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National Register of Historic Places Inventory—Nomination Form

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historic DePau	l Hospital		!	
and/or common			•	
2. Loca	ation		-	
street & number	2415 N. Kingsh	ighway Boulevard	_	not for publication
city, town St .	Louis	vicinity of #	1 Hon. William Clay	**
state Misso	urj	code 29 county	City of St. Louis	code 510
3. Clas	sification			
Category district _X_ building(s) structure site object	Ownership publicX private both Public Acquisition in process being considered x N/A	Status occupiedx unoccupiedx work in progress Accessiblex yes: restricted yes: unrestricted no	Present Use agriculture commercial educational entertainment government industrial military	museum park private residence religious scientific transportation _X_ other: rehabilitat
4. Own	er of Prop	ertv		in progress
name (Towe Tower street & number	r Village Nursing Village Apartmer 4518 Blair Aver	nue	Tower Village Fund,	
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city, town		St. Louis	state	Missouri
6. Repr		n in Existing	Surveys	
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date 1982			rederal _X state	e county local
depository for su		rtment of Natural Re ce of Historic Prese		
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7. Description

Condition		Check one	Check one	
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fair	unexposed			

Describe the present and original (if known) physical appearance

OVERVIEW - The DePaul Hospital complex is an impressive grouping of seven major structures which are physically interconnected. The masonry buildings which vary in height from one story to nine stories are unified through common architectural detailing and massing. The buildings are grouped around three courtyards and a service court. The Hospital, Dormitory, Kitchen and Chapel buildings form a central courtyard which is approximately 1/2 acre in size. Two smaller courtyards are located to the north and south of the Kitchen. A service court, which is accessed from the alley, is formed by the Nursing School, Kitchen, Convent, and Power House. (See accompanying site plan).

The main formal entry to the complex is set back approximately 130 feet from Kingshighway Boulevard - a major north-south arterial in the City of St. Louis which contains a tree lined parkway in front of the complex. The walk from Kingshighway to the entry passes through a terraced, landscaped front yard which is roughly the size of the central courtyard.

The remaining facades are set close to the neighboring streets and alley. The southern facades of the complex are set back 25 feet from the Wabada Avenue property line. Moving from east to west the building heights increase from the four-plus stories of the Hospital's enclosed porch, to the eight-plus central portion of the Hospital, to the Chapel, and the four-plus stories of the Dormitory whose corbel table is the same height as the Hospital porches' corbel table. The southern facades contain the main entry to the Convent, as well as a doctors' entry to the Hospital.

The west facades of the Power House and Nursing School are set less than ten feet from the alley property line.

The northern facades of the complex are set back 25 feet from the Highland Avenue (formerly Spaulding Avenue) property line. Moving from east to west the building heights increase from the one story garage, to the four-plus stories of the Hospital's enclosed porch, to the eight-plus central portion of the Hospital, to the three-plus stories of the Dormitory, to the eight-plus stories of the Nursing School. The roof line of the Nursing School and the Hospital are the same height. The facades contain the main entry to the Nursing School and the Dormitory, as well as the emergency entry to the Hospital.

The complex is visually tied together through common architectural details. The portions of the ground floor which are visible from the neighboring streets, are faced with variegated Bedford limestone. On top of the base is a limestone bead and an alternating pattern of limestone and brick banding which extends to the spring point of the semicircular arched window openings which are carried throughout the first floor street facades of all buildings. A two-sash bi-fold type of window with four panes per sash is the predominant window employed for all buildings except the Nursing School (awning windows) and Power House (double-hung windows). The semicircular arched expression is also uti-lized at all primary and secondary pedestrian entries. The emergency entry is differentiated by a series of segmental arches. The upper floors of most buildings are capped by brick corbel tables. All sloped roofs through the complex are finished with Spanish orange-colored tile.

