print, sign shops moving this month

Barnes' print and sign shops will move this month to the Eudic-Laclede building, leaving photocopying and forms design on the first floor of the Peters' building. "The move," according to Rich Garger, project auditor in plant engineering, "is one of the first phases of a 1983 space re-allocation plan for Barnes Hospital."  

"Employees who now wish to have brochures, pamphlets, programs or other large quantity items printed, as well as those wishing to have signs made, will place their orders in the forms design office," said Allyn O'Byrne, Barnes assistant administrator. "All photocopy and forms design orders will still be placed in the offices in Peters."  

The area vacated by the transfer of the print and sign shops will become part of the data processing department, according to Miss O'Byrne.

Great flood of 1982 leaves mark on employees

Kim Bradley, Barnes information desk clerk, couldn't get home from work. News reports brought in by her co-workers confirmed that the relentless rain and surging Meramec River had completely flooded all but one road leading into Fenton, Missouri, and that road was reserved for emergency vehicles only. Unable to reach her mother and sister because of downed telephone lines, she made plans to stay with a friend from the admitting department.

Larry Hinchey, Barnes security officer and a Missouri National Guard squad leader, received his first call from Jefferson Barracks at noon on Sunday, December 12. The second alert came while he was patrolling Barnes at 10 a.m., Monday morning. At 1 p.m. that afternoon, the message from Guard headquarters said "prepare to move out in one hour." Mr. Hinchey and four other Barnes security officers/National Guardsmen were on their way to help evacuate stranded flood victims and to protect their property from looters.

For many St. Louisans, the great flood of 1982 is a drama that unfolded through local and national television news coverage and will be remembered primarily through special photo layouts in the area dailies and county newspapers. For some Barnes employees, however, the rising waters and bitter cold temperatures drastically affected their lives and left indelible memories.

Perhaps one of the hardest hit employees is Helen Hoeltzle, Queeny Tower Dining Room cashier. The damage to her Times Beach home is estimated at approximately $48,000. "We started packing as soon as the Army Corps of Engineers notified our area that the river was going to flood," said Mrs. Hoeltzle. "We weren't able to get as much out as we wanted because there was a shortage of U-Hauls and packing boxes."

The flood also ravaged the home and belongings of Martha Racke, a Barnes School of Nursing student and a resident of Mehlville, Missouri. After her family evacuated, Miss Racke and fellow nursing student Debby Kelly went to her home to salvage what they could by boat. "We were able to save a few things, but the water was already waist-high when we reached my house," said Miss Racke. "We ended up burning everything left in the house including rugs, furniture and even photo albums because it was so damaged. It was so hard burning the memories."

In addition to Miss Kelly's assistance, Miss Racke and her family received a $215 check from the Barnes School of Nursing. The gift was made possible through the voluntary donations of the school's students, staff and instructors.

Once the rivers crested, the receding water brought new problems to light. "I couldn't believe what a mess Fenton had become," commented Kim Bradley, who finally reached her home after a one-day sojourn in Belleville, Illinois. "Houses I had never seen before were strewn throughout the city, while other homes completely disappeared. There was nothing left to say they ever existed."

The National Guard's role was primarily to secure the area, said Mr. Hinchey. Guardsmen rotated on 12-hour shifts around the clock as they protected property from looters and answered calls from stranded flood victims. "The flood victims really appreciated our being there," said Mr. Hinchey. "They were concerned about their property and felt safer knowing the Guard was there."

Mr. Hinchey and Brian Pruellage, Barnes special services officer/National Guard member, policed the Times Beach area for four days, and spent the last day of the alert aiding the massive clean-up effort. "I've never seen anything like it," commented Mr. Pruellage. "Times Beach was like an underwater city. By the time the water receded, there was next to nothing left."

Security officers Steve Neal and Gary Schrader were also called up by the National Guard and worked the first two days of the flood. "I was really glad to help out," said Mr. Neal.

Other Barnes employees did double duty by helping out stranded relatives, sandbagging and by donating food, clothing and money through their churches and other volunteer organizations.

The great flood of 1982 is over, but the effects of those few terrible days are not. For those employees victimized by the flood, the pain and uncertainty has been eased in part by the generous actions of their co-workers.
Rutherford, Trulove honored by BHS

In recognition of their “extra” dedication and service to Barnes Hospital, Louise Rutherford, medical staff secretary, and Dillon Trulove, a Barnes vice-president in charge of five service areas, were each honored with an Award of Merit Medal and a $250 check by the Barnes Hospital Society at special ceremonies held in the East Pavilion lobby on December 20.

The BHS, which is an organization of nearly 800 doctors on Barnes’ staff, established the award last year as a way to meaningfully honor those associated with the hospital who go above and beyond the ordinary in service to Barnes’ employees, patients and visitors. Members of the society pledged to secure the development of Barnes both as a source of community service and as a center for medical progress.

