

NAME - FIRST NAME - MIDDLE NAME

ISON ANDRE J

0 25 67 ~~2-17-19~~ 2-28-29

PL28 U2

649-11

REGISTER NO.

WARD NO.

6N

AGE

SEX

40 M

(Check one)

☐ BEDSIDE, WHEELCHAIR, OR STRETCHER

☐ BED PATIENT

☒ AMBULATORY

EXAMINATION REQUESTED

Skull films

For mechanical imprinting, if used)

HICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

chronic pbth intoxication, anemia

DATE OF REQUEST

7/1

REQUESTED BY

Kubura

REPORT

amination of the skull in posterior-anterior, both laterals and Towne views the calvaria to be intact and symmetrical. The sella turcica is normal. The gland is not calcified. The petrous ridges and sphenoid wings appear normal. AGNOSIS: Negative skull.

DM

DONALD MITCHELL, M.D., 9-2-69

JK

LOUIS, MO. 64635

-2-69gek

SIGNATURE (Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev. 1)

RADIOGRAPHIC REPORT

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

410-207

N35564

CITY OF ST. LOUIS - DIVISION OF HEALTH BLOOD AND URINE
PUBLIC HEALTH LABORATORY SERVICES LEAD EXAMINATIONS

NAME <u>Walter Andrew</u>	Age <u>23</u>	Sex <u>M</u>	Race <u>N</u>	Month <u>11</u>	Day <u>26</u>	Year <u>64</u>
PATIENT'S ADDRESS <u>15599</u>						

DEC 1 - 1969

This is your return address:

Dr. Michael T. Peterson M.D.

John Cochran Veterans Hospital

915 N. Grand Blvd

City ST. LOUIS State MO Zip Code 63107

(Please Print)

LABORATORY REPORT

Specimen of blood shows the following concentration of lead:
0.217 mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
0.217 mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

DMS - Result has not been adjusted to mean specific gravity. Please send larger amounts of specimens.

43 (Rev. 7/68)

CITY OF ST. LOUIS - DIVISION OF HEALTH BLOOD AND URINE
PUBLIC HEALTH LABORATORY SERVICES LEAD EXAMINATIONS

NAME <u>Michael T. Peterson</u>	Age <u>32</u>	Sex <u>M</u>	Race <u>N</u>	Month <u>11</u>	Day <u>26</u>	Year <u>69</u>
PATIENT'S ADDRESS <u>3-10302</u>						

DEC 1 - 1969

This is your return address:

Dr. Michael T. Peterson M.D.

John Cochran Veterans Hospital

915 N. Grand Blvd

City ST. LOUIS State MO Zip Code 63107

(Please Print)

LABORATORY REPORT

Specimen of blood shows the following concentration of lead:
0.217 mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
0.217 mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

43 (Rev. 7/68)

Volgard Jonason, Dr. P.H., Director of Laboratories

CITY OF ST. LOUIS - DIVISION OF HEALTH BLOOD AND URINE
PUBLIC HEALTH LABORATORY SERVICES LEAD EXAMINATIONS

NAME Anderson, Andrew Month 12 Day 27 Year 63
 ADDRESS 6N Sex M Age 34 Race N
 Lab Number U5963

This is your return address:

Dr. Michael T. Peterson MD
St. Louis Veterans Hospital
915 N. Grand Blvd.
St. Louis State MO Zip Code 63104

DIRECTIONS

1. Fill tube with blood
2. Submit at least 100 ml. of urine.

(Please Print)

NOV 13 1963

LABORATORY REPORT

Specimen of blood shows the following concentration of lead:
0.44 mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
0.44 mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

CITY OF ST. LOUIS - DIVISION OF HEALTH BLOOD AND URINE
PUBLIC HEALTH LABORATORY SERVICES LEAD EXAMINATIONS

NAME Anderson, Andrew Month 10 Day 31 Year 63
 ADDRESS 1418 Hawthorne St. Sex M Age 34 Race N
 Lab Number B10760

This is your return address:

Dr. Michael T. Peterson MD
St. Louis Veterans Hospital
915 N. Grand Blvd.
St. Louis State MO Zip Code 63104

DIRECTIONS

1. Fill tube with blood
2. Submit at least 100 ml. of urine.

(Please Print)

NOV 13 1963

LABORATORY REPORT

Specimen of blood shows the following concentration of lead:
2.053 mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
0.44 mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

OF ST. LOUIS - DIVISION OF HEALTH BLOOD AND URINE
PUBLIC HEALTH LABORATORY SERVICES LEAD EXAMINATIONS

PATIENT'S NAME Latchison, Andrew Age 34 Sex M Race N Month 10 Day 21 Year 64

Lab Number 10-10-228

OCT 22 1963

This is your return address:
Dr. Michael T. Petersen
John Cochran V. A. Hospital
915 N. Grand Blvd.
City St. Louis State MO Zip Code _____

(Please Print)

LABORATORY REPORT

Specimen of blood shows the following concentration of lead:
0.052 mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
_____ mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

10/13 (Rev. 7/63) Volgard Jonason, Dr. P.H., Director of Laboratories

MD

CITY OF ST. LOUIS - DIVISION OF HEALTH BLOOD AND URINE
PUBLIC HEALTH LABORATORY SERVICES LEAD EXAMINATIONS

PATIENT'S NAME Latchison, Andrew Age 34 Sex M Race N Month 10 Day 21 Year 64

Lab Number 1-5753

OCT 22 1963

This is your return address:
Dr. Volgard Jonason - W-265
J.E. Veterans Hospital
415 N. Grand Blvd.
City St. Louis State MO Zip Code _____