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The masonry exterior of the building are in good to excellent condition. Most windows are badly rusted and some window panes have been broken. With the exception of the lower two floors of the Hospital, the complex has been vacant since 1977. The interior of the buildings have sustained moderate to significant water damage and vandalism. For a more detailed description, cunsult the following text:

HOSPITAL - The Hospital is an "H" shaped building which varies in height from five stories (including ground floor) to nine stories. The central portion of the Hospital is seven stories plus a ground floor and is capped by a gable roof. This portion is approximately 45 feet by 165 feet with the longer dimension running in the north-south direction. The north-and south wings of the Hospital average 50 feet by 180 feet. They step back from Kings-highway at the fourth, sixth, seventh and eighth floors. The flat roofs of the setbacks provide an open porch for the patient floors. A two-story-plus ground floor link connects the north wing to the Dormitory to the west and the south wing to the Chapel to the west. The seventh and eighth floors of the north wing were expanded in 1958. A one-story ambulance garage was added to the north wing in 1964.

The east elevation of the Hospital faces Kingshighway Boulevard. portion of the facade is 17 bays wide, single bi-fold windows are predominantly used. The five middle bays step out from the plane of the building and contain the main entry. The entry comprises a two-story compound round arched portal with enriched archivolts and glass tympanum. A carved relief of the head of Christ forms the keystone. The original wood carved doors were replaced with glass doors at an unknown date. The verticality of the entry is further expressed through the use of brick pilasters which extend from the third to the sixth floor. The interstitial space between the sixth and seventh floor is accented by a deep relief corbel table. The seventh floor contains three arched openings, which form a transition to a circular window with a central cross located in the middle of the brick pilasters. A corbel table accents the attic floor. A gable roof ties the five center bays together. six bays to either side of the center five contain a diamond brick relief pattern at the space between the sixth and seventh floor and a corbel table above the seventh floor.

The east facade of the north and south wings is three bays wide. The first four floors of the wings plus the ground floor contain an enclosed masonry porch which projects 13 feet toward Kingshighway. A pair of bi-fold windows, capped by a brick relief semi-circular arched pattern, is employed on the first floor. The fourth-floor windows are enclosed within a set of double arched openings with a central engaged column. A triangular corbel table extends

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around the parapet of the flat roof of the fourth floor which also serves as a porch for the fifth floor. Above the sixth floor the elevation steps back another 20 feet to provide another porch. The diamond pattern of the interstitial space is carried around the facade above the sixth floor windows. Above the seventh floor the facade steps back another 30 feet to the plane of the central facade. An arched corbel table extends across the top of the seventh floor.

The north elevation faces Highland Avenue. It steps up from a one-story, 1964 garage addition on the east, to the fifth floor porch, to the eighth floor, 1958 infill and the back down to the two-story connection with the Dormitory to the west. A ninth-floor penthouse extends above the central portion of the elevation. The north wing (exclusive of the two-story link to the Dormitory) is 18 bays wide. A three-bay-wide open ambulance entry with a second level enclosed pnarmacy is centered on the north-south axis of the Hospital. The ambulance entry has segmented limestone arches to differentiate it from other pedestrian entries. The windows of the pharmacy are enclosed within a pair of arched openings with a central engaged column. The central axis is further emphasized by pairs of bi-fold windows which extend from the third through the seventh floors. The ventilators for the eighth floor are concealed behind a five arched arcade which is the same width as the three ground floor ambulance openings. The diamond pattern of the interstitial space between the sixth and seventh floor is continued on the north elevation, as is the arched corbel table above the seventh floor.

The central portion of the west elevation is 22 bays wide and each of the wings are three bays wide. The facade of a day room located on the east-west axis of the Hospital projects four feet to the west. The facade contains three central bays with an angled bay on either side. The first-floor window openings are ached. The diamond pattern is carried out between the sixth and seventh floor. A triangular corbel table extends around the day room facade above the eightn floor which is capped with a hipped gable roof. Three dormers with gable roofs are located above the seventh floor on either side of the central day room. The north and the south wings maintain the diamond pattern between the sixth and seventh floor. An arched corbel table extends around the seventh floor roof line of the north and south wing. An addition to the eighth floor of the north wing was added in 1958.

