



**5. Classification**

Ownership of Property (Check as many boxes as apply)

- private
- public-local
- public-State
- public-Federal

Category of Property (Check only one box)

- building(s)
- district
- site
- structure
- object

Number of Resources within Property

Contributing	Noncontributing	
<u>11</u>	<u>2</u>	buildings
<u>    </u>	<u>    </u>	sites
<u>    </u>	<u>    </u>	structures
<u>    </u>	<u>    </u>	objects
<u>11</u>	<u>2</u>	Total

Number of contributing resources previously listed in the National Register 0

Name of related multiple property listing (Enter "N/A" if property is not part of a multiple property listing.)

N/A

**6. Function or Use**

Historic Functions (Enter categories from instructions)

Cat: HEALTH CARE Sub: hospital

Current Functions (Enter categories from instructions)

Cat: VACANT Sub:     

**7. Description**

Architectural Classification (Enter categories from instructions)

Colonial Revival  
MODERN MOVEMENT

Materials (Enter categories from instructions)

foundation	<u>STONE: Granite</u>
	<u>STONE: Limestone</u>
roof	<u>SLATE</u>
	<u>ASPHALT</u>
walls	<u>BRICK</u>
other	<u>WOOD</u>
	<u>STONE: Limestone</u>
	<u>TERRA COTTA</u>

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 (Mark "X" in all the boxes that apply.)

- A owned by a religious institution or used for religious purposes.
- B removed from its original location.
- C a birthplace or a 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 (Enter categories from instructions)

ARCHITECTURE  
HEALTH/MEDICINE

Period of Significance 1905-1950

Significant Dates n/a

Significant Person (Complete if Criterion B is marked above) N/A

Cultural Affiliation N/A

Architect/Builder Groves, Albert B.  
Osburg, Albert  
Smith, John

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

**9. Major Bibliographical References**

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: Landmarks Association of St. Louis, Inc.

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**10. Geographical Data**

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Acreage of Property 6.6

UTM References (Place additional UTM references on a continuation sheet)

	Zone Easting	Northing	Zone Easting	Northing
1	<u>15</u>	<u>743120</u>	<u>4277440</u>	
2				

\_\_\_ 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.)

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**11. Form Prepared By**

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name/title Lynn Josse, Associate Research Director

organization Landmarks Association of St. Louis date November 27, 2000

street & number 917 Locust 7th Floor telephone (314) 421-6474

city or town St. Louis state MO zip code 63101-1413

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**Additional Documentation**

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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)

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**Property Owner**

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

name City of St. Louis: Land Reutilization Authority (Otis Williams, Director)

street & number 1015 Locust Street, Suite 1200 telephone (314) 622-3400

city or town St. Louis state MO zip code 63101

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## NATIONAL REGISTER OF HISTORIC PLACES CONTINUATION SHEET

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City Hospital Historic District  
St. Louis [Independent City], Missouri

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### Summary

The City Hospital Historic District consists of 13 buildings constructed between 1905 and 1971; eleven are contributing and two are non-contributing. The site, a few blocks south of the southern boundary of downtown St. Louis, was first used for a hospital by the City in 1846. It is located in a residential section of south St. Louis: the Lafayette Square historic district (NR, listed 1972) is just west, a 1942 public housing project just north, and a former public housing project site, now razed to make way for new housing, to the northeast. The junction of two interstate highways is beyond a few residential blocks to the south. The oldest of the extant buildings was placed in service in 1905. The contributing buildings in the district are unified by a Georgian Revival theme expressed in brick with stone, wood and terra cotta trim. With the exception of the 1941 Tower Building, the contributing resources share the same brick color and a remarkably consistent use of ornament (such as keystones and quoins), resulting in a complex of remarkable unity. With the exception of the Laundry and Power Buildings north of Carroll Street and the Garage, all of the buildings of the complex are either directly attached to one another or linked by above-ground corridors and bridges.

### Introduction

City Hospital Historic District is located in the City of St. Louis, Missouri, a few blocks south of the southern edge of downtown. The roughly L-shaped site encompasses a large complex of eleven buildings bounded by Lafayette Avenue, Grattan, Carroll, St. Ange, and Fourteenth Streets, plus two free-standing buildings to the north of Carroll Street. The district includes eleven contributing buildings and two non-contributing buildings, listed below. Dates given are dates of completion.

#### Contributing

"E" Building (1905)  
Commissioner's Building (1907)  
Administration Building (1912)  
West Ward Building (1912)  
East Ward Building (1912)  
Clinic Building (1921)  
Garage (c. 1921)  
Power Building (1937)  
Laundry Building (1940)  
Tower Building (1941)  
Services Building (1940)

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Non-Contributing

Snodgras Laboratory (1961)  
Ancillary Services Building (begun 1971)

Integrity and Condition

Overall, the buildings of the district appear to be in good structural condition but are subject to the predictable deterioration of disuse and neglect. The complex was abandoned in 1985. Imperfect security has left the buildings easily accessible, and signs of vandalism - both looting and arbitrary destruction - are ubiquitous. In some areas, this vandalism has accelerated the natural deterioration of the structures, especially where windows have been broken or removed and where other exterior materials (such as cladding for the cupolas and dormers) have been stripped. Wooden elements at the rooflines of the hipped-roof buildings have also deteriorated. While the buildings all appear to be quite solidly constructed and are good candidates for renovation, there is very little left in the way of salvageable interior features or finishes.

In general, the interior plans and finishes have been altered since the initial construction (except in some of the newer buildings), but the exteriors of the buildings retain integrity. The addition of the Ancillary Services Building in 1971 attacked the integrity of the buildings it touches by covering up their first floors, but this is a consideration only on the interior of the complex. It affects portions of the Tower, East and West Ward Buildings, E Building, and a very small section of the Service Building. At the south end of the Ancillary Services building, portions of the adjacent buildings are left unaltered by the use of light wells. This addition does not alter any primary elevations of these buildings, and does not extend above the first floor.

Contributing Buildings

**"E" Building**

(original Kitchen Building, also referred to as Dormitory Building; architect unknown, 1905)  
Photo 4; also visible in photos 1 and 3

This four story building is the oldest in the complex, and the only original building remaining from the hospital which opened on this site in 1905. It is also the only building in the district which has no street frontage, making it more difficult to view than the rest. It was designed in the same Georgian Revival idiom as the other early buildings of the complex, using red brick with stone and

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terra cotta trim. A two-story corridor which connects the oldest buildings of the complex runs along the east side of the building. A one-story northern addition of unknown date fills in the space between the E Building and the east-west connecting corridor which runs between the Tower and Clinic Building. This addition is strictly infill and has no exterior elevations. The one-story Ancillary Services Building is attached at the western side of the building.

The footprint of the building is rectangular, but the plan opens up into a south-facing "U" shape above the second story. The sash windows are six panes over six, some with sidelights; all have stone keystones and end blocks, a characteristic of the first buildings of the complex. Limestone courses run above the first and third stories. At the east, a door at the third story opens onto the roof of the two-story connecting corridor. The corridor itself, considered part of the building for the purposes of the nomination, is two stories high with round-arched windows at the second level above square windows at the first. The cornice appears to be terra cotta, with a dentil course just below the eaves. Small wooden gabled dormers in the hipped slate roof are badly deteriorated. A much larger gabled dormer, brick faced with concrete sides (once covered with slate), faces east and may be a later addition.

This building does not retain any interior features from its period as the City Hospital kitchen building; over the years its was modified to serve as a dormitory and for other uses. There is a small chapel at the second story, but this is not original.

The building is in fair to poor condition; the exterior suffers from severe roof deterioration and some cracks in the brickwork. The interior is also deteriorating, and much of the paint and plaster is coming off the walls. Vandalism has also taken a toll on the windows and fixtures.

**Commissioner's Building**

(original Administration Building; James Smith, Building Commissioner, 1907)

Photos 5 and 6; also visible in photo 3

The Commissioner's Building is a flat-roofed red brick building, rectangular in plan, facing roughly east at the eastern boundary of the district. Its five-bay facade and three-bay sides use wood and limestone trim. The building's site is raised above street level. The basement level of the building is rusticated brick set on a limestone foundation (every sixth course of brick is set back). Marble and concrete front steps in two flights rise to the first story from the street, framed with stone pylons at the sidewalk. Limestone-capped brick closed balustrades lead up the stairs to the boarded front entrance. At the first story, the arched front entrance has a wood surround comprised of a classical entablature supported on either side by a column and pilaster. In the center of the modillioned entablature is a sign which reads "Department of Health and Hospitals

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Hospital Division." Above the entryway, the wood structure which once supported the balcony is dilapidated and, in some areas, missing. The second story balcony door is also wood, continuing the surround from the first story; it has a bracketed round arch hood but is missing some of its ornamental trim (a cartouche is clearly missing along with other elements).

The first and second stories of the building are flat brick with brick quoin detailing at the corners, set apart from the basement level by a stone water table. Windows at each bay have stone sills and keystoned flat arch lintels, boarded at the first floor. Where extant at the second story, the sash windows are six-over-ones. The third story is separated by a limestone course; its windows are similar but shorter, and there are no quoins. Much of the wood cornice is missing; the extant portion shows modillions or their shadows, with a terra cotta parapet cap above.

The north and south elevations are similar to the east. Each includes a single, slightly projecting, wood-framed Palladian window at the second story.

The rear of the building features segmental arched windows centered around a large stair window opening at the second and third stories. The large window itself is completely missing, resulting in the deterioration of the structural brick wall below. The two-story corridor which connects the earliest buildings of the complex attaches at the rear of the building. The portion of the corridor up to its junction with the main corridor between the E and East Ward Buildings is considered, for the purposes of the nomination, part of the Commissioner's Building. It is two stories with large arched windows at the second story and square windows at the first.