Jimmy Loines of plant engineering and Brooks Pumphrey of dispatch received the first awards given last May.

Dr. George Tucker, Barnes/WU surgeon and BHS president, presented the award to Mrs. Rutherford, saying that she “had been the guiding force of our organization.” As medical staff secretary, Mrs. Rutherford attended every council meeting, said Dr. Tucker. “If we ever had a problem with the staff, Loyce would find a precedent established eight or ten years ago and would pull out the appropriate rules and by-laws and come up with a solution,” he said. “She unquestionably deserves this award.”

Mrs. Rutherford joined Barnes in 1955 on a part-time basis as a secretary in the office of former associate administrator Harry Panhorst. She became a full-time administrative secretary in 1961 and eventually began working for current hospital president Robert E. Frank.

In August of 1978, doctor referrals were centralized under Loyce’s supervision, and she has since had nearly 15,000 documented referrals to Barnes physicians.

Dr. Richard Bradley, Barnes/WU surgeon and past-president of the BHS, presented Mr. Trulove’s award, saying, “his leadership was not confined to the service areas” and that he has always contributed “freely and constructively to Barnes.” Dr. Bradley also noted that along with the other three recipients, “no one more capably represents what the Barnes Hospital Society thinks of when they say the word merit.”

Mr. Trulove joined Barnes in 1946 as an orderly, after serving overseas during World War II as head of a medical clinic. Mr. Trulove’s potential was quickly spotted by his supervisors, and he was soon promoted to head orderly. He continued to work his way up to supervisor of central service, assistant housekeeper, executive housekeeper, assistant director of Barnes, associate director of Barnes, and in April of 1980, vice-president of Barnes.

“I think this shows that no matter what our job is, we have some impact on our customers—our patients and their doctors,” concluded Mr. Frank, after pointing out that the BHS has now honored a member of plant engineering, dispatch, an executive secretary and a vice-president. “These folks have carried out their duties in an exemplary fashion,” he said. “They’ve had a good effect on all of us.”

Both Mrs. Rutherford and Mr. Trulove were nominated for merit awards by members of the Barnes Hospital community.

BHS says “thanks” with Caribbean trip

Loysie Rutherford, medical staff secretary, received a one-week, all-expense-paid-trip for two to anywhere “south of Cuba” from members of the Barnes Hospital Society during their annual banquet on December 8 at the University Club in Richmond Heights. Mrs. Rutherford, who announced her upcoming retirement at the banquet, was honored for her dedication to the society’s doctors and their patients.

Dr. George Tucker, Barnes/WU surgeon and president of the BHS, announced the trip and called Mrs. Rutherford to the podium. The 178 society members and Barnes Hospital administrators in attendance greeted Mrs. Rutherford with a standing ovation. “I couldn’t believe it,” said Mrs. Rutherford. “I was so overwhelmed with their expression of gratitude.”

Mrs. Rutherford and her husband, Robert, are planning to vacation in St. Thomas, one of the Virgin Islands in the Caribbean.

Mrs. Rutherford’s successor, Sunny Poinsett, was also introduced at the banquet. Mrs. Poinsett, who is currently an executive secretary for hospital vice-president Rosemarie Dunn, has been busy learning the responsibilities she will assume as medical staff secretary from Mrs. Rutherford. “I’ve warned her that her new position is going to be a very busy one,” laughed Mrs. Rutherford.

Hospital notes

Dr. Lee Rigg, Barnes/WU obstetrician/gynecologist, and Dr. Saul Boyarsky, Barnes/WU urologist, spoke November 30 at the fall education meeting of the American Diabetes Association on the topic of “Diabetes and Sexual Function.” The causes, diagnosis and treatment of impotence as well as management techniques for pregnancies in diabetic women were discussed.

Clarence C. Barkdale, a member of Barnes Hospital’s board of directors, and chairman of the board and CEO for Centerrre Bank and Centerrre Bancorporation, was named Man of the Year 1982 by the St. Louis Globe-Democrat. Other members of Barnes’ board of directors who have had the honor include: Maurice C. Chambers, former chairman of the board for Interco, Inc.; Harold E. Thayer, retired chairman of the board of Mallickrodt, Inc.; Armand C. Stalnaker, chairman of the board of General American Life Insurance Co.; Edward J. Schnuck, chairman of the board of Schnuck Markets, Inc., and Zane E. Barnes, president of Southwestern Bell Telephone Co. Former Barnes’ board member Edwin M. Clark was also a past recipient of the award. Mr. Clark died in 1976.

Five long-time employees retire

Josephine Davis, Ethel Breidenstein, Elizabeth Lefers, Melba Mehrhoff and Magnolia Howell recently retired from Barnes Hospital after a combined total of 104 years of service. All five employees received a certificate of appreciation.