The important interior spaces of the Hospital center on the first floor lobby area. The lobby, which presented the initial impression to the visitor entering from Kingshighway, was designed to create a restful image. The floors are marble, walls are walnut paneling, and the ceiling stenciled wood. Immediately west of the lobby was the reception area which was similarly decorated and provided a view of the central courtyard. The reception area has been converted to a gift shop. To the north of the reception area is the library, which contains built—in wooden shelves with glass doors, a coffered plaster ceiling, a molded plaster fireplace, and terazzo floors. The finishes of the library are in good condition requiring minor repair.

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The exterior of the building is in good condition. The interior has sustained moderate to significant water damage.

The Hospital is presently being renovated for use as a nursing home for the elderly.

DORMITORY - The Dormitory is a four-story rectangular masonry building with a Spanish tile hip roof. The structure is approximately 40 feet by 100 feet with the longer dimension in the north-south direction. The entry to the Dormitory is located along Highland Avenue. The building is connected to the Hospital (to the east) by a two-story structure, to the Nursing School (to the west by a two-story link), and to the Kitchen (to the south) on the ground and first floor. An alternating pattern of brick and limestone extends around the ground floor to the sill height of the first floor. A triangular corbel table extends around the Dormitory at the roof. Metal hooded ventilation dormers are located in the north and south ends of the roof.

The north elevation which faces Highland is three bays wide. The center bay contains an arched entry with a gable roof which projects six feet from the plane of the facade. The windows on the second and third floors above the entry are double wide bi-folds. The bays to the east and west are single bi-folds.

The western elevation is ten bays wide. The third bay from Highland Avenue has been utilized for the ground and first floor connection to the Nursing School. A stair tower with tile roof projects westward at the southern end of the Dormitory.

The ground and first floors of the southern portion of the Dormitory are integrated with the Kitchen. The second and third floors which extend above the Kitchen are three bays wide.

The upper two floors of the eastern elevation are 10 bays wide. The northern half of the ground and first floors are connected to the Hospital. The southern portion is integrated into a five bay facade which faces the central courtyard.

The exterior of the Dormitory is in good condition.

The ground and first floors of the Dormitory are being rehabilitated for storage and dining uses.

CHAPEL - The Chapel is a modified rectangular masonry structure, which contains a ground floor (storage), first floor (dining), and second floor (main chapel level) with a clerestory. The dimensions of the building average 50 feet by 120 feet, with the longer dimension running north-south. A Spanish tile hip roof extends the length of the clerestory, with the northern end terminating in a semi-octagonal roof. A tiled shed roof extends over the side

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aisles and wraps around a rear sacristy passage. The Chapel is connected at the ground, first and second floors with the Convent to the west, and the Hospital to the east. It is also integrated with the ground and first floors of the Kitchen to the north.

The south elevation faces Wabada Avenue. Because the Chapel was intended for internal use, there is no access available from Wabada Avenue. The south elevation is visually divided into three sections. The central portion of the facade is three bays wide and extends to the top of the hip roof of the clerestory. This central section is flanked on either side by two slightly recessed facades with flat roofs which stop and the height of the mid point of the side walls of the clerestory. The two side facades are capped by two rows of the triangular patterned brick relief work between limestone bands. The ground floor of the Chapel maintains the limestone base and the first floor the limestone and brick banding.

The first floor of the central portion has three tall arched window openings which overlook a shallow balcony. A diamond pattern of brick and limestone is used as infill for the semi-circular portion of the arched openings. A rectangular window is located above each opening. The sill of the window is limestone and a limestone band extends the width of the elevation at the head of the window openings. A second limestone band located four feet higher marks the beginning of two six-foot-wide masonry sections which extend to the beginning of the hipped roof. Between the two masonry sections are seven limestone arched window openings which provide light to the Chapel balcony. Above these windows is a pattern of brick and limestone banding which extends to a corel table which runs along the line of the hip roof. A rose window is centered in the banding pattern.