The Commissioner's Building is one of the only places in the entire district where some original interior ornament is extant. The front hall of the building still has pilasters supporting a cove ceiling with plaster trim (Photo 6). The main stair at the rear of the building also features ornamental ironwork on the stringer. The plan generally divides the front and rear of the building in two, with a hall associated with the main stair at the rear of the building and a separate door leading into the front half. The plan is surprisingly intact given the number of uses this building was put to in its career, and there are many historic doors with high transoms. The condition of the building is not good, although it appears that it is probably structurally sound. The balustrade above the entryway is missing, as is the large stair window at the rear; many other windows are broken or missing. As in the other buildings, there are many locations in which the paint and plaster have fallen, and many fixtures have been ripped out.



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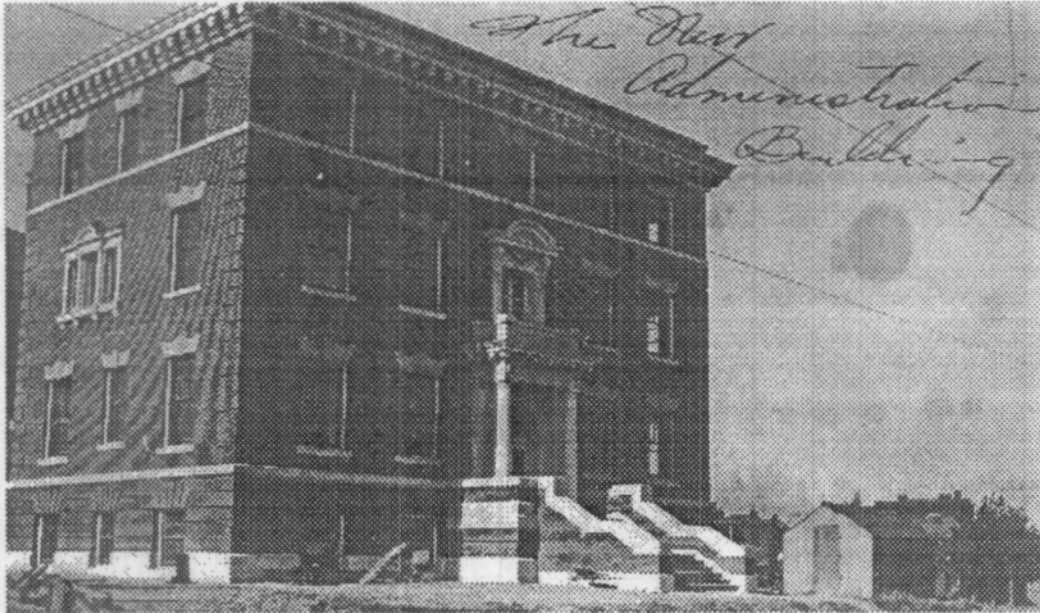


Figure 1. Commissioner's Building (originally the Administration Building) c. 1907. Photo courtesy of Becker Medical Library, Washington University School of Medicine.

**Administration Building**  
(Albert B. Groves, 1912)

Photo 7; rear is visible in photo 2

The Administration Building is a five-story red brick building, constructed beginning in 1909, with a rectangular footprint. With its contemporaries, the attached East and West Ward Buildings, it defines a large front courtyard which served as the primary entrance to City Hospital from the time the buildings opened in 1912 until the opening of the Tower Building in 1941. This courtyard slopes up from the street to a limestone retaining wall that creates a light well for the basement level of the three buildings. The original stone gates have been removed, and the front court is now filled with weeds.

The Administration Building's eleven bay facade is capped by a slate hipped roof. The facade is organized into three sections; the center section, five bays wide, is flanked by slightly projecting outer blocks of three bays each. Above a brick basement story (visible in a light well) and wide stone water table, the first story creates an arcade of round-arched openings. The center entrance is a wide doorway set under a limestone segmental arch entablature supported on engaged

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Corinthian columns. The left three bays also depart from the arcade pattern with the use of a Palladian window arrangement. The second, third and fourth stories are treated as the main body of the building. In the center five bays, colossal limestone Roman Ionic engaged columns set each bay apart. The second story windows are the most elaborate, with sidelights as well as stone key and end blocks. At the third story, windows are elaborated with stone keystones, and at the fourth story, the windows are shorter than the lower stories. The outer blocks are defined with brick quoins; as at the center, the lowest windows are the most elaborated, here with round arches. Treatments of the third and fourth story windows are similar to those at the center bay. A stone entablature at the head of the fourth story windows is inscribed with "City Hospital" across the center bays. At the top story, the outer three bays on each side project and are enriched with quoins as below; a single window at each bay carries the stone and wood cornice, which separates a low parapet wall. The slate-covered hipped roof has six round dormers and the structure of a central cupola, its original cladding now missing.

All of the first story openings are boarded; upper story windows are largely broken out but enough remain to show that they are six-over-six wood sashes. The original stone steps have also been removed.

The interior has an east-west center hall, double-loaded. The original front entrance appears to have been remodeled several times; marble facing has been removed by vandals although some of it is still on the floor. Interior condition is generally poor; water leakage has caused significant damage, and vandals have stolen or destroyed any removable features, including sections of iron stairs which are broken and/or completely missing. The exterior, although boarded, is generally intact. The cladding for the cupola and dormers has been removed, leaving the structure exposed, and a stone balustrade shown in original photos has been removed. Portions of the slate roof are missing, and many upper story windows are broken or missing.

### **East Ward Building**

### **West Ward Building**

(Albert B. Groves, 1912)

Photos 7-9; rear of West Ward Building in Photo 2

The east and west ward buildings are virtual mirror images of each other. They are located at the east and west end of the Administration Building, joined to it by single-story connectors above ground and a basement level below ground. Each building consists of a five-story center block with two four-story ward wings (six bays long and three bays wide, projecting to the south and to the side from the Administration Building). A light well exposes much of the basement. At the first stories, the water table and the string courses above the windows are carried over from the

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**Administration Building.** Corners above the basement and first story are defined by quoins, and windows at the lower three stories use stone keystones. An additional stone course separates the third story from the shorter fourth story. Rear elevations are similar to the front, although the bottom floor windows of the west wing are filled with brick.

The wings are topped by shallow gable roofs which form pediments facing the streets; the roof structure at the center blocks are more complex, with a main hip culminating in a cupola (stripped like the Administration Building's of all cladding) and a gabled rear section with a shed section. The slate roof shingles are deteriorated or missing in sections, most notably near the cornice.

Typical interior floor plans consist of open wards in the front and side wings, and offices, labs and service spaces in the center and rear spaces. The east building also includes a rear projection where the two-story connecting corridor attaches. For the purposes of the nomination, the corridor is considered part of the East Ward Building up to its junction with the corridors that connect to the E and Commissioner's Buildings. The corridor is two stories high and has large arched windows to either side.

Exterior and interior conditions are comparable to the Administration Building and others in the complex. Roof damage and vandalism have left the building's surfaces in fair to poor condition, although no structural problems are obvious.

**Clinic Building**

(Architect unknown; 1921)

Photo 10; north elevation is visible in Photo 1

The Clinic Building is a simple four-story red brick box, eleven bays wide facing St. Ange Street and five bays deep. It is detailed with limestone and white terra cotta trim and is comparable to the other pre-1930s buildings in terms of style and detailing.

Above a granite foundation, three granite steps lead to a centered entrance with a limestone surround. The doorway itself is framed by a palmette surround and flanked by Corinthian pilasters which support a frieze embellished by swags and, at either end, foliated Greek crosses. Above the entablature, a stone plinth at the second story window is inscribed "Clinic Building." This forms the base for the limestone pedimented window surround.

The first story of the clinic building is rusticated brick (every 6th course is set back) above a stone water table. The second and third stories are treated as a unit, separated from the first story by a

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stone course between stories and a sill course. The second story windows are taller than the third (which have no transoms), but they are articulated similarly, with simple brick lintels and a stone keystone. The fourth story is separated by a terra cotta modillioned cornice and features sets of triple windows, small and narrow, at each bay separated by brick pilaster-like panels which maintain the rhythm of the bays. Above the fourth story, a terra cotta cornice is topped by a short parapet wall.

The five-bay south elevation is articulated similarly to the east, except that the first floor is rusticated only at the outer bays. The three center bays are of flat brick with irregular windows and a door. The five-bay north elevation is very similar to the facade. At the west elevation, the one-story extension from the Services Building is attached at the first floor; above this, the second and third stories are comparable to the other elevations. The fourth story features irregular fenestration (including some windows with stone sills and others, mostly bricked in, which are wider with terra cotta sills).

The interior plan probably still reflects the 1940 remodeling. Each floor had a separate clinical purpose; typically, an open waiting area at the north end of the building is surrounded by small examination rooms. There is one set of stairs and one elevator.

The interior condition of this building is somewhat better than some of the others, but it still evidences deterioration and vandalism. The exterior condition is also better than some of the earlier buildings, due in part to a relative lack of ornamental trim to vandalize and also to the use of more durable materials rather than wood.

**Garage**

(Architect unknown; c. 1921)

Photo 3 and Photo 5

This irregularly shaped red brick building nestles between the Commissioner's Building and the Clinic Building. Above a stone foundation, the east elevation uses brick quoins and an elaborated segmental arch over a wood-paneled garage door. A wide stone course separates the low parapet wall. The next bay to the south also faces roughly east; it is three bays wide with small, high boarded windows. The south elevation is four bays wide, articulated similar to the other elevations; a pipe extends from this wall and goes into the wall of the Commissioner's Building. The roof is flat and has a wide clerestory vent. Exterior condition is good.

The interior of this building is not accessible.

