

United States Department of the Interior  
National Park Service

National Register of Historic Places  
Registration Form

1. Name of Property

historic name Central Institute for the Deaf Clinic and Research Building  
other names/site number St. Louis College of Health Careers

2. Location

street & number 909 S. Taylor Avenue [n/a] not for publication  
city or town St. Louis [n/a] vicinity  
state Missouri code MO county St. Louis (Independent City) code 510 zip code 63110

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this  nomination  request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property  meets  does not meet the National Register criteria. I recommend that this property be considered significant  nationally  statewide  locally.  
( See continuation sheet for additional comments  )

*Mark A Miles*

*09/01/04*

Signature of certifying official/Title Mark A. Miles/Deputy SHPO

Date

Missouri Department of Natural Resources  
State or Federal agency and bureau

In my opinion, the property  meets  does not meet the National Register criteria.  
( See continuation sheet for additional comments  )

Signature of certifying official/Title

State or Federal agency and bureau

4. National Park Service Certification

I hereby certify that the property is:

- entered in the National Register  
See continuation sheet .
- determined eligible for the  
National Register  
See continuation sheet .
- determined not eligible for the  
National Register.
- removed from the  
National Register
- other, explain  
See continuation sheet .

Signature of the Keeper

Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Central Institute for the Deaf Clinic and Research Building  
St. Louis (Independent City), Missouri

**5. Classification**

Ownership of Property	Category of Property	Number of Resources within Property	
		Contributing	Noncontributing
<input checked="" type="checkbox"/> private	<input checked="" type="checkbox"/> building(s)	1	
<input type="checkbox"/> public-local	<input type="checkbox"/> district		
<input type="checkbox"/> public-State	<input type="checkbox"/> site		
<input type="checkbox"/> public-Federal	<input type="checkbox"/> structure		
	<input type="checkbox"/> object		
		1	0
			Total

Name of related multiple property listing.  
  
n/a

Number of contributing resources previously listed in the National Register.  
  
0

**6. Function or Use**

**Historic Function**  
EDUCATION/research facility  
HEALTH CARE/clinic

**Current Functions**  
EDUCATION/college

**7. Description**

**Architectural Classification**  
MODERN MOVEMENT

**Materials**  
foundation concrete  
walls brick  
roof asphalt  
other

**Narrative Description**  
(Describe the historic and current condition of the property on one or more continuation sheets.)

**8. Statement of Significance**

**Applicable National Register Criteria**

**A** Property is associated with events that have made a significant contribution to the broad patterns of our history

**B** Property is associated with the lives of persons significant in our past.

**C** Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.

**D** Property has yielded, or is likely to yield, information important in prehistory or history.

**Criteria Considerations**

Property is:

**A** owned by a religious institution or used for religious purposes.

**B** removed from its original location.

**C** a birthplace or grave.

**D** a cemetery.

**E** a reconstructed building, object, or structure.

**F** a commemorative property.

**G** less than 50 years of age or achieved significance within the past 50 years.

**Areas of Significance**

HEALTH/MEDICINE

**Periods of Significance**

1951-1954

**Significant Dates**

n/a

**Significant Person(s)**

n/a

**Cultural Affiliation**

n/a

**Architect/Builder**

Ittner, William B., Inc., Architects  
Dickie Construction Co.

**Narrative Statement of Significance**

(Explain the significance of the property on one or more continuation sheets.)

**9. Major Bibliographic References**

**Bibliography**

(Cite the books, articles and other sources used in preparing this form on one or more continuation sheets.)

**Previous documentation on file (NPS):**

preliminary determination of individual listing (36 CFR 67) has been requested

previously listed in the National Register

previously determined eligible by the National Register

designated a National Historic Landmark

recorded by Historic American Buildings Survey

# \_\_\_\_\_

recorded by Historic American Engineering Record

# \_\_\_\_\_

**Primary location of additional data:**

State Historic Preservation Office

Other State Agency

Federal Agency

Local Government

University

Other:

Name of repository: Landmarks Association of St. Louis, Inc.

**10. Geographical Data**

Acreeage of Property less than one

**UTM References**

A. Zone 15 Easting 738320 Northing 4279200

B. Zone Easting Northing

C. Zone Easting Northing

D. Zone Easting Northing

[ ] see continuation sheet

**Verbal Boundary Description**

(Describe the boundaries of the property on a continuation sheet.)

**Boundary Justification**

(Explain why the boundaries were selected on a continuation sheet.)

**11. Form Prepared By**

name/title Stacy Sone, Researcher

organization Landmarks Association of St. Louis date May 17, 2004

street & number 917 Locust St., 7<sup>th</sup> Floor telephone 314-421-6474

city or town St. Louis state MO zip code 63101

**Additional Documentation**

Submit the following items with the completed form:

**Continuation Sheets**

**Maps**

A USGS map (7.5 or 15 minute series) indicating the property's location.

A Sketch map for historic districts and properties having large acreage or numerous resources.

**Photographs**

Representative black and white photographs of the property.