The west elevation is subdivided into several major components. The northern quarter of the ground, first and second floors is three bays wide. The windows are the standard bi-fold type used throughout the complex. The central portion is eight bays wide. The ground and first floor utilize the standard bi-fold windows. The second floor (main Chapel level) has round arched window openings which originally contained stained glass windows. A shed roof extends from a brick corbel table above the windows to the bill of the arched stained glass clerestory windows. The shed roof is terminated at its southern end by a solid masonry wall which extends to the spring line of the clerestory windows. The base of the wall is limestone, capped with the typical first floor brick and limestone banding. The top of the wall contains two rows of triangular relief brickwork between limestone bands. The clerestory story contains five sets of double arched stained glass windows outlined in a semicircular arched pattern of alternating brick and limestone. Circular stained glass windows are located in the northern portion of the clerestory above the altar.

The north elevation is integrated with the Kitchen at the ground and first floor levels. The second floor has a central projection to accommodate a rear passage around the altar area. The projection reflects the shape of the angled

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walls around altar area. Two windows are located on either side of the passage-way. The roof above the passageway slopes to meet the clerestory. Circular stained glass windows are centered in each wall of the semi-octagon. The roof above each side slope to the ridge line of the main hip roof over the clerestory.

The east elevation is similar to the west elevation, but an octagonal tower has been introduced to provide a transition between the northern three bays of the sacristy and eight bays of the Chapel side aisles.

The interior of the Chapel has wooden beamed ceiling stenciled with ornate floral patterns. The large arched opening leading to the altar and arched openings leading to the side aisles are covered with mosaic tiles. The soffit of the altar opening has a multi-colored chevron pattern which is repeated on the lower paired columns supporting the side aisle openings. The floor is quarry tile and brick. The segmented half-dome ceiling over the altar is wooden and is decorated with carved and painted scrollwork. It rests on a shallow carved wooden drum which incorporates circular stained glass windows, set in hexagonal recesses. The altar is sheltered by a carved wooden ciborium of baldachin. The plaster walls of the Chapel are painted white.

The exterior of the Chapel is in good condition. The interior has sustained some water damage.

The Chapel is being refurbished for use as a Chapel for the complex. The ground and first floors will contain storage and dining facilities.

KITCHEN - The Kitchen is a one-story masonry structure with flat roof and central clerestory. The basically rectangular structure is roughly 50 feet by 140 feet with the larger dimension running in the east-west direction. The ground floor is partially below grade and has a tunnel connection to the Power House to the west. The Kitchen is connected to the Chapel (to the south) and Dormitory (to the north) at the ground and first floors.

The east elevation has three central bays which are flanked by brick pilasters above the ground floor limestone base. The northern and southern ends of the elevation are angled toward the Dormitory and the Chapel. Sets of double brick pilasters mark the angles of the facades. There is a two-bay connection to the Dormitory.

The north elevation is one bay wide east of the Dormitory connection and eight bays wide west of the connection. The clerestory portion contains three bays.

The west elevation is five bays wide. A platform with a hipped roof canopy projects to the west. The main entry from the service court is located near the center of the elevation. A second door is located two bays to the south.

The south elevation faces a sunken courtyard and has an irregular pattern of

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windows.

The exterior is in good condition, but the interior has sustained considerable water damage.

The Kitchen is being rehabilitated for storage and food preparation uses.

CONVENT - The Convent is a rectangular masonry building with a hipped tile roof. It contains four stories plus a ground floor. The building is approximately 40 feet by 100 feet, with the long dimension running in in east-west direction. The main entry to the Convent is from Wabada Avenue. A triangular-patterned corbel table extends around the building at the roof line. Hooded ventilation dormers are located on the east and west ends of the roof. A three-story link connects the Convent to the ground, first and second floors of the Chapel to the east.