(Please Print)

LABORATORY REPORT

Specimen of blood shows the following concentration of lead:
_____ mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
0.511 mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

10/13 (Rev. 7/63) Volgard Jonason, Dr. P.H., Director of Laboratories

MD

CITY OF ST. LOUIS - DIVISION OF HEALTH BLOOD AND URINE
PUBLIC HEALTH LABORATORY SERVICES LEAD EXAMINATIONS

Lab Number 6N ST. L. OCT 15 1968

This is your return address:

Dr. Michael T. Peterson

VA Hospital - 6N

City St. Louis State Mo Zip Code 63101

(Please Print)

1. Fill tube with blood

2. Submit at least 100 ml. of urine.

DIRECTIONS

1. Fill tube with blood

2. Submit at least 100 ml. of urine.

DIRECTIONS

1. Fill tube with blood

2. Submit at least 100 ml. of urine.

DIRECTIONS

1. Fill tube with blood

2. Submit at least 100 ml. of urine.

DIRECTIONS

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2. Submit at least 100 ml. of urine.

DIRECTIONS

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DIRECTIONS

1. Fill tube with blood

2. Submit at least 100 ml. of urine.

DIRECTIONS

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2. Submit at least 100 ml. of urine.

DIRECTIONS

1. Fill tube with blood

2. Submit at least 100 ml. of urine.

DIRECTIONS

CITY OF ST. LOUIS - DIVISION OF HEALTH BLOOD AND URINE
PUBLIC HEALTH LABORATORY SERVICES LEAD EXAMINATIONS

Lab Number 6N ST. L. OCT 15 1968

This is your return address:

Dr. Michael T. Peterson

VA Hospital - 6N

City St. Louis State Mo Zip Code 63101

(Please Print)

1. Fill tube with blood

2. Submit at least 100 ml. of urine.

DIRECTIONS

1. Fill tube with blood

2. Submit at least 100 ml. of urine.

DIRECTIONS

1. Fill tube with blood

2. Submit at least 100 ml. of urine.

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2. Submit at least 100 ml. of urine.

DIRECTIONS

1. Fill tube with blood

2. Submit at least 100 ml. of urine.

DIRECTIONS

1. Fill tube with blood

2. Submit at least 100 ml. of urine.

DIRECTIONS

1. Fill tube with blood

2. Submit at least 100 ml. of urine.

DIRECTIONS

Specimen of blood shows the following concentration of lead:
0.048 mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
0.127 mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

Valgard Jonsson, Dr. P.H., Director of Laboratories

H.D.L. 40/43 (Rev. 7/68)

Valgard Jonsson, Dr. P.H., Director of Laboratories

40/43 (Rev. 7/68)

OF ST. LOUIS - DIVISION OF HEALTH BLOOD AND URINE
PUBLIC HEALTH LABORATORY SERVICES LEAD EXAMINATIONS

LATCHINSON, ANDREW (GN) 4 19 29
139-40-25-67 40 M N

OCT 2 - 1963

This is your return address:

Dr. DAVID T. KUKURA

JOHN COCHRAN V.A. Hosp.

City ST. LOUIS State MO Zip Code

(Please Print)

DIRECTIONS

1. Fill tube with blood
2. Submit at least 100 ml. of urine.

LABORATORY REPORT

2nd Bx = PENCILLAMINE
2nd day

Specimen of blood shows the following concentration of lead:
_____ mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
0.321 mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

CITY OF ST. LOUIS - DIVISION OF HEALTH BLOOD AND URINE
PUBLIC HEALTH LABORATORY SERVICES LEAD EXAMINATIONS

LATCHINSON, ANDREW (GN) 4 19 29
439-40-25-67 40 M N

OCT 6 - 1963

This is your return address:

Dr. DAVID T. KUKURA

JOHN COCHRAN V.A. Hosp.

City ST. LOUIS State MO Zip Code

(Please Print)

DIRECTIONS

1. Fill tube with blood
2. Submit at least 100 ml. of urine.

LABORATORY REPORT

3rd DAY ON PENCILLAMINE
(THURSDAY 10/10)

Specimen of blood shows the following concentration of lead:
_____ mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
2.186 mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

CITY OF ST. LOUIS - DIVISION OF HEALTH BLOOD AND URINE
PUBLIC HEALTH LABORATORY SERVICES LEAD EXAMINATIONS

LATCHINSON, ANDREW (GN) 9 24 69
439-40-25-67 40 M N

SEP 29 1969

Lab Number U-5114

This is your return address:

Dr. DAVID T. KUKURA
JOHN COCHRAN VA Hosp
City St. Louis State Mo Zip Code
(Please Print)

DIRECTIONS

1. Fill tube with blood
2. Submit at least 100 ml. of urine.

LABORATORY REPORT URINE

14 day post-penicillamine
Rx #1

Specimen of blood shows the following concentration of lead:
mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
0.223 mg. lead per liter of urine. APPROX 70.2

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

CITY OF ST. LOUIS - DIVISION OF HEALTH BLOOD AND URINE
PUBLIC HEALTH LABORATORY SERVICES LEAD EXAMINATIONS

LATCHINSON, ANDREW (GN) 9 24 69
439-40-25-67 40 M N

SEP 29 1969

Lab Number B-10156

This is your return address:

Dr. DAVID T. KUKURA
JOHN COCHRAN VA Hosp
City St. Louis State Mo Zip Code
(Please Print)

DIRECTIONS

1. Fill tube with blood
2. Submit at least 100 ml. of urine.

LABORATORY REPORT LEAD

14 day post penicillamine
Rx #1

Specimen of blood shows the following concentration of lead:
0.015 mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

PUBLIC HEALTH LABORATORY SERVICES LEAD EXAMINATIONS

LATCHINSON, ANDREW
40 M N
SEP 12 1969
Lab Number: U5602

Dr. to your return address:
DAVID KUKURA
JOHN COCHRAN V.A. Hosp.
ST. LOUIS, MO
(Please Print)

LABORATORY REPORT
ON PENCILLAMINE THERAPY

Specimen of blood shows the following concentration of lead:
_____ mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
1.760 mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

Volgard Jensen, Dr. P.H., Director of Laboratories

PUBLIC HEALTH LABORATORY SERVICES LEAD EXAMINATION

LATCHINSON, ANDREW
40 M N
SEP 12 1969
Lab Number: U557

Dr. to your return address:
DAVID KUKURA
JOHN COCHRAN V.A. Hosp.
ST. LOUIS, MO
(Please Print)

LABORATORY REPORT
2ND DAY PENCILLAMINE TX.

Specimen of blood shows the following concentration of lead:
2.070 mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
_____ mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an adjusted specific gravity of 1.024.

Volgard Jensen, Dr. P.H., Director of Laboratories

02117

CITY OF ST. LOUIS - DIVISION OF HEALTH BLOOD AND URINE
PUBLIC HEALTH LABORATORY SERVICES LEAD EXAMINATIONS

NAME ANDREW LATCHINSON Month 8 Day 28 Year 69
Age 40 Sex M Race N

Lab Number 11-5684

SEP 2 - 1969

This is your return address:

Dr. DAVID KUKURA
JOHN COCHRAN VA. HOSPITAL

City St Louis State Mo Zip Code _____

(Please Print)

DIRECTIONS

1. Fill tube with blood
2. Submit at least 100 ml. of urine.

LABORATORY REPORT

Specimen of blood shows the following concentration of lead:
_____ mg. lead in 100 grams of blood.

Specimen of urine showed the following concentration of lead:
0.789 mg. lead per liter of urine. 70.15 (70.15 μ g/ml)

NOTE: Heavy metal on urine specimens are based upon an
adjusted specific gravity of 1.024.

KE 02118

PUBLIC HEALTH LABORATORY SERVICES LEAD EXAMINATIONS

Hatchison, Andrew Age M Sex M Height 5'7" Weight 128 Date 7/28/67
AUG 1/1 - 1968 Lab Number B-9785

This is your return address:

Mr. Henry H. Hegolzheimer DIRECTIONS
V.A. Hospital, 915 No. Grand 1. Fill tube with blood
City St. Louis State Mo. Zip Code 63106 2. Submit at least
100 ml. of urine.
(Please Print)

LABORATORY REPORT

Specimen of blood shows the following concentration of lead:

0.677 mg. lead in 100 grams of blood. (>.15 above)

Specimen of urine showed the following concentration of lead:

 mg. lead per liter of urine.

NOTE: Heavy metal on urine specimens are based upon an
adjusted specific gravity of 1.024.

PATIENT'S NAME LATCHISON, Andrew J.	AGE 40	SEX M	RACE N	IDENTIFICATION NO. c. 1884522 0	ADMISSION DATE 39-40-25-67	HOSPITAL VAH ST. LOUIS, MO.
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DIAGNOSES (List and number in order of clinical importance all established diagnoses for which treatment was given. Place the letter "X" before the one diagnosis responsible for the major part of the patient's stay. For discharge to Nursing Care, place letter "N" before diagnosis(es) responsible for Nursing Care placement.)

ICDA CODE

1. Chronic lead intoxication.

984, E90

Major diagnosis noted but not treated

OPERATIONS PERFORMED AT THIS HOSPITAL DURING CURRENT ADMISSION

DATE

SUMMARY (Brief statement should include, if applicable, history; pertinent physical findings; course in hospital; treatment given; condition at discharge; date patient is capable of returning to full employment; period of convalescence, if required; recommendations for follow-up treatment; medications furnished at discharge; competency opinion; and name of the Nursing Home, if known.)