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**Power Building**  
(Albert Osburg, 1937)  
Photos 11-12

This irregularly massed building has a simple rectangular plan. Despite its modern function, the exterior detailing conforms to the Georgian Revival aesthetic established in earlier buildings. The exterior is of red brick, much the same as the earlier buildings, and stone trim. Both the wide east and west elevations are six bays long, with loading bays in the center four. Rusticated brick separates the bays and defines the corners. The narrower outer bays have doors at the west side, which is only a single story high. The three-story east elevation has windows instead. Above the first story at the east, brick pilasters with stone capitals separate the bays. The wider center bays use pairs of keystone windows; the northern bay uses a single window, while the southern bay is blind. The five-bay side elevations reflect the stepped massing of the building - the western two bays are a single story, the next two bays are about two stories high, and the eastern bay is three. Windows at the western bays are filled with glass block; at the next two bays, the much larger windows are boarded. The eastern bay at the south side has a ground-level loading door. A variety of equipment is located on the roof, as is the massive brick smokestack which is one of the defining features of the City Hospital skyline.

The interior of the power building has a steel structure which integrates three levels of catwalks, coal hoppers, and power generating machinery above a separate basement level. The eastern and western bays include loading areas and are predominantly open.

**Laundry**  
(Albert Osburg, 1940)  
Photo 13

The Laundry is a tall single-story building of red brick with limestone trim. The exaggerated foundation, also limestone, is about five feet high; above this, the body of the building is red brick. Raised brick panels imitate quoins at the corners of the building and define its bays. The east elevation is three bays wide, with a door at the left bay. There are large single windows in the outer bays; the inner bay has four narrower windows. All have limestone sills and keystones. A limestone course separates a brick parapet wall which hides the base of the slate hipped roof.

The southern elevation is similar to the east, with seven equal bays. Both the north and west are articulated in a similar manner; there are one-story projections at both of these elevations.

Beyond a small office area at the western end of the building, the interior is a single open space.

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A balcony overlooks the main floor on the west and south sides of the building. The interior retains integrity, although there is considerable damage to floors and windows.

**Services Building**  
(Albert Osburg, 1940)  
Photos 1, 10

This building is also attributed to Osburg. The four-story building is identical to the Clinic Building in its detailing, although its proportions are broader: where the Clinic Building uses a single window, the Services Building uses pairs. It includes a main four-story section, five bays wide, as well as a one-story five-bay connector which extends between it and the Clinic Building. This single-story section is detailed to match the first stories of the main building, and blends seamlessly with the earlier Clinic Building. Its interior is a single kitchen space, lit from above with a large clerestory of frame windows supported on steel beams.

The one-story Ancillary Services Building connects to the west side of the Services Building. The two-story connecting corridor to the north was essentially absorbed into this building when it was constructed, and the one-story Diet Kitchen wing to the north of the corridor is also included as part of this building.

In general, the exterior condition of this building is good and the interior is fair, suffering from many of the same deterioration and vandalism issues as other buildings in the district.

**Tower Building**  
(New City Hospital Building - Albert Osburg, 1941)  
Photos 1, 2, 10

Albert Osburg's 14-story Tower Building replaced the original octagon wards in 1939. Unlike its contemporaries (the Power, Laundry, and Services Buildings), the Tower Building's scale does not permit an imitation of the earlier architecture of the district. Instead, city architect Albert Osburg used details which recalled the Georgian aesthetic of the complex - keystones, limestone sills and six-over-six windows - but left the building relatively plain. A different brick color, much more orange than the rest of the buildings to that date, provides additional visual separation between the tower and the earlier buildings, although the gray granite foundation is the same as the buildings to the east.

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The basic footprint of the Tower Building is roughly "u"-shaped, with two arms extending to the south and also a small arm extending to the east. The western arm is only six stories high; the eastern arm, like the main building, is fourteen stories. The top story is less than full height and houses mechanical systems. The building gains an additional story with projections at the southern two bays of the east arm, and also above the intersection of the west arm with the base of the "u". There is a two-story projection housing mechanical systems at the intersection of the east arm and the base of the "u", for a maximum height of 16 stories. (The stories are numbered European-style, so the first story is one above ground and the top story is numbered 13, accounting for historic references to the tower as a 13-story building.)

The main entrance to the tower is at the northern elevation under a balustraded projecting pull-through for cars and ambulances. This elevation is arranged symmetrically except for the additional east wing. The center three bays are doubled, with two windows each; they follow the width of the drive-through and project slightly from the rest of the building. To either side of this projection are six bays of evenly spaced single windows; set back at the eastern end of the building are an additional two bays of paired windows.

The first story, at the northern elevation, is rusticated stone with unelaborated windows; the second story also uses a stone surface with stone window surrounds as well as keystones, and is separated from the shaft of the building by a stone sill course. The east and west elevations of this main spine of the building are also articulated in a similar manner. The third story windows have stone keystones, but is otherwise similar to the seven stories above it, in which simple six-over-six windows are set into a flat brick wall. Above this at the 11th story, a stone course separates a two-story crown, which uses two-story stone pilasters at the center bays of the north elevation as well as the east and west elevations of the main tower. Between the pilasters and at the other elevations, each vertical pair of windows is connected by a common stone frame with a stone spandrel in between. At the top, set apart by a stone cornice, is a reduced-height attic story.

The interior of the tower generally conforms to a double-loaded corridor plan, with a wide variety of specialty, medical, and surgical rooms. Perhaps the most unusual and significant interior spaces are the gallery operating rooms, which include operating rooms on the second floor (actually the third story from the ground) and viewing areas above a glass dome on the floor above. The most common surface materials are green tile and plaster; as in the rest of the complex, interior damage is extensive and there are no valuable finishes or materials in evidence.

The Tower Building is slated for demolition in 2001.

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**Noncontributing Buildings**

**Snodgras Laboratory**

(Jamieson, Spearl, Hammond & Grolock, 1961)

Photo 2

This four-story building was begun in 1959 and occupied in 1961; it is the last separate building to be constructed in the City Hospital district. Although the main exterior material is red-orange brick (which matches both the Tower and Ancillary buildings), the detailing is clearly derived from the international style and modernism. The footprint is rectangular with several projections (two stair towers and a bridge); the roof is flat.

The main entrance to the building is at the east elevation, directly beneath a 3-story bridge which connects the lab to the Tower building. The bridge is considered part of the Snodgras Laboratory. The east elevation is otherwise similar to the west. No one elevation clearly stands out as a primary facade.

The northern elevation is a simple brick wall, four bays wide, with small square windows at each bay. The western elevation is more elaborate. Thin limestone vertical ribs divide each of the four bays. The second bay is a projecting stair tower; in the other three bays, horizontal strips of windows (five attached windows consisting of five horizontal panes each) stretch between the limestone ribs above the brick lower half of each story. There was once a single-story projection at the south end of this elevation, but most of it has been removed. The southern elevation is divided into five bays; the western three have simple windows of five or three horizontal panes. The eastern bay is blind, indicating the location of the elevator (also indicated by a one-story tower above the roofline) and next to this is another projecting stair tower.

The interior plan is centered around the entrance, elevator and stair hall at the southeast corner of the building. Interior walls are generally structural concrete blocks, making this building somewhat harder to vandalize and less subject to surface deterioration than the others. However, there is ample evidence of vandals and inhabitants; many doors are removed or broken, windows are damaged or missing, and the previous contents of the building are strewn about. The Snodgras laboratory is slated for demolition in the year 2001.



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**Ancillary Services Building**

(Schwarz & Henmi, designed 1971)

Photos 1, 2

The final building constructed in the City Hospital district is the Ancillary Services Building, which filled in many of the pre-existing courtyard areas with emergency and lab space, providing an indoor connection between the different parts of the hospital. This building is largely located within the interior of the complex, and only a few parts of it spread out to the street to show its orange brick exterior walls. At the northern end of the main complex, the Ancillary Services Building is manifested as an emergency wing located between the Tower and the Services buildings. At the western end, it forms a one-story wall between the Tower and the West Ward buildings. It is unornamented, using a simple limestone coping for its trim. At the emergency entrance, a large overhang for receiving extends north from the main building.

The interior is integrated into the rest of the complex, and in some areas it is difficult to tell where one building ends and the next begins. Although the plans of many of the adjacent buildings were only altered enough to create openings into the new building, from the interior of the complex the division between buildings can be blurry at best, and this has a negative effect on the complex's integrity. Fortunately this problem does not extend above the first floor.

Interior condition is comparable to the other buildings of the complex. The Ancillary Services Building is slated for demolition in 2001.

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### Narrative Statement of Significance

#### Summary

The City Hospital Historic District is locally significant under Criterion A in the area of HEALTH/MEDICINE and under Criterion C in the area of ARCHITECTURE. Although a municipal hospital existed on this site as early as 1846, the first buildings of the present complex opened to the public in 1905. Throughout the period of significance, the hospital was the flagship institution in a series of municipal health establishments designed to care for the medical needs of a major urban center. In the area of Architecture, City Hospital provides excellent examples of early 20th century institutional architecture. The complex reflects eight decades of building history, united in large part by a common respect for the original Georgian Revival theme established with the construction of the first buildings in 1905. The period of significance is 1905-1950, reflecting the opening of the hospital and an arbitrary end date reflecting a 50-year cutoff. The district includes 11 contributing and 2 non-contributing buildings. Although much of the interior of the complex has been infilled with a one-story connector building, most of the contributing resources still read as intact individual buildings. Despite deterioration, vandalism, and interior modifications, they retain sufficient integrity to convey their significance as examples of the Georgian Revival style and as the elements of a complete municipal hospital complex.