The south elevation, which faces Wabada Avenue, is twelve bays wide. The ground-floor limestone base and first-floor banding pattern of the complex are maintained. An arched entry is located in the center of the first floor as part of an enclosed porch which projects out two feet from the plane of the facade. A metal floral grill runs up the inside of the arched opening and serves as a screen for the semi-circular portion of the opening. The porch is terminated between the first and second floor with a flat roof.

The west elevation is three bays wide. Because this elevation was originally exposed to view from Wabada Avenue, the ground floor limestone and first floor banding pattern between arched windows have been maintained.

The north elevation is eleven bays wide. A three-bay-wide masonry enclosed porch with flat roof overlooks the service court. A rear entry is located immediately east of the porch. To the east of the entry a brick wall divides the service court from a sunken courtyard.

The west elevation is five bays wide above the second floor. The northern portion of the ground, first and second floors are connected to the link to the Chapel. The south portion contains a single bi-fold window on each of the three lower floors.

The exterior of the Convent is in good condition, but the interior has sustained considerable water damage.

The Convent will eventually be rehabilitated as part of the elderly care complex, but final plans have not been completed at this time.

NURSING SCHOOL - The school is a "T" shaped masonry building with a flat roof. The top section of the "T" is 40 feet by 245 feet with the longer dimension running in the east-west direction. The leg of the "T" is 60 feet by 60 feet. The structure varies in height from seven to eight stories plus a basement and a penthouse. This addition to the Hospital, which was started in

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1951 represents the completion of the original 1930 development program. Designed by Maguolo and Quick, architects (the successor firm to O'Meara and Hills, Architects), the architectural detailing of the Nursing School employs many of the same or similar elements as the Hospital.

The north elevation of the Nursing School, which faces Highland Avenue, is 23 bays wide - eight bays to east wing, five bays to central projecting section, and ten bays to the west wing. The central bays, which contain the main entry to the building convey an image which is similar to the Kingshighway Hospital entry. In the middle of the bays is a compound arched entry with glass tympanum set in a limestone base. The entry is elevated five steps above the street level and has a pair of aluminum doors with four glass lights each which are protected by bronze grilles with an integrated circle and cross pattern. This grille pattern is also employed for the transom. A square metal grid is employed over the tympanum. The entry is capped by a second floor with three arched openings. The central arches rest on two columns which are adaptations of the Corinthian Order. A square brick relief pattern with central diamond flanks the arches. The alternating brick and limestone banding is extended to the spring point of the arches. Above the second floor the three center bays recede to the main plane of the building. The single bays on either side project out approximately four feet. The eye is visually led vertically to a shallow balcony between the seventh and eighth floors which contains the same diamond relief brick pattern as the Hospital's interstitial space. Above the balcony are three arched openings with the central arches resting on engaged columns. These curves are picked up by a centrally-placed oval stone carving which leads the eye to a cross at the apex of a false hip roof.

The ground and first floor of the two wings maintain the limestone base topped by a banding pattern between arched windows. The windows west of the entry are enlarged for the first floor gymnasium. A triangular relief brick pattern is employed between the large gymnasium windows at the level of the second floor.

With the exception of the gymnasium windows, awning windows are utilized on the north elevation. The windows have four horizontally-proportioned panes. Although these windows are different than the windows employed in the Hospital, the masonry spacing between the windows and the size of the openings are visually the same as the north elevation of the Hospital.

Between the fourth and fifth bay of the east and west wings, the roof line steps down from eight stories to seven stories. These roof lines maintain the same height as the original roof lines of the north wing of the Hospital.

The west elevation is divided into two sections. The northern portion, which front on the alley, is a simple masonry wall, with an attached stair tower. The southern portion, which steps back approximately 110 feet, fronts on the service court. This portion is five bays wide. The size of the windows varies from single-section awning windows to triple-section awning windows.