This is the first JC VAH admission for this 40 year old Negro male who is a laborer at National Lead in Granite City and comes in with a chief complaint of progressive weakness, malaise, drowsiness, and slow speech of long duration. The patient was well until five years prior to admission at which time he noticed an onset of malaise, weakness especially in the legs, and feelings of drowsiness. About 2 to 3 years prior to admission he noticed intermittent loss of his voice, slowing of his speech and slurring, and difficulty expressing himself with some memory loss. He has also had tremors and difficulty in performing work of 5 to 6 years duration. Two years prior to admission he was seen by a doctor in Granite City and hospitalized for lead intoxication. He was treated with blood transfusions and multiple vitamins. He was told to change jobs, and employer placed him in a different job. Lately, he has been a sweep due to several accidents associated with momentary loss of vision. One year prior to admission. He has been seen here in the clinic in the last weeks prior to admission and found to have a hematocrit of 27.6 and hemoglobin of 8.2 with a lead level of 0.07 with cell indices indicating a microcytic, hypochromic anemia. Iron studies were normal. He was admitted for evaluation of his anemia. Physical Examination revealed a well developed, poorly nourished-looking Negro male in no acute distress who walks with a slow, shuffling gait, and speaks slowly. He is oriented x 3 but with slow mentation and has a mild recent memory loss. Blood pressure 130/90, pulse 64, temperature 98.2, respirations 16. Pupils were equal and reactive sluggishly to light and accommodation. There was leadline along the gingiva. Neurologic examination revealed a generalized decrease in strength, decrease in position sense in the lower extremities, a decrease in sensation to pinprick and touch in both extremities. Laboratory Data: CBC revealed a white count of 10,300, red count of 3,650,000, hemoglobin 9.3, hematocrit 28.3, MCV 77, MCH 26, MCHC 33, reticulocytes count 1.0. Skin tests were negative. Cells in periphery showed no basophilic stippling. 2-hour postprandial blood sugar 128, VDRL nonreactive. CO₂ 26.5, chloride 102, sodium 139, potassium 4.3, amylase 106 units.

ADMISSION DATE	DISCHARGE DATE	TYPE OF DISCHARGE	INPATIENT DAYS	ADD DAYS	WARD NO.	SIGNATURE OF PHYSICIAN
8-26-69	10-31-69	MIB(FHC)	66		6 S	MICHAEL T. PETERSON, M.D.

VA FORM 10-1000

EXISTING STOCK OF VA FORM 10-1000, FEB 1968, WILL BE USED.

HOSPITAL SUMMARY

KE 02120

CLINICAL RECORD

Report on _____

or

10 - 1000

Continuation of S. F. _____

(Strike out one line) (Specify type of examination or data)

(Sign and date)

Urinalysis was yellow and clear with an acid reaction and a specific gravity of 1.020. It was negative for albumin and sugar. There was 2+ bacteria. Serum iron 78 mcg.%, serum iron-binding capacity 285 mcg.%. P/3 uptake was 35.3% with a normal of 29.1 + or - 5. Serum T/4 was 11.1 mcg. % with a normal of 5.3 to 13 mcg. 4-hour urines were porphobilinogen were negative. Serum creatinine 1.6. Pearl kinetic studies revealed a half-time of iron clearance of 110 minutes. A Lead determination of the urine showed a concentration of 0.789 mg. per liter with a normal being less than 0.15. Direct and indirect Coomb's test were negative. Red Cell fragility was decreased negative. Urinary 17-ketosteroids were 13 mg. pe 24 hours, hydroxy corticoids were 2.8 mg. per 24 hours. Serum creatinine was 1.54 per 24 hours. These were considered to be within normal limits. Calcium 9.6, inorganic phosphate 3.6, glucose 110, BUN 26, uric acid 6.9, cholesterol 200, total protein 7.7, albumin 4.8, total bilirubin 0.3, alkaline phosphatase 25, LDH 125, SGOT 30. X-Rays of the chest were within normal limits as was x-rays of the abdomen. Barium enema was negative, and skull films were also negative. Upper GI Series revealed a deformed duodenal bulb with no active ulcer demonstrated. Gallbladder series showed normal gallbladder. An IVP was also negative. A bone marrow examination showed a markedly decreased stainable iron. Serum protein electrophoresis was essentially within normal limits. Hospital Course: The patient was placed upon iron, multiple vitamins, and was given four courses of Penicillinamine Therapy, which consisted of 1 gram of Penicillinamine per day over a 3-day period. The patient has shown a good response with hematocrit of 33.5 and hemoglobin of 11.1 on discharge. Urine lead levels remained elevated, with the last volume on 10-21-69 being 0.411 mg. of lead per liter. The patient was discharged after obtaining more urine and blood for lead studies, and will be brought back to the clinic for possible repeat of his Penicillinamine Therapy if the urine levels remain elevated. The patient was discharged on Iron Therapy and Multiple Vitamins. He has a recall date to Unit II Medicine Clinic on 11-19-69. His condition on discharge was fair, although he still shows a quite decreased strength, slow mentation, with very slow speech and a shuffling gait. It is believed at this time that the patient is capable of restricted work, which is not demanding. He should not return to work in the Lead Company.

Michael T. Peterson
MICHAEL T. PETERSON, M.D.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date, hospital or medical facility)

LATCHISON, Andrew J.

VAH ST. LOUIS, MO. 63106

REGISTER NO.

439-40-25-67

WARD NO.

6 S

REPORT ON _____ or CONTINUATION OF 10-1000

Standard Form 507 d: 11-6-69
507-104 t: 11-10-69

KE 02121

CLINICAL RECORD	CONSULTATION SHEET GN - 649-
REQUEST	
TO: <u>Neurology UNIT II</u>	FROM: (Requesting ward, unit, or division) <u>Medicine UNIT II</u>
DATE OF REQUEST <u>9/15/69</u>	
REASON FOR REQUEST (List complaints and findings) <u>40Y/O N/M ± anemia 2° to chronic Lead intoxication and Iron deficiency.</u> <u>Hx of weakness, malaise, slow mentation and speech,</u> <u>tremors @ intention sugg of Lead Encephalopathy</u>	
PROVISIONAL DIAGNOSIS <u>40Y/O Anemia, chronic Lead Exposure R/O Lead Encephalopathy</u>	
DOCTOR'S SIGNATURE <u>D. Kasper</u>	APPROVED
PLACE OF CONSULTATION ☒ bedside ☐ on call	
☐ EMERGENCY ☒ ROUTINE	
CONSULTATION REPORT	

40 Y/O N/M ± 18 yr hx of working ± lead. For past 5 yrs pt has had generalized weakness + difficulty talking + tremors of hands. Approx. 4 yrs ago pt had acute episode of contusion + trouble ± memory which recurs irregularly to present time.