**Additional Items**

(Check with the SHPO or FPO for any additional items)

**Property Owner**

(Complete this item at the request of SHPO or FPO.)

name St. Louis College of Health Careers c/o Dr. Rush Robinson

street & number 909 S. Tavior telephone 314-652-0300

city or town St. Louis state MO zip code 63110

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Central Institute for the Deaf Clinic & Research Building  
St. Louis (Independent City), Missouri

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Summary

The three to four story Central Institute for the Deaf (CID) Clinic and Research Building is located at 909 S. Taylor Avenue at Highway 40 in St. Louis, Missouri. The Modern Movement style building completed in 1951 sits on a L-shaped plan and is predominantly red brick but features yellow brick pilasters and a basket-weave surface on its west facade. The main entrance is at the L-intersection under an overhang on narrow column supports. A prominently placed stair and elevator tower has an unbroken expanse of glass blocks and a paired door at its base. Highly specialized and sound-sensitive interior spaces including an anechoic (without an echo) chamber in a corner of the second and third floors dictated the exterior surfaces so that some sections have no windows. New windows on each facade except the rear are the building's only major exterior alterations. Interior alterations include lowered ceilings, and some altered room arrangements. One of the Clinic and Research Building's most significant spaces, the anechoic chamber, although obsolete for testing equipment as it was designed, has remained intact. The building retains integrity of design, setting, location, materials, workmanship and association.

Exterior

The building is approximately 160 feet across the back by about 80 feet across its longest side (photo 1). The nine-bay west wing of the L forms the broadest part of the facade and is divided in two parts. The easternmost five bays are in a three-story section in an entirely red-brick wall surface (photo 2). The first bay of the lower level contains a double-glass door with large flanking windows and transoms. This all-glass surface with aluminum frames is positioned at an angle between a short vestibule wall on its west side and the base of the three story wall on the east (photo 2). The tall yellow brick elevator and stair tower in the sixth bay projects slightly and shelters a double door at its base (photos 1, 2). A narrow panel of glass block windows on the stair/elevator tower lights the interior. On the west side of the stair/elevator tower, the building is four stories tall and is accented with yellow brick unbroken pilasters between the three bays of windows. Each of these bays has a set of three windows.

The shorter section of the L appears much more compact with yellow brick pilasters dividing single windows instead of groups of three (photo 2). The overhang covers the first floor of this wing and extends a few feet beyond its north wall. The overhang rests on metal columns that sit on a yellow brick base. The building's cornerstone identifying Central Institute for the Deaf and its 1950 construction date sits at the base of this

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facade.

While the north facade and the shorter section of the L comprise the primary entrance facade, the most visible section of the building is its west elevation. Most of the wall surface on this facade is a yellow brick basket-weave design with no windows (photo 1). The new occupant, St. Louis College of Health Careers, displays its name on this broad, unbroken surface. A single bay of paired windows with red brick between each level frames the north side of the yellow brick wall and four bays of short windows between yellow brick pilasters frames the base.

The north and east facades of the L's shorter section continue the same pattern of red brick walls divided by yellow brick pilasters (photo 3). On the north end, only the third story has paired windows – the pilasters divide only red brick wall sections across the first two stories. The east facade is divided in two halves (photo 3). The northernmost has three bays of paired windows divided by yellow brick pilasters, while the other half is a yellow brick wall with no openings. The yellow brick wall wraps the corner to the rear facade (photo 4) where there are also no windows in the roughly eastern one-third of the rear facade. Most of the rear facade is red brick and it retains the original grouped aluminum-framed windows. The western end of the rear facade has two window bays in the first story divided by pilasters and a yellow brick surface above with no windows.

Interior

The building's original corridors and most of the original openings have remained intact although CID had altered some of the spaces during its ownership as their needs dictated. Some smaller rooms were opened in some instances to create one large room and special features such as the partitions in the speech clinic were removed on the first floor. Also ceilings have been lowered throughout (photo 5).

The exterior's unusual fenestration pattern with large voids with no windows is a reflection of the interior setting. The building's southwest corner in the second and third stories contained an anechoic chamber where the total elimination of outside interference was critical. All four walls, the ceiling and floor of the chamber are covered in 30 inch-long fiberglass wedges anchored on an internal wood wall (photo 6). The internal span from the tips of the wedges on one wall to the next and from tip to tip on the top and bottom is 13 feet. Spanning the middle is a wire mesh floor that was acoustically transparent. Other spaces, particularly in the third floor research labs, were also used for tests and experiments that could be affected by outside noises.

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Summary

The Central Institute for the Deaf (CID) Clinic and Research Building is significant under National Register of Historic Places Criterion A in the Health/Medicine area of significance. Constructed in 1950-51 by the Central Institute for the Deaf, one of the world's leading institutions for treating and educating the hearing impaired, the Clinic and Research Building represented CID's position as a center of scientific research. During World War II when thousands of soldiers lost their hearing due to head injuries, CID recognized the opportunity to occupy an important position in the field of hearing research. Prompted by military contracts to conduct the research, CID director Dr. Richard Silverman and his board of directors recruited some of the most energetic scientists from multiple countries to occupy research positions at CID. The 1946 appointment of Dr. Hallowell Davis, one of the leading scientists in the field of Otology, promoted CID from a primarily educational institution into a world-renowned center of hearing research. Based in the third story of the institute's 1929 building, the research department quickly outgrew its quarters under Dr. Davis. The department needed a new, highly specialized facility with well-equipped laboratories to carry out its activities.