The south elevation is 23 bays wide - west wing 11 bays, center section (leg of

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"T") three bays, and east wing 9 bays. The west stair tower exits at the first floor level of the west wing as does the auditorium. A small metal canopy roof is located above the exits. The large arched gymnasium windows are repeated. Single awning windows are employed for floors seven and eight with the step up occuring four bays west of the leg of the "T". The east wing is similar. However, a pattern of single windows is maintained from the ground floor, which opens onto a sunken courtyard, to the eighth floor.

The east elevation is similar to the west elevation. An incinerator stack extends the heighth of the building near the courtyard. A ground and first floor link connects the Nursing School to the Dormitory.

The vestibule for the Nursing School is separated from the lobby by a glass wall composed of square panels with an etched floral pattern. Entering through the glass doors, one finds a marble staircase which extends half a flight to the first floor. An open metal railing with floral design surrounds the stairway opening. The lobby has marble floors, columns, and wainscot and a wood coffered ceiling. The coffered ceiling extends to the gymnasium which is two stories high. A shallow wooden paneled balcony extends across the eastern end of the gymnasium above the main entry. An elevated stage is located at the western end of the gymnasium. Both the gymnasium and stage floors are wood.

The exterior masonry is in good condition, but many of the windows have been vandalized or have sustained serious rust problems. The interior is in fair condition, having sustained water damage.

The Nursing School is presently being rehabilitated for elderly apartments. The lobby and gymnasium will be retained.

POWER HOUSE - The Power House is a plain two story rectangular masonry building with a flat roof. The building is approximately 50 feet by 100 feet with the longer dimension running in the north-south direction. The Tower portion of the building contains mechanical equipment for heating the complex, and the upper floor contains laundry facilities. All the windows are double-hung. A 150-foot tall smokestack is located immediately west of the Power House.

The eastern elevation is nine bays wide, with four bays either side of a central stair tower. The stair tower protrudes from the main facade and extends above the roof to provide access. A simple door with a metal canopy is located in the center of the stair tower.

The western elevation is ten bays wide. The central two bays are located behind the smokestack.

The north elevation is five bays wide. The center bay of the ground floor contains a set of doors which are the primary entry to the building. A small metal balcony is located above the doors at the upper floor level.

The masonry octagonal smokestack sits on a one-story-high concrete base. The

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stack is tapered with a limestone band occurring at the 60-foot and 140-foot elevations. At about the 120-foot elevation a brick relief arches are set into the masonry of each side of the octagon.

The exterior of the building is in good condition, but the ground floor windows have been boarded up. The interior is in fair condition.

The building is being renovated for use as a power house and laundry.

OTHER BUILDINGS - During the mid-1950's a one-story masonry building (approximately 45 feet by 55 feet) was constructed on the southwest corner of the site. The structure contains refrigeration equipment for air conditioning which was added to the complex at this time. A metal cooling tower which is approximately 20 feet high was constructed immediately northeast of the refrigeration building. The tower is roughly 45 feet by 20 feet.

The refrigeration building and cooling tower will be retained for the air conditioning of portions of the complex.

NOTE

¹This and other dates arer taken from building permits in the Department of Public Safety, Building Division, Permit Section, in St. Louis City Hall.

8. Significance

1600–1699 1700–1799 1800–1899	agriculture x architecture art commerce communications		ng landscape architectu law literature military music	science sculpture _X_ social/ humanitarian theater transportation
Specific dates		Builder/Architect	O'Meara & Hills, Arch	tects

Statement of Significance (in one paragraph)

The DePaul Hospital complex is significant for its association with the development of St. Louis, and for the national and local humanitarian efforts of the Daughters of Charity of St. Vincent DePaul. The complex is a well-crafted example of the Italian Romanesque style of architecture, which although popular at the time of construction of DePaul was usually reserved for ecclesiastical work. In addition, the hospital represents an excellent example of the state of the art of hospital development as it evolved during the national and local hospital building boom during the 1920's and the early 1930's.