P.E. Sensory - Touch, Pinprick, Proprioception, + stereognosis intact -

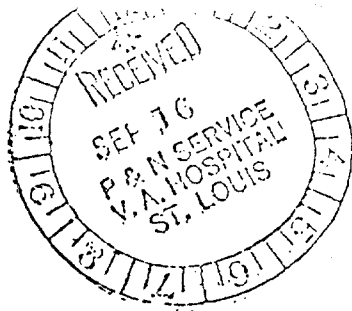
(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.

LATCHISON ANONE J
439 40 25 67 2 17 18
C PL28 U2

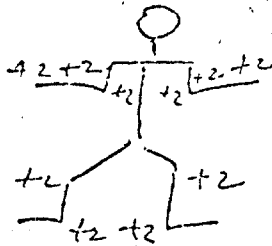
CONSULTATION SHEET
Standard Form 513
513-104

KE 02122



Motor - Strength normal or very slightly decreased. Tone normal. Fine vestigial & intention tremor in hands, feet, & tongue

DTR's



Cv. N's, 2-12 intact

Cerebellum - Fine horizontal nystagmus on lateral gaze bilaterally

Eyes - EOM, pupils. Fundi - WNL
Confrontation Fields - Full.

Imp: Non-Diagnostic Neurologic Syndrome characterized by dysarthria, tremor (due to ex of exposure to Lead).

Rec: ① EEG ② Brain Scan ③ L.P.
④ Skull films
⑤ EMG
UDRL
Pb level

CLINICAL RECORD		CONSULTATION SHEET	
REQUEST			
TO: <u>Occupational Therapy</u>	FROM: (Requesting ward, unit, or activity) <u>CN - Vheel II</u>	DATE OF REQUEST <u>9-17-66</u>	
REASON FOR REQUEST (Complaints and findings)			
40 Y/O N/O anemic 2° to Lead intox, Iron def. Will be hosp. for several weeks, needs stimulation of mental facilities, activities during hospital stay.			
PROVISIONAL DIAGNOSIS			
Anemia 2° to Lead intox, Iron Def.			
DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	☐ EMERGENCY
<u>R. R. R. R.</u>	<u>for Dr. R. R. R.</u>	☐ BEDSIDE ☐ ON CALL	☐ ROUTINE
CONSULTATION REPORT			

Pat. stated that he feels pretty well but weak.

Sym: Anemia 2° to lead intoxication & iron deficiency

Reasons for referral:

O.T.: Upper extremity activities.

O.T.: General conditioning to tolerance.

(Continued on reverse side)

SIGNATURE AND TITLE <u>R. R. R. R., M.D.</u>	DATE <u>9-23-66</u>	IDENTIFICATION NO.	ORGANIZATION <u>PM 423</u>
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO. <u>CN</u>

CONSULTATION SHEET
Standard Form 513
513-101

LATCHISON ANDRE J
439 40 25 67 2 17 18
C PL28 U2

KE 02124

CLINICAL RECORD		TISSUE EXAMINATION	
SPECIMEN SUBMITTED BY		DATE OBTAINED 9/2/69	
SPECIMEN Bone Marrow Aspirate			
BRIEF CLINICAL HISTORY (Includes duration of lesion and rapidity of growth, if a neoplasm) 18 yrlx of chronic lead exposure & 2 yr history of lead intoxication and anemia of hypochromic microcytic type.			
PREOPERATIVE DIAGNOSIS Chronic anemia 20 to lead intoxication			
OPERATIVE FINDINGS			
POSTOPERATIVE DIAGNOSIS Same		SIGNATURE AND TITLE D. Kutawa	
NAME OF LABORATORY		PATHOLOGICAL REPORT B69-156	
		ACCESSION NO. (C) B 69 - 156	

(Gross description, histologic examination and diagnoses)

GROSS DESCRIPTION: (DR. M. KOSTIANOVSKY:gek) The specimen consists of several small fragments of blood clot measuring altogether 1 cm., completely embedded.

MICROSCOPIC DESCRIPTION: (DR. M. KOSTIANOVSKY/nh:gek) Serial sections through the bone marrow show very moderate hypercellular marrow. Megakaryocytes are normal in number and morphology. Myeloid series are well represented and erythroid series are moderately increased. No basophilic stippling was found in the red cells.