The Clinic and Research Building was an outcome of CID's newly earned position as a leader in research. Studies conducted there improved conditions for military personnel, helped people who were deaf communicate with the world around them, and laid the foundation for the development of today's most sophisticated technology that allows people, who would otherwise be hearing impaired, to hear. The period of significance is 1951 to 1954 representing the period from its completion date to the arbitrary 50 year cut-off date.

Background

Central Institute for the Deaf founder and St. Louis native, Dr. Max Goldstein earned his medical degree from the Missouri Medical College in 1892. He continued his studies in the area of ear, nose and throat in Europe and returned to the United States in 1894 determined to teach deaf children to speak. He established his medical practice in St. Louis and became professor of otology at Beaumont Hospital Medical College. Dr. Goldstein saw a potential for an entirely new field of study where teachers, otologists, and other specialists worked together with students in a stable environment – all for the purpose of teaching deaf people how to participate in the

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world around them. In 1914, he established his first institute in the second floor of his medical office where he taught deaf children and their parents how to communicate.<sup>1</sup>

He officially established the Central Institute for the Deaf in 1915 in a rented house near his medical office. The institute held classrooms, clinics, and housing for students and teachers. Early success and an aggressive fund-raising campaign allowed the completion of a new school building that opened on Kingshighway in 1917.<sup>2</sup>

#### Research at Central Institute for the Deaf

CID focused almost entirely on education during these early years. By the mid-1920s, however, Dr. Goldstein announced his plan to establish a research laboratory to study the causes of deafness and to investigate problems related to speech defects. With a constantly growing enrollment at the institute and Dr. Goldstein's wish for a research lab, CID contracted with architect William B. Ittner for a new building on adjacent property acquired at the corner of Clayton Avenue and Kingshighway.<sup>3</sup>

With the completion of the new building in 1929, research became one of CID's important functions. The third floor of the new building was dedicated almost entirely to research. A soundproof acoustic laboratory equipped with an audiometer allowed precise sound measurements.<sup>4</sup> Dr. Richard Silverman, who later became CID director, conducted early work in the lab, defining the thresholds of tolerance for loud sound. In 1930, Dr. Goldstein invited Dr. Rafael Lorente de No, one of Europe's most distinguished research scientists in neuro-anatomy to come to CID. In the building's well-equipped research wing, Dr. Lorente de No mapped microscopic structures of the inner ear and investigated the conduction of nerve impulses.<sup>5</sup>

CID had been carrying out fundamental research about hearing loss for years but during WWII, it saw an opportunity to become a national center.<sup>6</sup> Having established an outstanding reputation in research, CID earned high-dollar contracts from the

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1 Helen Schick Lane, The History of the Central Institute for the Deaf. St. Louis: Central Institute for the Deaf, 1981, 2- 5.

2 Lane, 16-18.

3 Lane, 21, 27-28.

4 Lane, 31.

5 Donald H. Eldredge and Donald R. Calvert. Developing Research Careers for Scientists. Report of Forty Years Experience at Central Institute for the Deaf. St. Louis, Central Institute for the Deaf, 1987, 5-6.

6 Dr. William Clark, Professor of Otolaryngology, Washington University. Interview with Stacy Sone April, 2004.



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National Defense Research Committee during WWII to develop testing equipment to be used in military hospitals. Each of the four military branches established hospitals equipped with testing machines developed at CID, enabling them to tackle hearing loss problems of injured soldiers.<sup>7</sup>

As research became an increasing focus at CID, the institute's board discussed a proposal to construct a new building to house the clinics and research departments. Dr. Silverman had recruited one of the otology field's brightest stars, Dr. Hallowell Davis, Associate Professor of Physiology at Harvard, to join the CID staff as director of research. When he enthusiastically accepted the offer, Dr. Davis indicated his willingness to work in the present facilities until a new building could be constructed. A campaign to raise funds for the new Clinic and Research Building started immediately.<sup>8</sup>

Dr. Davis' arrival at CID was timely – the institute had just received a \$40,000 contract from the Navy for additional research that included an analysis of physiological acoustics of the middle and inner ear. When he joined the CID team, Dr. Davis accepted an additional position at Washington University's medical school and, along with Dr. Silverman, became a special consultant to the Surgeon General of the U.S. Army.<sup>9</sup>

Under Dr. Davis' directorship, the research department became nationally recognized. Research concentrated on the essentials of hearing, investigating the means of measuring and correcting hearing loss, and designing equipment to bring sound to the hard of hearing.<sup>10</sup> At a 1948 board meeting, Dr. Davis explained many of these ongoing research projects and justified the need for new space because there was no room to expand in the current facility. The building campaign had raised over \$350,000. With the promise of \$40,000 annual contracts from the Navy and a grant for research from the Veterans Administration, the CID board determined it was in a position to move forward with its new Clinic and Research Building.<sup>11</sup>

Although CID commissioned William B. Ittner, Inc. Architects and Dickie Construction Co. to carry out the building's design and construction, it was CID staff that was responsible for the engineering plans and special features.<sup>12</sup> At the building's opening

7 Clark; Lane, 57.

8 Clark; Lane, 63-64.

9 Lane, 65-67.

10 Edwin B. Meissner, Pres. CID Board of Managers. "CID's Research Program," St. Louis Star-Times, Dec. 12, 1949.

11 Lane, 72.

12 "Building of Research Unit For Deaf Begins," St. Louis Post-Dispatch, April 7, 1950; Clark.