#### Background/Health

In 1820, 56 years after its founding, St. Louis was a small frontier town of 4598 inhabitants.<sup>1</sup> The first mayor of the City of St. Louis (incorporated in 1822) was William Carr Lane, a physician who had come from Philadelphia in 1819. In his 1823 inaugural address, Lane recommended that a hospital be built and called for a variety of other improvements to benefit the public health. The City, however, could not even afford to pave most of its streets at that time, and Lane's dream of a public hospital would go unfulfilled for another two decades. In the meantime, the Daughters of Charity of St. Vincent de Paul established "the St. Louis Hospital" in 1828. Its name later changed to Mullanphy Hospital and eventually DePaul.<sup>2</sup>

<sup>1</sup>James Neal Primm, *Lion of the Valley*. Boulder, Colorado: Pruitt Publishing Company, 1981. 107.

<sup>2</sup>"Our St. Louis Hospitals" booklet, souvenir of the 37th annual convention of the American Medical Association, no date, unpagged. Missouri Historical Society collection, St. Louis.

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The City subsidized the operation of the St. Louis Hospital until a municipal facility was finally opened in 1846.<sup>3</sup> The new building's location was south and west of established residential areas, but well within the enlarged city limits of 1841. (This is the same site the building occupies today.) Most of the original City Hospital was destroyed by fire on May 15, 1856. All of the patients were rescued, although one "demented Italian" ran back into the fire and died. Patients were temporarily lodged at the St. Louis Hospital until the City arranged for use of parts of the federal government's Marine Hospital and the County Farm. Reconstruction was swift, and a new building on the same site opened in July 1857.

The hospital admitted 1,214 patients in the 1847-48 fiscal year; 1,784 patients were admitted in twelve months of 1863-64. The 1867 annual report (the first report on City Hospital made to the newly formed Board of Health) provides an interesting snapshot of the hospital's service to the city. During the last nine months of that year, the hospital treated 2,413 patients. Fewer than a third were native-born Americans (771); of these, 225 were African-American. The largest foreign-born ethnic group was the Irish, with 761 patients. 599 patients were born in Germany; of the other countries represented, none had more than 61 patients. Only 10 of the patients admitted were over 70 years of age, and only 32 were under ten. By far the most common ailments were Intermittent tertian fever (354 admissions) and Remittent fever (314 admitted), two classifications used in the mid-19th century to describe symptoms of malaria and other diseases. 129 patients were admitted with Asiatic cholera, of whom 109 died. There were 121 pregnancies, of whom 96 were marked in the "cured" column (accounting for the 97 births in that period). There were 87 cases of Secondary syphilis and 77 cases of Primary syphilis; 80 cases of acute diarrhoea and 75 cases of chronic diarrhoea. The remaining 141 conditions listed had fewer than 60 cases each, including alcoholism (16), gunshot wounds (11), burns (12), and cancer (1).

On May 27, 1896, the rebuilt hospital was again destroyed, this time by "the most disastrous tornado recorded in the West."<sup>4</sup> According to Health Commissioner Max Starkloff, "It destroyed several thousand homes, killed one hundred and thirty-three people, maimed and injured some six hundred, and in its path swept away the City Hospital, in which were 480 patients. . . . After

<sup>3</sup>"First Annual Report of the Board of Health of the City of St. Louis." City of St. Louis, Missouri, 1868. 57. Also Primm.

<sup>4</sup>Annual Report of the Health Department, 1896-97. 13.

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viewing the ruins of this disastrous storm, it seems incomprehensible that but two lives were sacrificed at the Hospital."<sup>5</sup> Patients were immediately moved into temporary quarters at 17th and Pine Street just northeast of the new Union Station, a vacant convent building hastily adapted for hospital use. The original lease on the property was for a period of two years, but the City moved slowly in its efforts to rebuild, and it would be over nine years before the new City Hospital was ready to admit patients.

In 1898, the *St. Louis Post-Dispatch* attributed delays in the construction of a new hospital to the City's efforts to gain possession of the Bryan Mullanphy fund. The former mayor had directed that his sizable estate be used for the relief of immigrants, resulting in the construction of the Mullanphy Emigrant Home (1867, the centerpiece of the Mullanphy NR District, listed 1983). The newspaper reported that the City, which was also trustee of the fund, was suing to allow \$450,000 of the estate to be used for construction of the hospital. The effort apparently did not succeed.<sup>6</sup>

In the Health Department's Annual Report of 1901-02, the Hospital Superintendent expressed a hope that the new buildings would be complete by the following year. Although the first buildings of the group were planned as early as 1900, the hospital was not actually constructed and ready for occupancy until 1905. (See Figure 2, p. 18.) The original plan for a new building group included three ward buildings, a kitchen and a laundry (1900); by 1902 a surgical building appeared on site plans for the group.<sup>7</sup> The original kitchen, or "E" building, is the only member of this group which survives. Even before the hospital was completed, Health Department reports stated that "the capacity of the building will prove to be entirely inadequate when it is ready for use. As the matter now stands, this new hospital will not be large enough to house all the sick the city has to care for, but the completion of it appears to be the only course open for the city at this time."<sup>8</sup> In 1905 two additional buildings were permitted: a pathology building (demolished) followed by an administration building (extant – now known as the

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<sup>5</sup>Ibid.

<sup>6</sup>"Reforms Required in City Hospital," *St. Louis Post-Dispatch*, December 19 1898.

<sup>7</sup>St. Louis Board of Public Service plans for City Hospital, Sheet 1 and sheet 91, City Hall, St. Louis.

<sup>8</sup>Annual Report of the Health Department, 1903-1904. St. Louis, 1904.

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Commissioner's Building). Their completion resulted in an eight-building group, all but one connected by above-ground corridors. As early as 1902, plans indicate a "proposed connecting corridor" which is shown branching off in the direction of the as-yet-undesigned administration building and to the east wing of the front building, which was not begun until 1909. This site plan is the only document that has been found which indicates that the complete c. 1912 ensemble may have been the result of a long-range plan.

The first wards of the new building group opened on August 10, 1905. A doctor later wrote: "The great task of moving nearly 400 patients, many of whom were desperately sick and wounded, was performed with wonderful swiftness and lack of accident. In one day the entire task was completed, less time than is required to move an ordinary household. All the ambulances, many omnibuses, street cars and stake wagons were used."<sup>9</sup> The *St. Louis Globe-Democrat* reported that the public's interest in the new buildings was so great as to cause annoyance for the patients and staff. A policeman was posted in the reception room to keep out the crowd, but this did not prevent the most curious from trying to climb in the windows.<sup>10</sup>

By 1908, the Health Department's annual report offered this description of the complex (including the Administration Building – now the Commissioner's Building – and Laboratory, both begun in 1905):

This group, at present, is composed of eight buildings, all of them, with one exception, connected by a closed corridor. The building which stands alone is for isolation of patients and is now being used for cases of infectious diseases and cases of tuberculosis. There are two buildings, similar in construction, provided with octagonal wards, which are used for both medical and surgical cases. These buildings are three stories high, and have an attic which is used for cases of observation or detention. In connection with each ward, there are also smaller rooms for the treatment of patients. Each building is provided with the usual conveniences, such as dumb-waiter, passenger elevator, and other rooms for the use of the nurses. In addition to these structures, there is a building provided with operating rooms, a building for the bacteriological and Pathological Laboratory, a Kitchen building and dormitory, a power-house provided with boiler and engine rooms and laundry, and a recently completed building for administration

<sup>9</sup>City Hospital Alumni Medical Association. *Those Hospital Days*, 46.

<sup>10</sup>"City Moves Charges From Old to New Hospital in Six Hours," *St. Louis Globe-Democrat*, August 11, 1905, p. 4.

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purposes.<sup>11</sup>

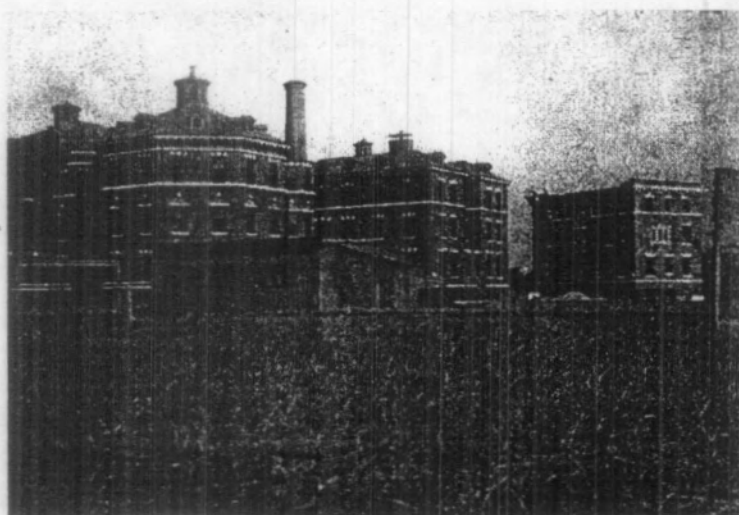


Figure 2. City Hospital c. 1906. View facing northeast. An original ward building to the left (demolished for the Tower Building); the "E" building center; Commissioner's Building right. Construction on the Commissioner's Building was begun in 1905; this photograph was taken by 1908, when the connecting corridor (not yet built in this photo) is shown on Sanborn Maps. Photo courtesy of Becker Medical Library, Washington University School of Medicine.

By 1909, just a year after this description was written, the demand for more space was considered "urgent." The City assumed financial responsibility for the affiliated nursing school in the same year, leading to the first of what would be annual pleas for a new Nurses' Home (not constructed until 1932). Ground for the new administration and ward buildings facing Lafayette Street was broken in the fall of 1909. When finally occupied in 1912, they would dwarf the original Carroll Street complex. In the years following 1912, most published photographs of the hospital were of the monumental new front buildings. (The 1907 administration building, now known as the Commissioner's Building, was used for other purposes when the new building was completed.)

When the new buildings opened, the hospital was at the center of a large and well-established public medical system. Before 1910, the city's public health institutions operated under the auspices of the Health Department. Beginning in June 1910, a separate Hospital Department was

<sup>11</sup>Annual Report of the Health Department, 1907-1908. St. Louis, 1908.