DIAGNOSIS: Bone Marrow; biopsy - Moderate erythroid hyperplasia

SIGNATURE OF PATHOLOGIST M. Kostianovskiy		(Continue on reverse side)	
MERY KOSTIANOVSKY, M.D.		DATE 9-4-69	
AGE 40	SEX M	RACE N	IDENTIFICATION NO.
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO. 102

LATCHISON ANDRE J
439 40 25 67 2 17 18
C PL23 U2

GROSS: D 9-2-69 T 9-3-69
MICRO: D & T 9-4-69

TISSUE EXAMINATION
Standard Form 515
515-105-02

KE 02125

DOCTOR'S ORDERS

DATE AND TIME
WRITTEN

ORDERS (Another brand of a generically equivalent product, identical in dosage form . . . and content of active ingredient(s), may be administered UNLESS checked)

NURSE'S
SIGNATURE

7/31/69

- ① Admit to Dr chronic Pb intox, anemia
- ② Condition: Satisfactory
- ③ Bed rest = B.R.P
- ④ Vital signs (Bp, T, P, R) Tid
- ⑤ Diet - Regular
- ⑥ LABORATORY F CBC UA

⑥ LABORATORY

CBC UA

Serum Pb⁺ level

PERIOD NEAR FORT DIX: 1911

SMA 12/60

10

Electrolytes (Na, K, Cl, CO₂) NA

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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Retire count: 100

B.5.10 + alle Mann in AM RA

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1. The first part of the document is a letter from the President of the United States to the Congress, dated January 3, 1862. It is a copy of the original letter, and is signed by Abraham Lincoln. The letter is addressed to the Senate and the House of Representatives, and is dated January 3, 1862. The letter is a copy of the original letter, and is signed by Abraham Lincoln. The letter is addressed to the Senate and the House of Representatives, and is dated January 3, 1862.

PBE TBE in Amp da

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Serum dislase in AM

Sickle Cell Phen DA

LONG: ORDER:

[illegible]

⑦ X-RAYS - PA + $\odot$ lateral chest $\leftarrow$ (done in cl)

(5) $ED \in \omega AM$

⑨ No M 30 cc. per min. Constipation

(10) Appen 123 = VORL. *MA*

Active Phosphorus

(12) SEROT. GUAIACUM X 2 *no*

⑩ Old records from the City

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LE 02126

16497

CLINICAL RECORD		TISSUE EXAMINATION	
SPECIMEN SUBMITTED BY <i>Dr. Kuba</i>		DATE OBTAINED <i>9/15/69</i>	

SPECIMEN
Bone Marrow (Ileac crest)

BRIEF CLINICAL HISTORY (Include duration of lesion and rapidity of growth, if a neoplasm)
40% NO anemia 2° to chronic Lead intoxication and Fe deficiency
Prep Bone Marrow x 9/16

PREOPERATIVE DIAGNOSIS

Anemia 2° to Pb^{II} intox & Fe def.

OPERATIVE FINDINGS
Same.

POSTOPERATIVE DIAGNOSIS
Same

SIGNATURE AND TITLE
Dr. Kuba

NAME OF LABORATORY
Pathological Report

PATHOLOGICAL REPORT

ACCESSION NO (U)
B 69 - 166 *B69/16*

(Gross description, histologic examination and diagnosis)

GROSS DESCRIPTION: (DR. J.A. GERDES:gek) The specimen consists of approximately 2 of reddish-brown, shiny clotted blood. The specimen is submitted in its entirety.

MICROSCOPIC DESCRIPTION: (DR. J.A. GERDES:gek) Microscopic sections reveals numerous minute fragments of marrow. There is a suggestion of slight decrease in cellular and also a slight decrease in erythroid components. The iron-stain gives the impression of *path* having adequate iron in this preparation. Megakaryocytes are numerous.

DIAGNOSIS: No diagnosis made.

(Continue on reverse side)

SIGNATURE OF PATHOLOGIST
John A. Gerdes, M.D.

DATE
9-19-69

AGE SEX RACE IDENTIFICATION NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

439 40 25 67 2 17 10

REGISTER NO. WARD NO.

C PL28 U2

GROSS: D 9-17-69 T 9-18-69
MICRO: D 9-18-69 T 9-19-69

TISSUE EXAMINATION
Standard Form 515
515-105-02

KE 02127

LATCHISON ANDRE J
439 40 25 67 2 17 18
C PL28 U2

AGE	SEX	CHECK ONE	☐ RESIDE, WHEELCHAIR, OR STRETCHER	☐ BED PATIENT	☐ AMBLY
EXAMINATION REQUESTED					

IVP

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Chronic Pb intox.

FILM NO. DATE OF REQUEST 9-17-69 REQUESTED BY D. K. Green
RADIOGRAPHIC REPORT
IVP: (ON THE SCOUT FILM) No calcifications are seen overlying either kidney or course of either ureter. After intravenous injection of contrast material, there is visualization of the calyces and renal pelvis bilaterally. The kidneys are normal size, shape and position. The calyces are well cupped. The infundibula within normal limits. No evidence of obstruction is seen on either side. The right ureter is seen throughout its course is not displaced. The ureter on the left is not adequately seen. The bladder does not fill well enough with contrast material to make comparison possible.

IMPRESSION: Negative IVP

DATE OF REPORT:

D & T: 9-22-69

NANCY L. GREEN, M.D., 9-22-69- 1j
SIGNATURE: (Specify location of laboratory if not part of requesting institution)

VAH, St. Louis, MO 63103 (NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 519A, Rev. 4-64
Promulgated by Bureau of the Census
Circular A-32 (Rev. 4-64)
RADIOGRAPHIC REPORT

62 02128

CLINICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders. Date and time for instituting and discontinuing orders must be recorded.