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ceremony, Board Director Dr. Edwin Meissner explained the scope of cooperation in the building's design:

...the planning and construction of this unusual building represents a pooling of talents in an unprecedented fashion. Scientists, architects, engineers, educators, contractors, and individual lay representatives of the Institute board collaborated to create a structure unlike any other anywhere in the world.<sup>13</sup>

In anticipation of the new research facility, CID secured additional research appointments. Dr. Keron Morrical, Professor of Electrical Engineering at Washington University joined the CID staff in 1947 and designed the acoustical and mechanical features of the new building.<sup>14</sup> The building's location next to a major highway presented problems because even the slightest vibrations could affect the highly sensitive equipment inside.<sup>15</sup> Sophisticated acoustic treatment of the interiors as well as excellent soil conditions that helped absorb vibrations, eliminated the highway's interference.<sup>16</sup>

The new building's first floor was primarily clinics and classrooms. Teacher training rooms held classes and seminars for students. Other rooms were designed for auditory rehabilitation where CID staff offered instruction in lipreading. A speech correction clinic was set aside for the diagnosis and correction of speech defects and the hearing clinic tested patients' hearing.<sup>17</sup>

The second story had an auditorium; a library that was considered perhaps the world's best-rounded collection of works on speech and hearing;<sup>18</sup> and rooms designed for research that involved observation and interaction. A "living room" laboratory was designed to study hearing and acoustics in a setting representing a normal home environment. Factors that influence the production of normal and abnormal speech were conducted in the experimental phonetics laboratory. A clinical psychology room was equipped with a one-way mirror that allowed observation of patients undergoing tests without interference. Plans for the second story also reserved space to display

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13 "New Clinic and Research Building Opens," News Notes. Central Institute for the Deaf, November, 1951.

14 Lane, 66.

15 Clark.

16 George McCue. "Unique Building to Aid the Deaf," St. Louis Post-Dispatch, Oct. 21, 1951

17 "New Clinic and Research Building Opens."

18 McCue.

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CID founder Dr. Goldstein's collection of early hearing aids and rare publications on speech and hearing.<sup>19</sup>

CID's progressive and high-tech research department that included the hearing field's most sophisticated equipment available occupied the building's third floor (figure 1). While the building was under construction, Dr. Meissner proudly announced CID's anticipated contribution to hearing research:

The building will not only expand CID's scope but will add a new citadel to science in the fight against deafness and speech handicaps. When it is completed, this will be the most complete and modern scientific center for the study of problems of speech and hearing that acoustical engineering can design.<sup>20</sup>

An electro-encephalography lab had equipment to chart brain waves to determine responses to sound. CID researchers tested hearing devices and recorded accurate sound measurements electronically in the electro-acoustics lab. The neuro-physiology lab was equipped with the latest technology to conduct on-going research on the structure of the ear and the process of hearing. Scientists studied microscopic sections of tissue from the auditory system in the histology lab. Statistical data gathered in the research labs and clinics was analyzed using equipment in the statistics laboratory.<sup>21</sup>

The Clinic and Research Building's most specialized space was a two-story anechoic chamber which was accessed on the third floor and used for testing highly sensitive equipment (figure 2). The accuracy in design of the chamber was so critical that the specific dimensions of its interior features could not be determined until the building was completed and the entire building's sound characteristics could be evaluated.<sup>22</sup> Thirty-inch-long fiberglass wedges surround all four sides of the room as well as the ceiling and floor. Wire mesh made of aircraft control cable suspended approximately three feet above the floor provides an acoustically invisible surface to walk on. This surface allows an experiment to be performed in the acoustic middle of the room.<sup>23</sup>

19 "New Clinic and Research Building Opens."

20 "Nearly Completed Building at Central Institute for the Deaf," St. Louis Star-Times, undated article, Bernard Becker Library collection.

21 McCue; "New Clinic and Research Building Opens."

22 "Lab & Clinic Building Will Feature 'Floating' Design for Good Acoustics," St. Louis Business Record, May 2, 1950.

23 "Anechoic Chamber," poster at St. Louis College of Health Careers.

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St. Louis Post-Dispatch design critic George McCue described what he referred to as the remarkable construction of the anechoic chamber:

...workers are literally suspended in space on a "floor" of guy wires within a honeycomb of insulating wedges. There, sound is soaked up by the walls to the extent that the dead silence becomes something that can be felt, like the sensations of hot and cold.

Much of the sound equipment used in testing and experiments at CID was studied in the anechoic chamber. For example, the close control of sound in the chamber permitted the accurate measurement of a loudspeaker. Unlike in an ordinary room, where sound fed through a microphone into a speaker would pick up echoes, the chamber eliminated all other noise and absorbed any echoes. The highly tuned loudspeaker could then be used in testing where a patient's brain waves were recorded to determine responses to minute changes in the sound from the speaker.<sup>24</sup>

At an open house attended by over 1,500 visitors in November, 1951, scientists offered demonstrations to show off their latest equipment in these specialized labs. The event officially marked the completion of the Clinic and Research Building which was CID's first major expansion since 1929. At the opening, CID director Dr. Richard Silverman proclaimed:

This rounds out Central Institute's four-fold program of educating the deaf and speech handicapped, training teachers in a highly specialized field, providing clinics for persons suffering from communication problems, and furthering significant research in all aspects of speech and hearing.<sup>25</sup>

The building's opening drew widespread attention. The St. Louis Post-Dispatch praised the new facility as a major addition to the scientific facilities that have helped make St. Louis the outstanding medical center that it is, and referred to the building as "a unique workshop in which free scientists from all over the world can seek out the secrets of sound."<sup>26</sup>

CID had been enthusiastically introducing its new building during the months leading to its grand opening. At the cornerstone ceremony, CID Board of Managers President Edwin B. Meissner, explained:

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24 McCue.