Josephine Davis, a Barnes employee for 28 years, retired on October 29 from her position as infection control coordinator. Miss Davis joined Barnes in 1954 as a head nurse on an all-male ward. Before moving to infection control, she served as an assistant director of nursing service and as a nursing supervisor.

In addition to filling in at Barnes as vacation relief during the summer months and as a volunteer, Miss Davis is hoping to counsel abused and neglected children during her retirement years.

Ethel Breidenstein, Ethel Breidenstein, a Barnes employee for 25 years, retired on December 30 from her position as the diagnostic lab office manager. Mrs. Breidenstein joined Barnes in 1957 as an office clerk. In 1959 she was promoted to the lab’s chief office secretary. And, in 1973, she was named the lab office manager.

Elizabeth Lefers, a licensed practical nurse, retired on October 17 after working on Barnes’ maternity divisions for over 18 years. Mrs. Lefers estimates that she has cared for almost 40,000 newborn infants since her start in 1964.

Mrs. Lefers is planning on visiting her relatives and friends in Kansas City, Missouri.

Melba Mehrhoff retired from her position as the secretary of the dietetic internship program December 17. During her 18 years at Barnes, Mrs. Mehrhoff remained with the department of dietetics. She said that even though she was offered positions in other areas of the hospital, she enjoyed her job in dietetics too much to leave. Mrs. Mehrhoff’s retirement plans include resting for a few months and then traveling with her daughter and son-in-law.

Magnolia Howell joined housekeeping in 1967 and for the last five years she has served as the department’s general office clerk and receptionist. “I’ve always been interested in my work,” commented Mrs. Howell. “I think it’s important for people starting out today to like their jobs and to want to do a good job.”
Barnes cardiothoracic unit occupies the entire second floor of the West Pavilion and includes operating rooms, an intensive care area and preoperative and postoperative nursing units. It is the scene of more than 700 open-heart operations each year, in addition to pulmonary, esophageal and chest surgery. (Barnes also performs all of St. Louis Children's Hospital's surgery.)

Telemetry units on the CCU step-down nursing division provide 24-hour-a-day monitoring for ambulatory patients. Until recently, many heart attack victims or patients who were suffering from angina, atherosclerosis, hypertension, congenital heart defects and rheumatic heart disease lived a life marked by pain and fear. Treatment choices were limited and sometimes boiled down to living with the crushing, debilitating pain of angina or undergoing the emotional and physical trauma of open-heart surgery. Heart attack victims often lived in constant fear of suffering another acute episode. Today, vast strides in the diagnosis and treatment of heart disease and myocardial infarctions are enhancing the quality of life for millions of Americans.

Non-invasive diagnostic tools, treatment

One of the most exciting diagnostic tools available today is the positron-emission tomography (PET) scanner. Developed here by Dr. Michel Ter-Pogossian of Mallinckrodt Institute of Radiology, the PET scanner allows physicians to non-invasively (non-surgically) assess the damage suffered during heart attacks or as the result of coronary artery disease, hypertension or other cardiovascular diseases. Unlike the computed axial tomography (CAT) scanner which depicts a physical cross-section of structures within the body, the PET scan shows the metabolic functions of individual organs.

During a cardiac PET scan, the patient receives an intravenous injection of palmitate that is labeled with a radioactive isotope. The PET is then rotated around the patient and changes in palmitate activity are observed. Unlike angiograms, the procedure does not require hospitalization and it is more comfortable and carries less risk for the patient. Barnes cardiac care unit is the only one in the world that houses a PET scan within the CCU.

The blood flow Doppler is another non-invasive diagnostic tool that is giving cardiologists and cardiothoracic surgeons a clearer picture of the inner workings of the heart. The Doppler not only presents a visual image of the heart in action on a TV-like monitor as in conventional 2-dimensional echocardiography, but also allows heart specialists to listen to the velocity and turbulence of blood flowing through the heart.

The Doppler helps pinpoint damaged heart valves that are narrowed, leaking or diverting blood flow, to detect the origin of a single murmur or multiple murmurs, or to pinpoint the site, and possibly the severity of shunts or "holes" in the heart's internal walls (septal defects). All this information is acquired without the need for anesthesia, x-rays or invasive techniques, with no risk or pain to the patient.

Beta blockers are used to control the arrhythmias (abnormal heart rates) that can lead to sudden cardiac arrest or trigger a heart attack. By slowing the heart's rate and the force of its contractions, the beta blockers reduce demand for blood and can help ease angina (severe chest pain that
occur when the heart is not receiving enough oxygen and high blood pressure. Angina is the primary reason for coronary by-pass surgery in the United States.