[illegible]

PATIENT'S LAST NAME, FIRST NAME, MIDDLE INITIAL; IDENTIFICATION NO.; NAME OF STATION

Latchum, Andrew

CLINICAL RECORD
DOCTOR'S ORDER

KE 02129

CLINICAL RECORD	CONSULTATION SHEET
-----------------	--------------------

REQUEST		
TO: Med. X	FROM: (Requesting ward, unit, or activity) Admitting	DATE OF REQUEST 7/25

REASON FOR REQUEST (Complaints and findings)

Possible lead intoxication

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE <i>Handwritten signature</i>	APPROVED	PLACE OF CONSULTATION ☐ BEDSIDE ☐ ON CALL	☐ EMERGENCY ☐ ROUTINE
--	----------	--	--

CONSULTATION REPORT

40 y o m who has been weak & trembling for 5 yrs, he works in lead plant. Went to c m o 2 yrs ago & was told he was anemic but didn't tell him cause. No familial history of anemia. No g. ism. Occasional dizzy spells, no headaches, no urinary change or difficulties. Company M.D. suggested lead poisoning. Hct - 21, WBC 8.2

Physical exam

lung clear

heart - RR normal, PR - 72 reg

abdomen no abnormality

neuro - fundi OK, good posture, proprioception, strength, coordination

DTR - +2-+3, no abnormal reflexes

tremulous, ✓

Rec - serum Fe studies

PBC chest film PA (D lat)

(Continued on reverse side)

Plat plate of abdomen electrolytes CBC & other count ✓ SMA 12

SIGNATURE AND TITLE <i>Handwritten signature</i>	DATE	IDENTIFICATION NO.	ORGANIZATION
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.	WARD NO. 810
--------------	--------------

Hatchison Andrew

439-40-2567

PBL

CONSULTATION SHEET
Standard Form 513
513-104

KE 02130 ✓

at this time. 2. Delayed emptying of the stomach, possibly secondary to the above.

ME 021 51

[illegible]

1. Explain the importance of the following factors in the development of a country's economy:
 a. Human Resources
 b. Capital Resources
 c. Technology
 d. Government Policy
 e. Infrastructure
 f. Trade and Investment
 g. Education and Health
 h. Political Stability
 i. Environmental Factors
 j. Globalization
 k. Innovation and Entrepreneurship
 l. Legal and Regulatory Framework
 m. Geographical Location
 n. Climate and Natural Resources
 o. Demographic Trends
 p. International Cooperation
 q. Research and Development
 r. Financial System
 s. Corporate Governance
 t. Public Administration
 u. Social Capital
 v. Gender Equality
 w. Digital Transformation
 x. Energy Sector
 y. Transportation and Logistics
 z. Telecommunications
 aa. Healthcare System
 ab. Education System
 ac. Labour Market
 ad. Entrepreneurial Ecosystem
 ae. Foreign Direct Investment
 af. Export Diversification
 ag. Import Substitution
 ah. Monetary Policy
 ai. Fiscal Policy
 aj. Trade Agreements
 ak. Regional Integration
 al. Global Value Chains
 am. Supply Chain Management
 an. Manufacturing Sector
 ao. Services Sector
 ap. Information Technology
 aq. Biotechnology
 ar. Space Technology
 as. Artificial Intelligence
 at. Blockchain
 au. Renewable Energy
 av. Smart Infrastructure
 aw. Digital Marketing
 ax. E-commerce
 ay. Online Retail
 az. Digital Privacy
 ba. Digital Security
 bb. Digital Literacy
 bc. Digital Skills
 bd. Digital Innovation
 be. Digital Transformation Strategy
 bf. Digital Business Model
 bg. Digital Marketing Strategy
 bh. Digital Sales Funnel
 bi. Digital Customer Experience
 bj. Digital Analytics
 bk. Digital Reporting
 bl. Digital Compliance
 bm. Digital Governance
 bn. Digital Ethics
 bo. Digital Privacy Policy
 bp. Digital Security Policy
 bq. Digital Acceptable Use Policy
 br. Digital Incident Response Plan
 bs. Digital Business Continuity Plan
 bt. Digital Disaster Recovery Plan
 bu. Digital Risk Management
 bv. Digital Audit
 bw. Digital Forensics
 bx. Digital Investigation
 by. Digital Prosecution
 bz. Digital Defense
 ca. Digital Litigation
 cb. Digital Arbitration
 cc. Digital Mediation
 cd. Digital Conciliation
 ce. Digital Dispute Resolution
 cf. Digital Conflict Resolution
 cg. Digital Negotiation
 ch. Digital Communication
 ci. Digital Collaboration
 cj. Digital Teamwork
 ck. Digital Leadership
 cl. Digital Management
 cm. Digital Organization
 cn. Digital Structure
 co. Digital Culture
 cp. Digital Values
 cq. Digital Beliefs
 cr. Digital Attitudes
 cs. Digital Behaviors
 ct. Digital Habits
 cu. Digital Skills
 cv. Digital Knowledge
 cw. Digital Competence
 cx. Digital Proficiency
 cy. Digital Expertise
 cz. Digital Mastery
 da. Digital Excellence
 db. Digital Innovation
 dc. Digital Creativity
 dd. Digital Problem Solving
 de. Digital Decision Making
 df. Digital Planning
 dg. Digital Organizing
 dh. Digital Leading
 di. Digital Controlling
 dj. Digital Monitoring
 dk. Digital Evaluation
 dl. Digital Improvement
 dm. Digital Change Management
 dn. Digital Project Management
 do. Digital Time Management
 dp. Digital Stress Management
 dq. Digital Work-Life Balance
 dr. Digital Career Development
 ds. Digital Job Satisfaction
 dt. Digital Employee Engagement
 du. Digital Organizational Commitment
 dv. Digital Turnover
 dw. Digital Absenteeism
 dx. Digital Productivity
 dy. Digital Quality
 dz. Digital Customer Satisfaction
 ea. Digital Loyalty
 eb. Digital Retention
 ec. Digital Churn
 ed. Digital Acquisition
 ee. Digital Conversion
 ef. Digital Click-Through Rate
 eg. Digital Bounce Rate
 eh. Digital Time on Page
 ei. Digital Pages per Session
 ej. Digital Sessions per User
 ek. Digital New Users
 el. Digital Returning Users
 em. Digital Active Users
 en. Digital Daily Active Users
 eo. Digital Monthly Active Users
 ep. Digital Lifetime Value
 eq. Digital Customer Lifetime Value
 er. Digital Customer Acquisition Cost
 es. Digital Marketing Cost
 et. Digital Advertising Cost
 eu. Digital Search Engine Cost
 ev. Digital Display Advertising Cost
 ew. Digital Video Advertising Cost
 ex. Digital Native Advertising Cost
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 gj. Digital Video Marketing Cost
 gj. Digital Native Marketing