25 "New Clinic and Research Building Opens."

26 Undated editorial, St. Louis Post-Dispatch, Bernard Becker Library Collection; Lane, 82.

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The clinics will be equipped most modernly to assist those in need of skilled and technical tests and guidance towards improved hearing and speech. As research is the basis of progress, this building will be staffed with outstanding scientific personnel to search the unknown for the cause and cure of deafness.<sup>27</sup>

The collection of latest equipment and laboratories in the new Clinic and Research Building did indeed attract some of the field's best-known scientists from around the world. Research scientists from Japan, France, Chile, Finland and Great Britain and many other countries studied in CID's new facility and returned to their countries armed with the technology to battle hearing impairment.<sup>28</sup>

CID also secured some of Washington University's most gifted scientists. Dr. Davis enlisted the expertise of MIT-trained Dr. Jerome Cox of Washington University's electrical engineering department to develop a machine to measure minute electrical charges. The machine he developed at CID had a keyboard and monitor and was so precise that it was used to test the hearing of infants.<sup>29</sup> In CID's research facilities, Cox later supervised the design and construction of a mobile trailer laboratory to travel aboard Navy aircraft carriers. Developed in collaboration with the School of Aviation Medicine at Pensacola, Florida, the mobile lab would determine the effects of jet plane noise on the sensory and nervous systems of Navy personnel. Dr. Davis explained that, even though the findings would have primary application to aircraft carrier applications, the research would also have far-reaching applications in dealing with effects of high-intensity sound on human hearing.<sup>30</sup>

The discoveries during the early years at the Clinic and Research Building were used to develop technology that helps people who are deaf, hearing-impaired, or at risk for becoming impaired. Under construction in the third floor research lab in 1952 was an auditory training device designed to establish a sense of rhythm into the speech of individuals who are deaf and learning to talk.<sup>31</sup> CID acoustical engineer, Robert Benson, measured the acoustics of recorded sirens in the anechoic chamber and reported findings to the Civil Defense Department regarding the placement of air raid

27 "Lay Cornerstone for New Building," News Notes. Central Institute for the Deaf, Aug. 1950.

28 Clark; "Developing Research Careers for Scientists."

29 Clark.

30 "CID Named By Navy to Conduct Research on Jet Plane Noise," News Notes. Central Institute for the Deaf, October, 1954; Lane, 89.

31 Lane, 83.

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sirens.<sup>32</sup> CID scientists constructed a specially designed helmet that allowed jet plane crews to communicate in the presence of jet plane noises. In 1953, CID was chosen to become the headquarters for the new Military-Civilian Research Body to research the effects of high-intensity sound on humans.<sup>33</sup>

At the British Association for the Advancement of Science in 1952, Dr. Davis explained his theory of how the ear converts mechanical stimuli into electric impulses that nerves carry to the brain. Hair cells, Dr. Davis determined, held the key to transmitting sound to the brain. Damaged or malfunctioning hair cells prevented the ear from processing electrical information which causes deafness. Research during the 1960s and 70s at Harvard, MIT, and Bell Laboratories expanded on Dr. Davis' theory and developed a device, called a cochlear implant, which turns sound into electrical impulses that transmit sound to the brain instead of hair cells. Extensive research and developing technology has improved cochlear implants and currently allows over 60,000 people worldwide to hear.<sup>34</sup>

In 1953, Dr. Davis became the first American scientist to receive the George E. Shambaugh Prize in Otology. The award recognized his outstanding work on the physiology of hearing and the development of testing procedures for the hearing impaired.<sup>35</sup>

The research that CID conducted in its Clinic and Research Building has contributed significantly to a cure for hearing loss for thousands of people. The Central Institute for the Deaf currently operates under the auspices of the Washington University School of Medicine which continues an active role in hearing research. About one year ago, the university sold the building to the St. Louis College of Health Careers which plans to rehab the building.

32 "Testing Air Raid Sirens in Forest Park." St. Louis Post-Dispatch, Sept. 9, 1952; Lane, 84.

33 CID News Notes, Oct. 1954; Lane, 86.

34 Clark; "Sound from Silence. The Development of Cochlear Implants." National Academy of Sciences web page, Aug. 1998; Washington University School of Medicine Department of Otolaryngology web page.

35 "Dr. Hallowell Davis Wins Otology Prize," Nov. 11, 1953.