Calcium blockers, including nifedipine, verapamil and diltiazem, are now being used to control life-threatening spasms within the coronary arteries. Spasms, or sudden constrictions of the artery wall that prevent adequate blood flow, are related to changes in calcium in the coronary arteries. By inhibiting the flow of calcium, cardiologists can lower a patient’s blood pressure, raise the cardiac output, ease angina and prevent further artery spasms. (Since arteries need calcium to contract, the calcium antagonists force the arteries to open wider, thereby allowing more blood to pass through to the heart.)

Interventional procedures

Recent research indicates that during most heart attacks a clot becomes superimposed on the buildup of plaque and other fatty substances within the artery walls (atherosclerosis). The clot slows down or inhibits the flow of life-supporting blood and oxygen and the muscle tissue begins to necrose or die.

In a recently developed therapy, an enzyme called streptokinase is infused through a catheter into the area directly beyond the clot. The streptokinase dissolves the clot and re-establishes the vital blood flow to that area of the heart. Administered within the first few hours following the onset of symptoms, streptokinase is an important advancement in reducing the size of the attack and the amount of damage sustained. (Because the damage ultimately sustained during a myocardial infarction is irreversible, the amount of heart function remaining is one of the crucial determinants for survival.)

Angioplasty is another promising procedure being developed at Barnes and other leading medical centers for treating coronary artery disease. The technique is similar to that used in cardiac catheterization. The cardiologist passes a thin tube or catheter from an artery in the patient’s groin up to the obstructed coronary artery under fluoroscopic control. Once the guiding catheter is in place, a small, balloon-tipped catheter is inserted into the coronary artery and then inflated at the site of the obstruction. The inflated balloon compresses the plaque into the wall of the artery, thus restoring blood flow through the individual artery and possibly eliminating or at least postponing the need for future coronary by-pass surgery.

Technology

Miniature circuits, sleek, light-weight metals and improved batteries are rapidly changing the size and functions of today’s pacemakers. Unlike their predecessors which were either atrium-paced (upper chamber) or ventricular-paced (lower chamber), today’s computerized versions can automatically and simultaneously correct abnormal heart rates in both the upper and lower chambers of the heart. When the heart is beating normally, the circuitry refrains from sending out pulses and simply “listens” for any abnormal or missed beats.

Special transmitters allow patients to send an electrocardiogram to their doctor’s office via the telephone. The electrocardiogram is received by a special monitor/programmer in the doctor’s office which prints out the reading. Periodic checks on the pacemaker’s battery, rate and how well it is sensing or capturing is now possible without time-consuming and expensive office visits. If a problem is detected, touch-sensitive screens on the monitor/programmer allow the cardiologist to make adjustments in an individual patient’s pacemaker program during a simple office visit.

Patients who suffer sudden bouts of irregular heart beats have benefitted from a new, take-home monitoring device. Placed over the chest whenever the patient experiences symptoms such as palpitations or a light-headed feeling, the monitor records the abnormal heart rhythms for 40-seconds. This information can later be transmitted to the cardiologist over the phone. The new, take-home monitor may be more helpful than standard 24-hour monitors since the patient may keep the monitor for several weeks to detect the arrhythmias which might be missed on a single recording.

Recent advances in the diagnosis and treatment of heart disease are increasing the arsenal of defense against this often silent and mysterious killer.

Barnes/WU cardiologists, cardiothoracic surgeons, radiologists, heart and lung perfusionists, anesthesiologists, specially trained nurses, computer specialists and other health care professionals have gained international recognition as leaders and innovators in both patient care and research.
Disclosures:

Employees of Anchor Marketing, Inc.

Employees of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.

Employers of Anchor Marketing, Inc.
Scott Jablonow Endowment Fund

IN MEMORY OF:
Sol Glenn
Nettie Jablonow
M/M Jack Jablonow

IN HONOR OF:
M/M Scott Jablonow's 7th Wedding Anniversary
M/M Jack Jablonow
Nettie Jablonow

Sidney Cotlar
Mrs. Hope Komm

Sol Hendin
Mrs. Hope Komm

Diabetes Mellitus Fund

Pack Bldg. Materials & Carpet, Inc.
M/M C. E. Stricker

Letha A. Johnson Cardiac Research Fund

Forrest O. & Leda J. Sears Trust

Renal Fund

M/M David Goldenhersh

Barnes Cancer Research Fund

Ross Woody

Louise Grove Memorial Fund

Barbara A. Burner, CRNA

Tim Haselhorst Memorial Fund

Dan & Barb Haselhorst & Children

Diabetes Research

IN MEMORY OF:
Helen Packman
Mrs. Reggie Klein

Cancer Fund

M/M Stanley O'Kraski

IN MEMORY OF:
Alvin Lasky
Mrs. Joseph H. Feldman