and a "battering" of the stomach with only slight evidence of bruising on the outside of the abdomen. The abdominal tenderness was not severe. On the 30 minute after the abdominal pain fills with much difficulty, is deformed, but without an erect and erect normal for the individual and fills well without evidence of ulceration. There is no visible evidence of the esophagus. The stomach is exposed and the examination of the upper gastrointestinal tract by means of a portable fluoroscopic

PATIENT'S LAST NAME—FIRST NAME—MIDDLE

LATCHERSON ANDRE J

439 20 25 67 2 17 18

C PL28 U2

Leave space for mechanical imprinting, if used

ATTENDANT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Anemia

REGISTER NO.		WARD NO.	
		6N	
AGE	SEX	(Check one)	
		☐ BLOOD, WITH CHAIR, ☐ PATIENT ☐ AMBULATORY	
EXAMINATION REQUESTED			

Gall Bladder, UGI, Small
Bowel Series

017

DATE OF REQUEST	REQUESTED BY
7-17-69	D. E. MITCHELL

Examination of the right upper quadrant 12 hours following the oral ingestion of medium reveals satisfactory visualization of the gallbladder, without evidence of intrinsic filling defect.

DIAGNOSIS: Normal gallbladder.

Examination of the upper gastrointestinal tract by means of a barium suspension fails to reveal intrinsic disease of the esophagus. The stomach is orthotonic in type, normal for the individual and fills well without evidence of ulcer niche. The duodenal bulb fills with much difficulty, is deformed, but demonstrates an ulcer crater cannot be demonstrated. The duodenal loop appears normal. On the 30 minute film, there is delayed emptying of the stomach with only minimal amount of contrast in the small intestine.

DIAGNOSIS: Duodenal ulcer disease, without demonstrable ulcer crater

519-207

02132

Latchum, C. Y.
439-40-25-67

Chet film PA & Lateral
Post. plate of abdomen

(Above space for mechanical imprinting, if used)
PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

examined in 40yo bad work

FILM NO. DATE OF REQUEST 7/31/67 REQUESTED BY

RADIOGRAPHIC REPORT
CHEST: Examination of the chest in posterior-anterior and lateral projections fails to reveal evidence of infiltration, or consolidation in the visualized lung fields. There is a pleural thickening bilaterally, particularly on the left. There is no evidence of pleural effusion. The cardiac and other mediastinal silhouettes are normal.

DIAGNOSIS: 1. No active lung disease; no cardiomegaly.
Examination of the abdomen in supine projection reveals the psoas shadows to be well delineated and normal as is the gas pattern. There is no evidence of opaque foreign body within the gut.

DIAGNOSIS: 1. Negative abdomen.

DATE OF REPORT:

SIGNATURE: J. S. FIELDS, M.D.
(Specify location of laboratory if not part of requesting hospital)

d & t: 8-1-69cc

Standard Form 519A (Rev. 4-64)
Promulgated by Bureau of the Census
Circular A-32 (Rev. 4-64)

RADIOGRAPHIC REPORT
519-207

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME
LATCHUM ANDRE J
439 40 25 67 2 17 18
C PL28 U2

REGISTER NO. 6

AGE SEX (Check one)
☐ BEDSIDE ☐ WHEELCHAIR ☐ DEC ☒ PATIENT
☐ OR STRETCHER

EXAMINATION REQUESTED
Barium Enema

(Above space for mechanical imprinting, if used)
PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Chronic lead intox. anemia

FILM NO. DATE OF REQUEST 8-29-69 REQUESTED BY Dr. H. K. Bura

RADIOGRAPHIC REPORT
Examination of the large intestine by means of a barium enema fails to reveal obstruction to the retrograde flow of barium. There is no constant constrictive intraluminal filling defect, although a slight amount of retained stool is seen. Cecum fills well and reflux is noted into the appendix.

DIAGNOSIS: Negative barium enema.

DONALD MITCHELL, M.D., 9-2-69

DATE OF REPORT:

SIGNATURE: (Specify location of laboratory if not part of requesting hospital)

VAH ST. LOUIS, MO. 63106

d & t 9-2-69-ek

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 519A (Rev. 4-64)
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RADIOGRAPHIC REPORT
519-207

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