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Figure 1

Clinic and Research Building Third Floor (Source: Architectural Record, October, 1952)

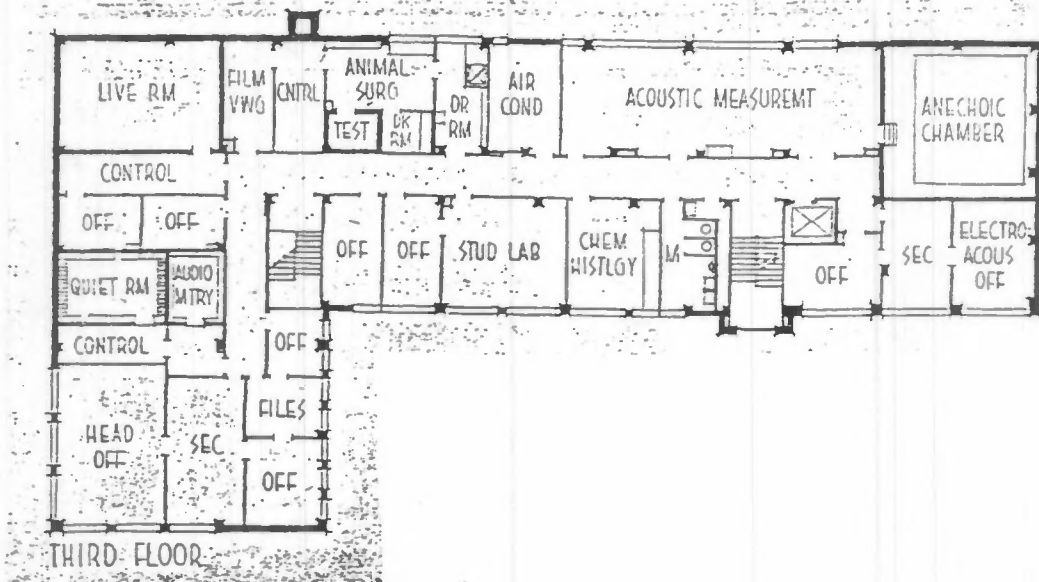
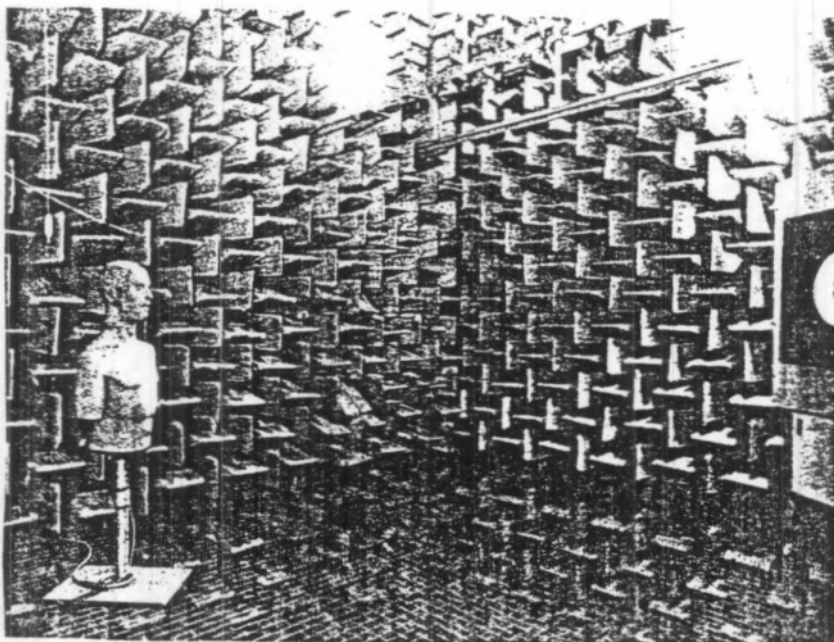


Figure 2

Anechoic Chamber (Source: CID News Notes, no date, part of Bernard Becker Library Collection)



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Bibliography

"Anechoic Chamber," poster at St. Louis College of Health Careers.

Bernard Becker Library, Washington University Medical School, CID Collection.

"Building of Research Unit for Deaf Begins," St. Louis Post-Dispatch April 7, 1950.

"Central Institute for Deaf Erecting \$500,000 Clinic," St. Louis Globe-Democrat April 7, 1950.

Clark, Dr. William W., Professor of Otolaryngology, Washington University, interview with Stacy Sone, April 28, 2004.

"Dr. Hallowell Davis Wins Otology Prize," St. Louis Globe-Democrat, Nov. 11, 1953.

Eldredge, Donald H. and Donald R. Calvert. Developing Research Careers for Scientists. Report of Forty Years Experience at Central Institute for the Deaf. St. Louis: Central Institute for the Deaf, 1987.

Graham, Evarts A., Jr. "Central Institute Expert is Leader in Research on Deafness," St. Louis Post-Dispatch, February 27, 1948.

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National Park Service

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Central Institute for the Deaf Clinic and Research Building  
St. Louis(Independent City), Missouri

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United States Department of the Interior  
National Park Service

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Continuation Sheet

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Central Institute for the Deaf Clinic and Research Building  
St. Louis (Independent City), Missouri

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**Verbal Boundary Description**

The nominated property at 909 South Taylor Avenue is approximately .455 acres on City Block 5233 in the city of St. Louis, Missouri. The parcel number for the building remains unassigned (per the Assessor's Office). The property is bounded by an alley to the south, parking lots and Taylor Avenue to the east and Highway 40 to the north and west. The property is located in Block 2 of the Kingshighway Terrace Subdivision and consists of lots 1-28. The nominated property is indicated by a dashed line on the accompanying map entitled "Central Institute for the Deaf Clinic and Research Building Boundary Map."