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established to administer the city's dispensaries, City Hospital, Insane Asylum (quickly renamed the City Sanitarium), Poor House (soon to be the City Infirmary), and Female Hospital (merged with City Hospital in 1912).<sup>12</sup> Within the next few years The Robert Koch Hospital for tuberculars was established at the site of the former Quarantine Hospital in south St. Louis County; the Isolation Hospital was added (at the site of the Female Hospital); and the Snodgrass Laboratory of Pathology and Bacteriology became a separate unit of the hospital division. City Hospital remained the central location for emergency work and admissions; from there, patients were referred to the other city institutions, admitted, or treated and released.

The new department was overseen by a Hospital Commission appointed by the mayor, which in turn elected a Hospital Commissioner. City Hospital itself was reorganized with a non-medical Superintendent in charge of a staff of 65 visiting physicians with ties to other institutions or offices. The visiting physicians controlled the resident staff, which was rearranged to have one resident physician supervising a staff of assistant resident physicians and internes. Twelve years later, one of the hospital reports described the reorganization: "Under the old plan, the hospital made the men; under the present plan, the men make the hospital."<sup>13</sup>

More than just the administration of the hospital changed during this period. For the fiscal year ending 4/11/1910, a total of 10,961 patients were admitted to City Hospital. Of the 9,515 whose country of origin was known, well over two thirds were born in America. The largest foreign-born groups remained Germany (799) and Ireland (577). While the 1867 City Hospital report indicated that all patients were of North American or European origin, in 1910 patients were born in such locations as Syria, Mexico, the Philippines, Cuba, Central and South America, and Japan.<sup>14</sup>

The most notable changes at the hospital, beyond the new buildings and the demographics of its

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<sup>12</sup>*Hospital Department St. Louis*. St. Louis: Lambert-Hull Printing Company, 1910? This small volume traces the background of the 1910 hospital bill and provides the text of the ordinance. Collection of the Becker Library, Washington University School of Medicine.

<sup>13</sup>12th Annual Report of the Hospital Commissioner for the Fiscal Year 1921-22, p.2. In the earlier system, the medical staff consisted of 33 physicians, 24 of whom were "junior physicians" who served without pay, according to the 1907-08 Annual Report. In that year, there were also seven visiting physicians appointed to assist the regular staff. Students and graduates of the St. Louis Training School for Nurses, founded in 1883 and affiliated with City Hospital, were also employed.

<sup>14</sup>This may be as a result of the 1904 Louisiana Purchase Exposition, for which many countries of the world sent delegations to St. Louis.

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patients, reflected the astonishing development of the science of medicine in this period. In 1908, officials boasted of their well-equipped x-ray room. Photographs taken c. 1906 show spartan operating rooms in both ward buildings; just 30 years earlier, before the widespread use of aseptic techniques, surgery was much less feasible. A photograph of the urinalysis laboratory is of interest, showing the many bottles for samples. The new bacteriological laboratory was a state-of-the-art necessity which had been called for by Health Commissioner Max Starkloff in the mid-1890s as an indispensable aid to early and correct diagnosis of diphtheria, cholera, tuberculosis, malaria and other diseases. The study of bacteria was novel enough that for his lay audience, Starkloff included the admonition that "Bacteriology is not a fad of scientific men, but an established science. Through its aid, medicine has made greater progress in the last quarter of a century, than in all the waiting centuries before it."<sup>15</sup> The laboratory would also be used for creating antitoxins which were distributed in the community.

The list of conditions treated for 1909-1910 also demonstrates the great increase in medical knowledge since the first annual report of 1867. Certain diseases which had previously been defined by their symptoms (such as the intermittent and remittent fevers) were reclassified according to the latest science. Therefore, while malaria was unknown on the first list, it was one of the most frequently treated diseases in 1910 (with 458 cases). Tuberculosis was also isolated by 1910, and 775 cases of tuberculosis of the lungs were reported. By far the most common ailment seen at City Hospital was alcoholism, with 1,714 patients admitted - more than twice as many as the next most common condition, nephritis (with 840 cases).

The new hospital additions, opened in January 1912, were said to approximately double City Hospital's capacity. Two months after the new wards opened, only 358 patients were enrolled (April 1, 1912). One year later, the hospital population had nearly doubled to 690 patients, with a total of 14,835 admissions for fiscal year 1912-1913. By the middle of 1913, hospital administrators were already calling for the City to begin acquiring more land so the process of hospital expansion could begin again. By fiscal year 1917-1918, the hospital treated 18,793 patients and the call for a new clinic building was deemed urgent.

A major test of City Hospital occurred during the influenza epidemic of 1918. Killing over 20 million people worldwide, the epidemic was an almost unprecedented health crisis in St. Louis. City Hospital rose to the occasion, opening an emergency hospital to accept overflow cases. The problem for the public hospital was made more acute by the fact that many private hospitals

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<sup>15</sup>*Annual Report of the Health Department, 1896-97. St. Louis, 1897.* 15. America's first municipal bacteriological laboratory was established in New York in 1892.



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would not admit influenza cases (presumably due to their highly contagious nature) and others were filled to capacity. Administrators felt that City Hospital had proven the value and necessity of the public eleemosynary institutions and had risen to the occasion when the private sector, to a certain extent, failed.

Newspaper treatment of the hospital during this period ranged from admiring to critical. Early in 1916, one newspaper reported that the stigma of public charity which hung over the hospital was undeserved; that with a large staff of visiting and resident specialists, a citizen could come in complaining of one malady and go home with twelve different conditions cured - all for free. A *Post-Dispatch* article later the same year was much milder than its headline, "Bedbugs Infest One City Hospital Ward," would suggest: a newspaper investigation discovered that only one of eight wards visited had any signs of infestation, and that the kitchens were very clean. However, just a year earlier, charges of brutality resulting in the eventual death of a patient were carefully followed, and the newspapers periodically followed stories about other City Hospital deaths.

The hospital's increasingly crowded condition was eased somewhat with the opening of City Hospital #2 at the end of 1919. Established in a former hospital and school of medicine in what would later become the Mill Creek Urban Renewal area, the second facility effectively segregated the public system by providing a separate hospital for black St. Louisans. After this time, the nominated complex was sometimes known as City Hospital #1. The second hospital lacked some of the facilities of the larger, better equipped City Hospital, and lab work and other services had to be sent back and forth. Although a North St. Louis site was selected when the proposal for a new City Hospital #2 was included and passed on a 1923 bond issue, efficient delivery of services was a key issue which led much of St. Louis' medical establishment to recommend that the second hospital be built adjacent to City Hospital #1. This idea proved extremely unpopular with the city's African-American population, and the new City Hospital #2, eventually named Homer G. Phillips Hospital (NR, listed 1982), was built in the Ville neighborhood on St. Louis' north side beginning in 1933.

With most of the African-American patients removed, the average daily number of patients dropped to 573 in the fiscal year 1920-21. Even so, calls for additional space were made annually. World War I had increased the load throughout the Hospital Department because the Federal Government had taken over buildings in the Isolation Hospital and the City Infirmary. Their decreased capacity overflowed so many patients into City Hospital that one postwar report complained that patients had to be cared for "in the halls and corridors."<sup>16</sup> The effect of the

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<sup>16</sup>13th Annual Report of the Hospital Commissioner for the Fiscal Year 1922-23, p.3.

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World War was not limited to the patients; City Hospital suffered a staff shortage. Former hospital superintendent Dr. W. C. Kirchner took three doctors and four nurses abroad as the "St. Louis Hospital Corps." One newspaper article noted that in 1918, 315 St. Louis doctors were commissioned. Despite these shortcomings, City Hospital received high marks from both the American Medical Association and the American College of Surgeons in 1920-21, the first year that the two organizations published ratings.<sup>17</sup>

A new clinic building, opened in July 1921, offered the Hospital Department an opportunity to consolidate many of the city's remote clinic services into one location. Still the annual reports asked for more space, emphasizing that this would be the only solution to the housing of nurses, congested wards, and a critical "laundry problem." The hospital opened its new radiology department in the 1923-24 fiscal year, including the use of "deep X-ray therapy." In the same annual report, the superintendent took special note of the mounting problem of automobile accidents, noting a need to address the problem of intoxicated drivers and reckless youth. Also of interest in the same report was the new ordinance allowing City Hospital to charge for its services when patients could afford to pay, thus ending the institution's term as a strictly free hospital.

From the 1928-29 Annual Report, some of the priorities of medicine at that time are obvious: the superintendent wanted to add more facilities for post-operative care, small rooms to isolate dying patients for the benefit of other ward patients, an electrocardiograph (which was actually invented as early as 1903) and more X-ray equipment. The radiology department received national attention under the direction of Dr. L. R. Santé, who published extensively and read papers throughout the 1930s in the name of City Hospital. The hospital also gained attention for its paperwork efficiencies of the early 1930s, published in 1932 in *Hospital Management* (with the appalling title of "Information for Ten Purposes Obtained at Once: Centralized Clerical Work on Admission Reduces to 61 Operations what Formerly Averaged 549 Long Hand Operations Daily at St. Louis City Hospital"). The top conditions treated in 1929-30, with a total admission of 20,790 patients, were alcoholism (2115 cases), normal labor (1131 cases), traumatism by auto (1084), diseases of the pharynx (1027) and traumatism by fall (858).

The Depression affected City Hospital in several ways. While the capacity of the institution did not go up, the number of impoverished citizens requiring free medical help did. This dilemma quickly reached crisis proportions, and the superintendent noted in the 1931-32 annual report that admissions had not increased substantially because the hospital was at full capacity. The problem was stated more bluntly in a 1933-34 report: "The only way that the acutely sick and emergency

<sup>17</sup>The American College of Surgeons rated the hospital; the AMA rated its suitability for internes.