**Boundary Justification**

The nominated parcel includes all of the property historically associated with the Central Institute for the Deaf Clinic and Research Building.

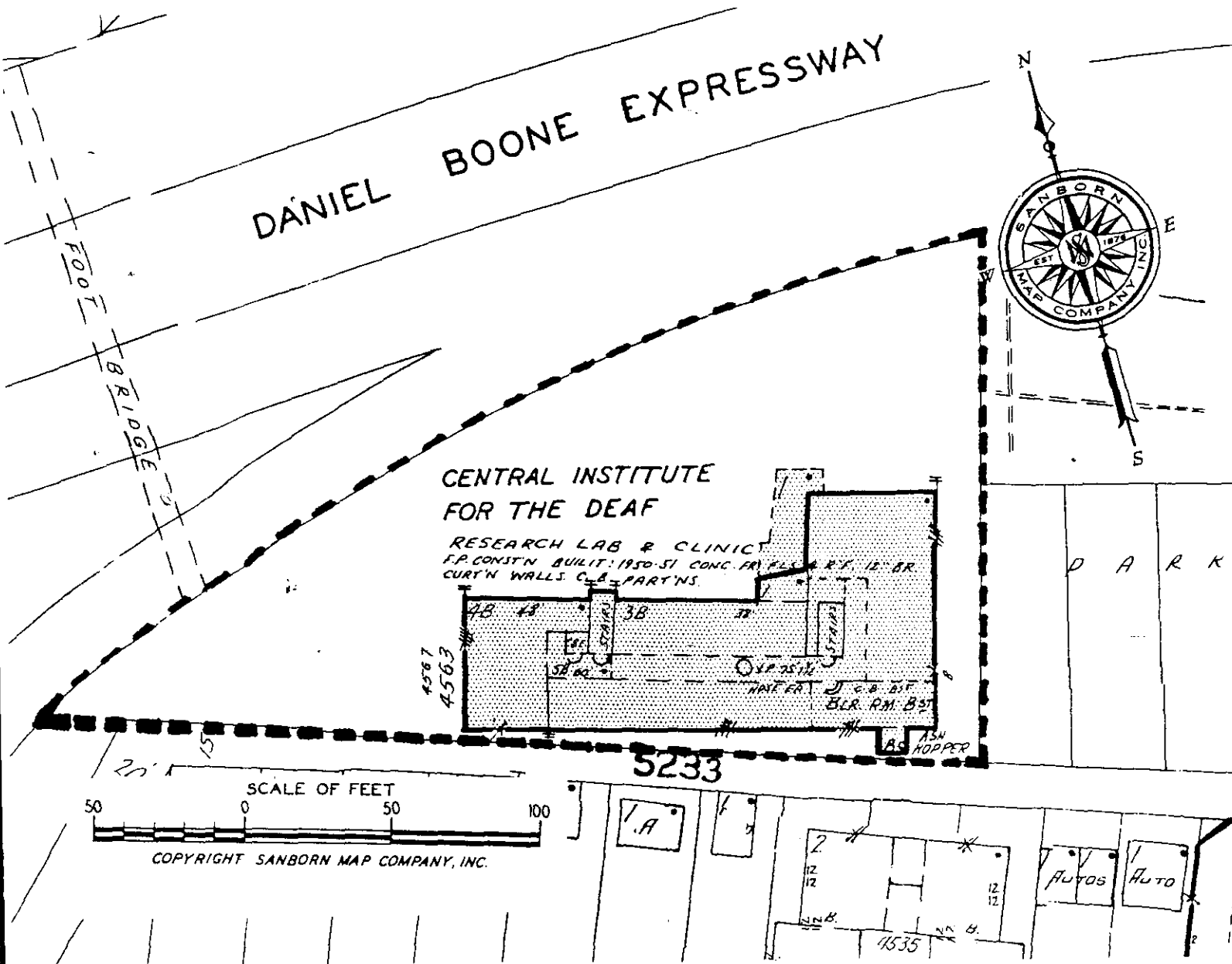
United States Department of the Interior  
National Park Service