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cases can be cared for in this institution is to turn the patients out before they are in condition to be discharged."<sup>18</sup> The outpatient clinic turned away up to 400 people in a single day. In the following year, the medical director noted that City Hospital received "undesirable" patients that private institutions did not want, including the incurable, unsightly, odorous, or indigent. Most of the hospital's patients, he reported, were on relief.

To increase capacity at city institutions, Mayor Dickmann ordered funding to transfer 150 of the African-American patients at City Hospital #2 to St. Mary's Infirmary; additional patients were later sent to People's Hospital. While City Hospital had finally gotten its new nurses home in 1932, other construction was at a halt even before the Depression. As one superintendent noted, additional expansion would make little sense until the controversy over locating the new City Hospital #2 was resolved (this did not happen until 1930). The Hospital Commission worked for the passage of a bond issue to build more facilities beginning in 1930 or 1931. Some hospital needs were addressed in a minor bond issue of 1933; much more significant was the major bond issue passed the following year. The PWA offered additional emergency funding contingent on selling the bonds: for hospitals alone the grant was \$463,300 related to the 1933 issue and \$2,522,000 in 1934.<sup>19</sup> Of the \$7,000,000 voted for hospitals in 1934, a large part was allotted to the Malcolm Bliss Psychopathic Hospital, which was begun in the 1936-37 fiscal year just north of the City Hospital site. A new power plant was also constructed at the same time.

While construction was underway on the Malcolm Bliss building, an even more ambitious expansion was being contemplated. In 1939, plans were underway for a new laundry building, a new service building to replace the old laundry, and a complete remodeling of the Clinic building. The most extensive project was the replacement of the original octagon ward buildings (considered an "inefficient and outmoded labyrinth") with a "modern, highly centralized, twelve-story hospital building of the most approved type."<sup>20</sup> A PWA grant was made to cover 45% of these improvements. No individual architect is listed on any of the plans; credit is given to Albert Osburg, Chief Architect for the City's Board of Public Improvement.

*The remodeled clinic and new laundry were opened in 1940, and the tower was dedicated in*

<sup>18</sup>24th Annual Report of the Hospital Commissioner for fiscal year 1933-1934. St. Louis: Hospital Commission, 1934. 4.

<sup>19</sup>"\$2,522,000 Grant Made By PWA for City Institutions," *St. Louis Post-Dispatch*, 7/20/1934.

<sup>20</sup>28th Annual Report of the Hospital Commissioner for fiscal year 1937-38. St. Louis: Hospital Commission, 1938. 2.

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1941. Among the improvements it introduced were two full floors for obstetrics (which, measured by patient-days, was by far the busiest department of the hospital); two floors for pediatrics (compare to 1867 when there were virtually no children admitted to the hospital); and a full floor of fourteen operating rooms placed together to share services. The new additions raised the total bed capacity to 1104.

The 1940s brought additional changes to City Hospital. By the early 1940s, a concerted effort to reduce admissions brought the total number down to 14,205 in 1942-43. A 1939 newspaper report on the hospital's nurse shortage brought public criticism and renewed political scrutiny of the institution. Staff problems were exacerbated by World War II, which called away many doctors and other personnel even while the hospital was designated a casualty hospital. In 1943, the complex was renamed in honor of Max C. Starkloff, the 30-year health commissioner who died in 1942.

In 1959, the last separate building of the City Hospital complex was begun. The new Snodgras Laboratory was to be a top teaching facility as well as a state-of-the-art pathology lab serving city institutions. Dr. David Johnson was brought to St. Louis to operate the new facility, but resigned after just 3 years, citing "an unrealistic approach by the city personnel department" - pay was too low to keep members of his staff.<sup>21</sup> The last major new construction at City Hospital was permitted in 1971, a \$2,500,000 "Ancillary Services Building" designed by Schwarz & Henmi. This one and two story infill project took most of the open space to the south and east of the Tower, connecting it to the Administration, E, and Services buildings. A key feature of this construction was a new ambulance entrance at the north side of the complex.

Even as the hospital was being improved, patient counts were down and much of the complex was underutilized. In 1971, the reported 530 beds at St. Louis City Hospital were only 60% occupied.<sup>22</sup> Other problems plagued the hospital system: the City had trouble qualifying to receive Medicare assistance for its patients in 1966 because the hospitals, while officially desegregated, still had staff distributed largely along color lines. Complaints were raised in the 1970s that open wards were still used when most hospitals had moved to the private or semi-private room system. Facing increasing costs, a reduced tax base, and a population decline, the City faced a decision to close one of its two major hospitals. Homer G. Phillips was shuttered in 1979.

<sup>21</sup> Ted Shafers, "Medical Profession Faces Problem," *St. Louis Globe-Democrat*, 10/18/59.

<sup>22</sup>Alliance For Regional Community Health, *The Final Report of the Health Facilities Planning Committee: Presented to the ARCH Board of Directors, October 20, 1971*. St. Louis: np, 1971. 4.

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Consolidation of the two hospitals did not revive the city's failing health system. By 1983, with fewer than 250 average daily patients in a facility which had once boasted 1100 beds, and repair bills estimated at \$30 to \$40 million, Mayor Schoemehl announced that City Hospital would close.<sup>23</sup> Because no alternative was immediately proposed, the hospital remained open until 1985.

In the year 2000 the complex is still vacant, although there have been a number of proposals for the complex in the last decade and a half. The site has been owned by the city's Land Reutilization Authority (LRA) since 1993, after a failed redevelopment plan by Pantheon Corporation. In 1999, LRA gave an option for development to the City Hospital Redevelopment Corporation. At the time of this submission, plans are underway to convert most of the contributing buildings in the district to housing, with some commercial, retail, and gymnasium space as well. The plan calls for the demolition of the Tower, Snodgras and Ancillary Services Buildings.

### Architecture

The City Hospital Historic District is also significant in the area of Architecture. It is one of the area's best examples of the institutional use of the Georgian Revival style, made more significant by the consistency of the style's use across eleven buildings which are unified by common detailing and materials.

Georgian Revival was not the first choice for most major civic buildings in St. Louis in the first decade and a half of the 20th century. The new public library branches, the Central Library (Cass Gilbert, 1909), and the Municipal Courts (Isaac Taylor, 1909) all favored expressions of Classical and Italian Renaissance forms. The public schools of that period, under the direction of Commissioner of School Buildings William B. Ittner, favored an eclectic style mix that would become known as "Jacobethan." Many lesser civic buildings of the period, however, including many fire stations and the Page Avenue Police Station (NR 1980, demolished), looked to Colonial prototypes instead. These are among the buildings that were designed by the city's staff architect, James Smith. As St. Louis Building Commissioner from 1905 to 1911, Smith oversaw the construction of municipal buildings which were not hired to outside architects. Aside from City Hospital and the work of James Smith, St. Louis' only extant example of a public building of this period which drew heavily on Colonial inspiration is Sumner High School, William B. Ittner's sole

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<sup>23</sup>"Mayor Wants Hospital Closed," *St. Louis Globe-Democrat*, 3-10-1988.

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Georgian design (1908-1909; NR 1988).

The Georgian Revival theme was established in the first buildings of the new complex, designed c. 1902 and completed in 1905. No architect has been identified for this complex. Smith followed these up with the Commissioner's Building, one of his more widely known Georgian designs due to its publication in *The Brickbuilder* in 1908.

The most prominent buildings of City Hospital, the Administration Building and attached East and West Ward Buildings, are the work of architect Albert B. Groves. Providing a dignified and monumental new "front door" to the hospital complex, Groves created a more imposing scale but still conformed closely to the architectural style established in the previous buildings. With the firm of Weber & Groves, the architect had also been responsible for the earlier Bacteriology & Pathology Laboratory (1905; demolished to make way for the Services Building). Groves was a leading St. Louis architect who may be best known as the most prolific designer of St. Louis' Washington Avenue historic district (NR, listed 1987). He was adept in many styles; although many of his most well-known buildings are classically inspired, he also used Gothic (for churches), commercial styles for larger buildings, and Tudor and Renaissance styles on residences. In addition to the buildings of City Hospital, he also chose a version of the Colonial Revival style for the Union Club (as part of Grable, Weber & Groves in c. 1897). This gambrel-roofed variation of Independence Hall was demolished in 1955.

The continued popularity of Colonial Revival styles through the first decades of the 20th century ensured that later City Hospital buildings could be constructed to harmonize with the rest of the complex. Around 1920, the Ambulance Garage and Clinic Building continued the trend. The buildings designed by city architect Albert Osburg in the 1930s also respected the detailing and style of the original group. Most matched the scale and materials of the original complex as well; the obvious exception is the Tower Building (1941). Consolidating medical services in a fourteen-story building where none of the other buildings were more than six stories, there was no way to respect the original scale of the complex. Osburg used a much oranger brick in this building than its contemporaries, but picked up some of the detailing (pilasters and keystones, for example) of the earlier buildings.

The final two buildings constructed in the district are clearly non-contributing in the area of architecture. The Snodgras Laboratory (1961, Jamieson, Spearl, Hammond & Grolock) is a well-executed modern building with an exterior of the same orange brick as the Tower Building. It was constructed after the period of significance and does not contribute to the district's significance as an example of the Georgian Revival style. Likewise, the Ancillary Services

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Building (designed in 1971, Schwarz & Henmi) was constructed later than the rest of the buildings and does not display any Georgian Revival characteristics.

**Integrity**

City Hospital retains integrity and clearly reflects its associations with the areas of Health/Medicine and Architecture. All seven aspects of integrity are present: location, design, setting, materials, workmanship, feeling, and association. The intact street elevations of all contributing buildings (with the exception of the E Building, which has no street elevation) clearly convey their historic association with the Georgian Revival style, and as a group they convey the significance of City Hospital as a Georgian Revival public buildings complex. In addition, the integrity of the facades makes a powerful statement about the care in design and materials which the City invested in its public health institutions. Some interior spaces also retain integrity, although extensive remodeling was undertaken over the years to keep up with the changing demands of the health care industry. Overall, the complex retains more than sufficient integrity to convey its historic associations.

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**Verbal Boundary Description**

The City Hospital Historic District consists of all of City Block 1252 and the southern 120 feet of City Block 1250. The boundaries are Lafayette Avenue, Grattan Street, Carroll Street, Dillon Street, a line parallel to Carroll Street which is 120 feet north of it, St. Ange Avenue, and 14th Street. (Some of these streets are closed.)

**Boundary Justification**

These boundaries include all extant units historically associated with City Hospital which maintain integrity and fall within the period of significance. All boundaries are open or closed streets, with the exception of an arbitrary line north of the Power Building and Laundry which was drawn to include the historic resources and exclude the non-contributing lot to the north. The following units of City Hospital are not included in the district:

Malcolm Bliss Psychiatric Hospital, on City Block 1251, located to the north of the Tower and Snodgras buildings across Carroll Street, and to the west of the Power Building across Dillon Street. Incompatible additions from c. 1965 block both primary elevations, and stair towers from the same period were added at the end of each of the four wings, leaving no elevation unaltered. Because it is located on a different block and would not have contributing status, this building is not included in the district. Malcolm Bliss is scheduled for demolition in 2001.

New ambulance garage. Located on City Block 822 across St. Ange Street from the Laundry, this one-story building was constructed after the period of significance; if it were included in the district it would be considered non-contributing, so there is no reason to extend the district boundaries around it.

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**Photographs**

**This information applies to all photographs:**

1. City Hospital Historic District
2. St. Louis [Independent City], MO
3. Photo by Lynn Josse
4. July, 2000
5. Negative on file: Missouri Cultural Resource inventory

**Other Information**

Photo 1

1. District View – north buildings
6. From left to right: Power Building; Clinic Building; Services Building; E Building (behind others); Ancillary Services Building (the modern overhang); Tower Building. Camera facing SE.

Photo 2

1. District View from NW
6. From left to right: Snodgras Laboratory; Tower Building; Ancillary Services Building (foreground); Administration Building (the left cupola); West Ward Building. Camera facing SE

Photo 3

1. District View from east
6. From left to right: Garage (foreground); Commissioner's Building (background); E Building; Tower Building (far background); Clinic Building. Camera facing W.

Photo 4

1. E Building
6. Camera facing NE. E Building is shown from the second story up, over the Ancillary Services Building roof. Services Building visible on the left; Commissioner's Building visible on the right.

Photo 5

1. Commissioner's Building
6. Camera facing NW. East ward building visible on the left; Garage and Clinic Building visible to right.

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Photo 6

1. Commissioner's Building
6. View of interior front hall, camera facing NW

Photo 7

1. Administration & East Ward Buildings
6. Camera facing NE. Administration Building left; East Ward Building right.

Photo 8

1. East Ward Building
6. Interior view of open ward in east wing. Camera facing west.

Photo 9

1. West Ward Building
6. Camera facing NE. Tower Building visible in background; Administration Building visible at right.

Photo 10

1. Clinic Building
6. Camera facing SW. Visible to the right are the Services Building, Ancillary Services Building, Tower Building, and Snodgras Laboratory. Garage and Commissioner's Building barely visible at left.

Photo 11

1. Power Building
6. Camera facing E. Laundry is visible in background to right.

Photo 12

1. Power Building
6. Interior view from NE corner of building, camera facing S

Photo 13

1. Laundry
6. Camera facing NW. Power Building is visible at left.

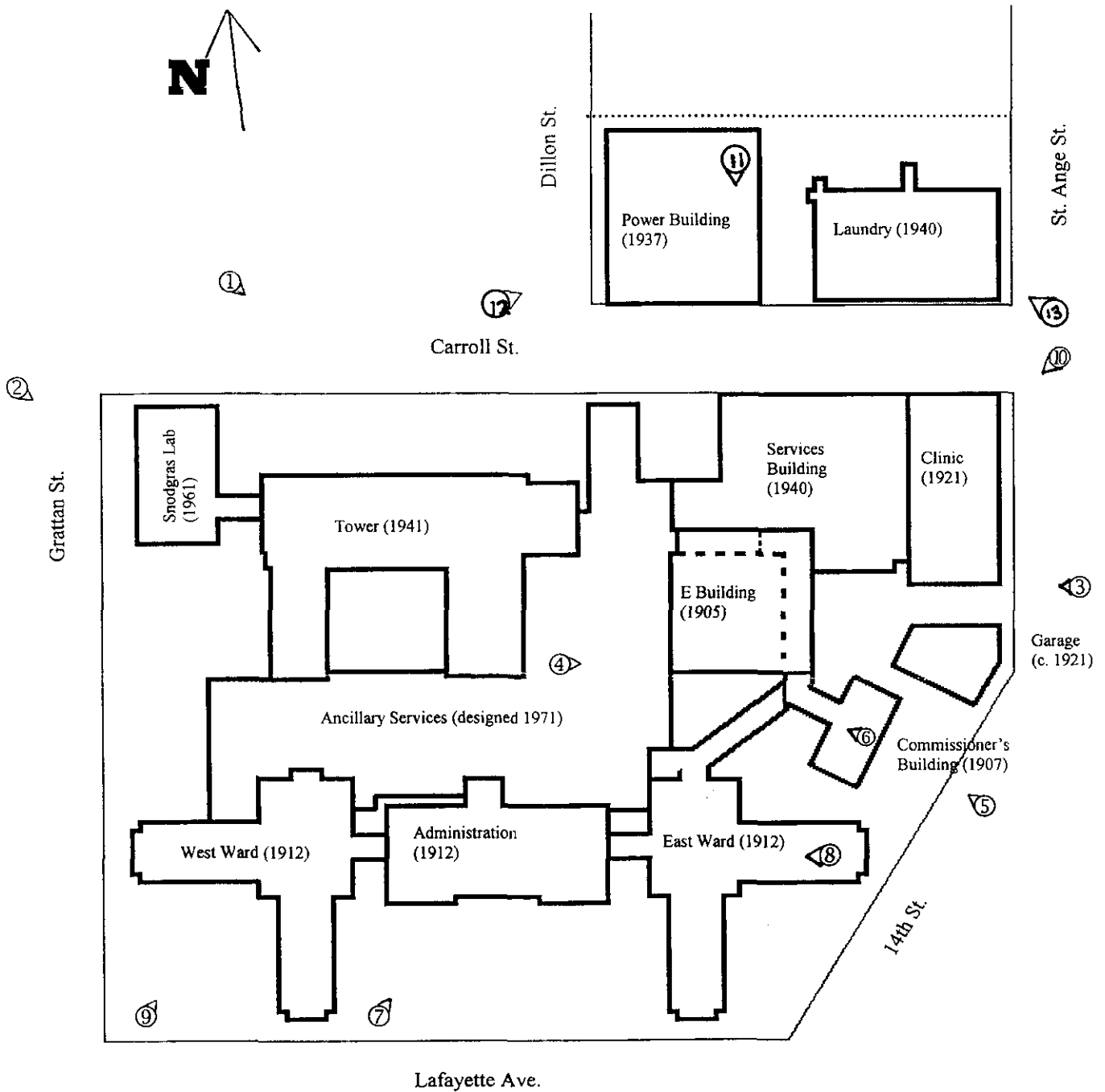
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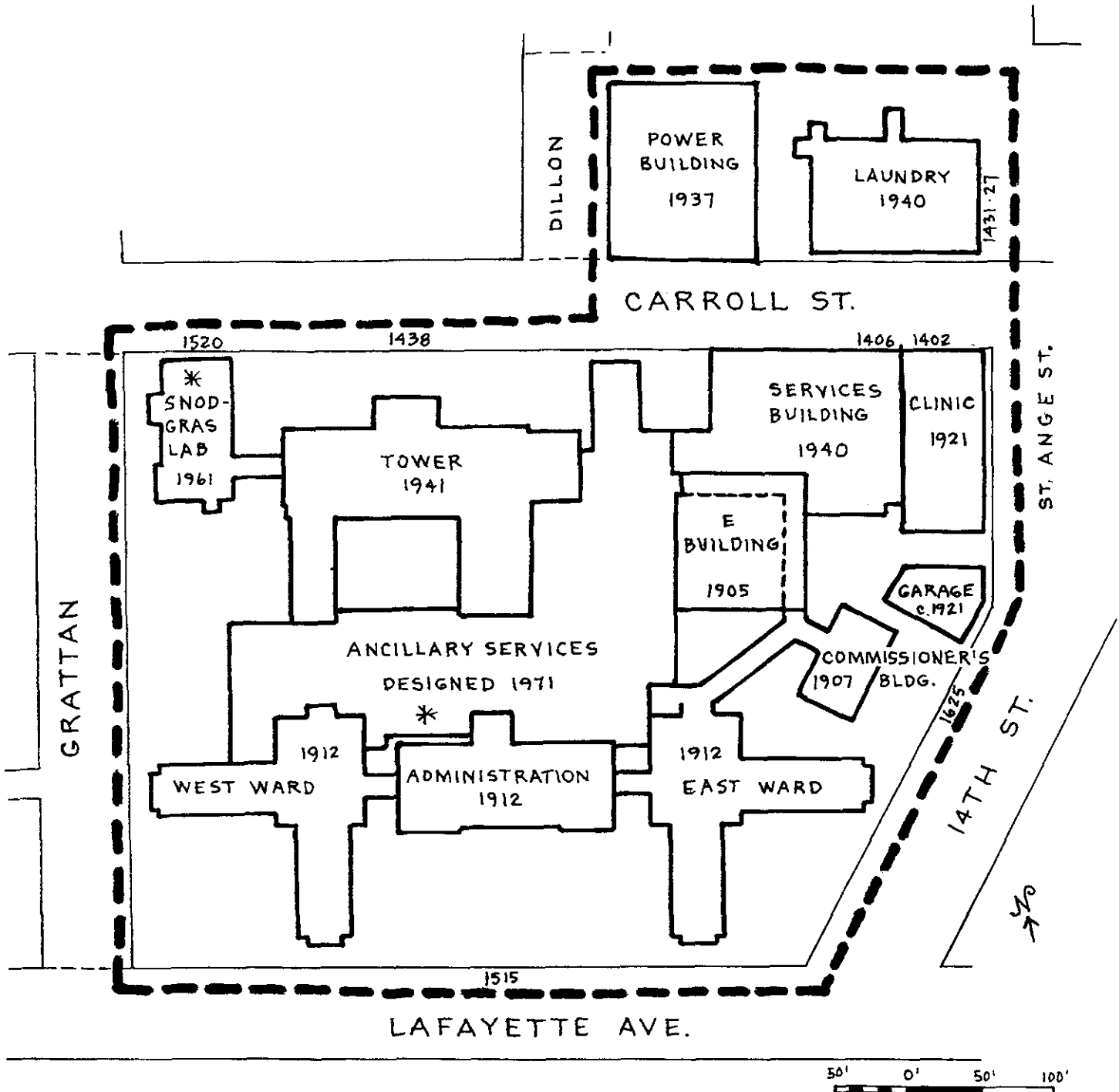
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City Hospital Historic District  
St. Louis [Independent City], Missouri