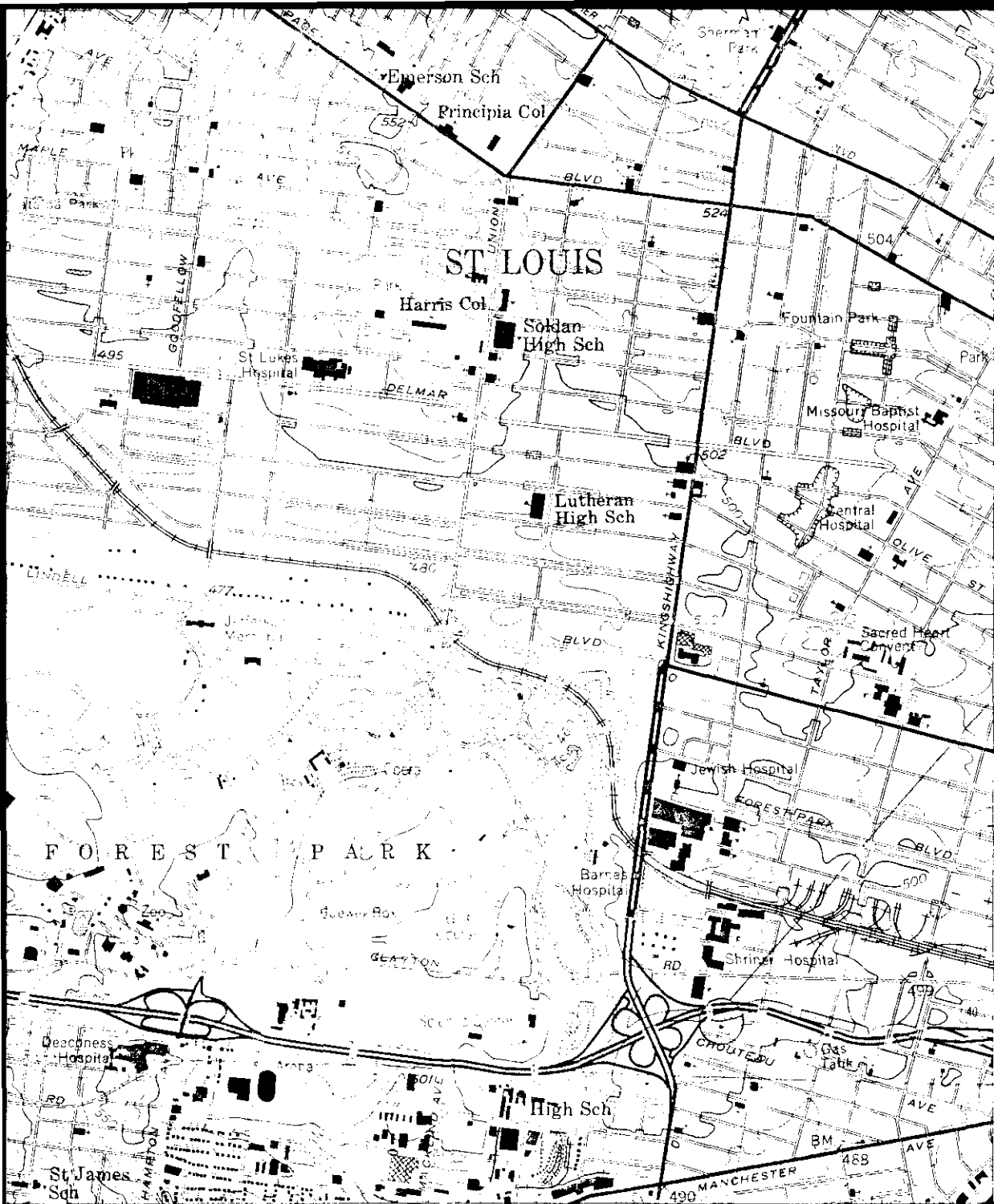
National Register of Historic Places  
Continuation Sheet

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Central Institute for the Deaf Clinic and Research Building  
St. Louis (Independent City), Missouri

Central Institute for the Deaf Clinic and Research Building Boundary Map  
Source: Sanborn Map Company, v. 5S, plate 88, 1995.





Central Institute for  
the Dead Clinic  
& Research Building  
St. Louis (Indev...  
C.M., MO

Zone 15  
Eastline  
737 33  
North 200  
4279 200

17130" 136 137 INTERIOR—GEOLOGICAL SURVEY RESTON, VIRGINIA—1993 739000m E 90°15' 38°27'30" N

ROAD CLASSIFICATION

- Primary highway, hard surface
- Secondary highway, hard surface
- Light-duty road, hard or improved surface
- Unimproved road
- Interstate Route
- U S Route
- State Route



MISSOURI  
QUADRANGLE LOCATION

Revised topographic map of Clayton, Missouri, from aerial photographs taken 1988-90 and other sources. This is a revised edition of a previous map dated 1993. Interior design and printing by the U.S. Geological Survey. It is a derivative work of the original map and is not to be used for navigation.

CLAYTON, MO.  
38090-F3-TF-024  
1954  
REVISED 1993  
DMA 7961 III NC-SERIES V879



(CAHOKIA)  
29611 SW

Central Institute for the Deaf Clinical Research Bldg  
St. Louis (ind. City), MO

Stacy Sore

4/04

Landmarks Assoc. of St. Louis

view to SE

# 1 of 6



Central Institute for the Deaf Clinic + Research Bldg.  
St. Louis (Ind. City), Mo

Stacy Some

4/04

Landmarks Assoc of St. Louis

# 2 of 6

view to SE





Central Institute for the Deaf Clinic & Research Bldg

St. Louis (ind. city), MO

Stacy Sone

4/04

Landmarks Assoc. of St. Louis

View to SW

# 3 of 6



Central Institute for the Deaf Clinic & Research Bldg

St. Louis (ind. city), MO

Stacy Sone

4/04

Landmarks Assoc. of St. Louis

view to NW

#4 of 6



Central Institute for the Deaf Clinic + Research Bldg.

St. Louis (ind. city), mo

Study Sone

4/04

Landmarks Assoc. of St. Louis

view to E

# 5 of 6



Central Institute for the Deaf Clinic & Research Bldg.  
St. Louis (ind city), MO  
Stacy Sore

4/04

Landmarks Assn. of St. Louis

view to SE

# 6 of 6