Photo key map  
Not to scale





# CITY HOSPITAL HISTORIC DISTRICT

ST. LOUIS, MISSOURI  
 SEPTEMBER 2000  
 LANDMARKS ASSOCIATION OF ST. LOUIS, INC.

\* NON-CONTRIBUTING BUILDINGS

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

STATE OF MISSOURI  
GEOLOGICAL SURVEY AND WATER RESOURCES

796 1/4 NE  
(CLAYTON)



City Hospital Historic District  
St. Louis [Independent City], MO  
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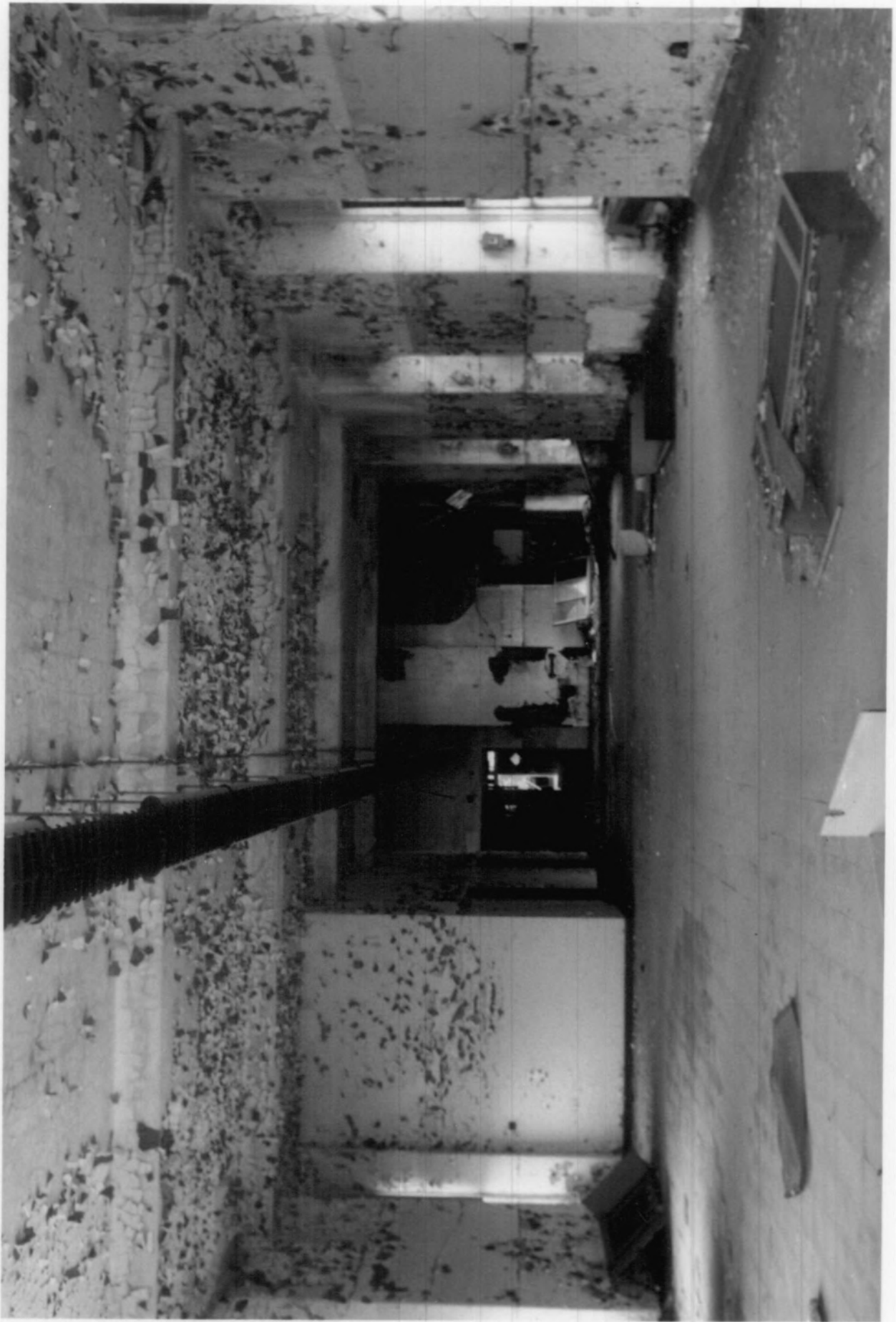
























EXTRA  
PHOTOS











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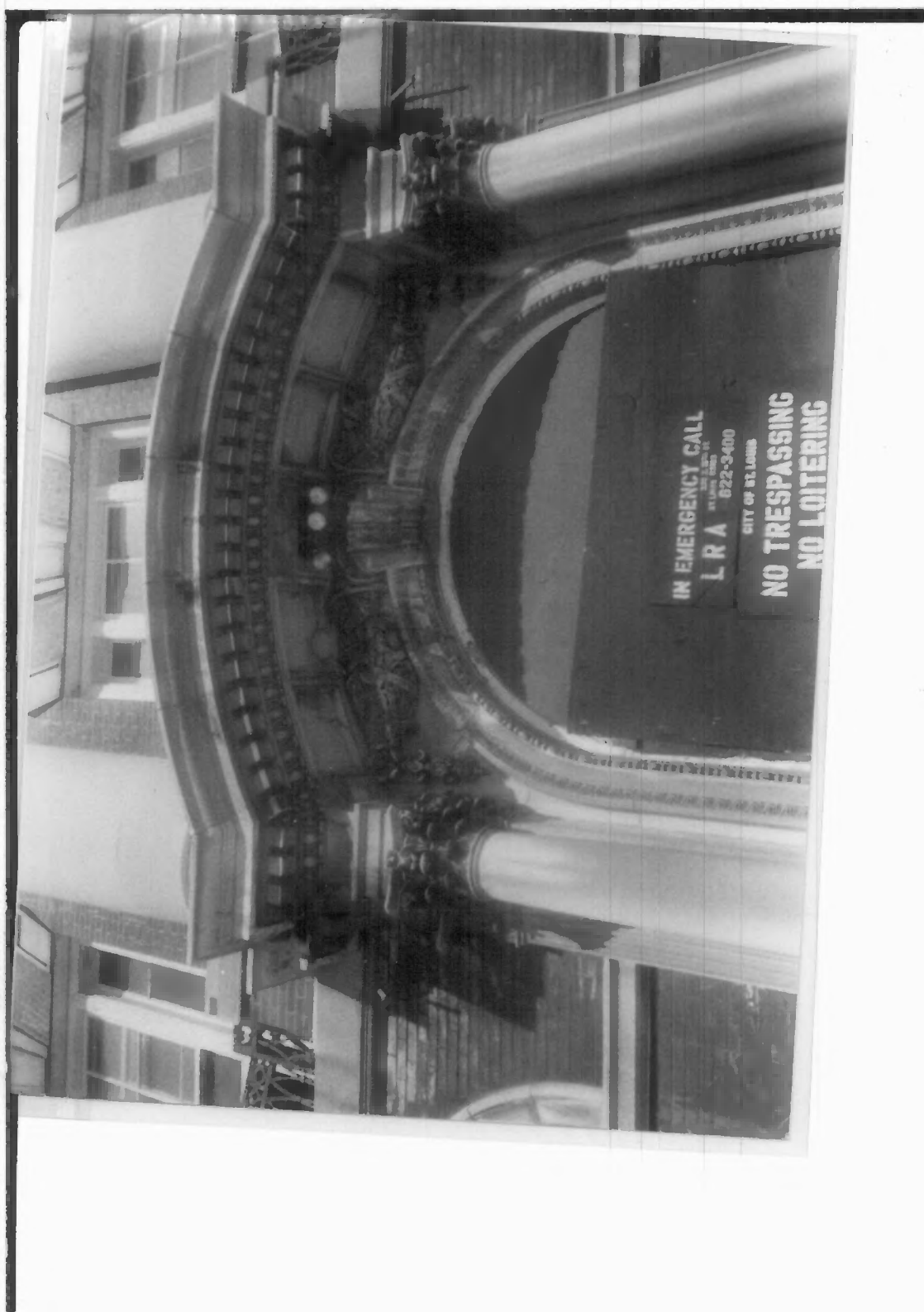
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CITY OF ST. LOUIS

**NO TRESPASSING**

**NO LOITERING**





















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