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SOCIAL/HUMANITARIAN SIGNIFICANCE - The DePaul Hospital is deeply rooted in the history of St. Louis and in the humanitarian efforts of the Daughters of Charity of St. Vincent DePaul. The hospital is the direct descendent of the first hospital west of the Mississippi and the first Catholic hospital in the United States. The original hospital was founded in late November of 1828 by four sisters of the Order of the Daughters of Charity of St. Vincent DePaul, who had migrated from Emmitsburg, Maryland. The three-room log cabin, known as the "Sisters Hospital" was constructed on land located on Spruce Street between Third Street and Fourth Street. The land, the cost of construction, and expenses for the Sisters' trip were donated by John Mullanphy, St. Louis' first millionaire. Taille de Noyer in Florissant, his country retreat, is on the National Register.

By 1832 a new two-story building was constructed on Spruce Street to accomodate the increased demand for medical care. The "St. Louis Hospital", as it was known, served all government and city patients until 1845 when the City of St. Louis built its own hospital. The "St. Louis Hospital" played an important role in treating the cholera epidemics of 1832 and 1849. When several steamboats exploded in 1844 the injured were treated at the hospital. In 1850 a major fire broke out on a steamboat and spread to the nearby businesses and residences. The fire destroyed large portions of the business district and threatened to consume the entire city. The injured were brought to the hospital which nearly had to be evacuate when the fire reached the hospital grounds before the wind shifted. The hospital was also the location of the first eye and ear clinic west of the Mississippi. 5 During the Civil War it was filled to capacity.

After the Civil War, the City of St. Louis began to expand rapidly. Soon industry with its associated smoke and dust surrounded the hospital. A decision was reached to search for a more healthful location. In 1872, after considerable searching, the hospital moved to a new location on Montgomery Street near Grand Avenue which was significantly beyond the urbarized areas of St. Louis. The hospital was known as "St. Louis Mullanphy Hospital" after its original benefactor.

The cost of construction was \$125,000. The property on Spruce Street was sold to help finance the building. The "St. Louis Mullanphy Training School for Nurses" was established in 1894 at this location. During the early 1900's Washington University, needing a clinical facility to train its medical students, reached an agreement for the use of ten beds for indigent patients to be under the supervision of the University's medical department. During World War I, a wing of the hospital was set aside for the isolated treatment of members of the armed forces with influenza. A portion of the clinic was set aside for the use of physicians in the examination of enlisted men.

After the war, changes in the field of medicine were rapid. The facilities of the Mullanphy Hospital became inadequate for modern diagnosis and treatment. In 1922 it was acknowledged that the hospital did not meet the standards required by the American Medical Association and the American College of Sur-

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geons. Discussions were held whether it would be better to undertake a major renovation of Mullanphy Hospital or build a new hospital. In 1927 a major torpado swept through St. Louis and destroyed a portion of the hospital. Temporary repairs were made and plans were developed to build a new hospital.

After considering several sites near existing institutions which were operated by the Daughters of Charity, a decision was reached to move to a new location on Kingshighway Boulevard. Ground breaking for the DePaul Hospital occured in 1928, the centennial anniversity of the first hospital. The hospital opened in August 1930. The DePaul Hospital complex included the general hospital and clinic, a centralized kitchen, a power house, and centralized laundry, dining facilities and helpers quarters, space for the nursing school, a chapel, and a convent. A decision was reached at this time to temporarily house the Nursing School on floors of the hospital which were to be occupied by patients when the demand increased. Writing im a 1932 article about the planning and construction of the DePaul Hospital, G.E. Quick, the supervising enginer stated:

"Another important problem that called for serious consideration was the provision for future growth of the institution. After a series of studies of the costs of various layouts, it was decided that it would be more economical to erect the main group for its final capacity and to eliminate the nurses' home until later demand would require its erection. It was planned to use the unoccupied floors of the hospital temporarily for the nurses and to make provision for a future school of nursing on the northwest corner of the site."

Renderings included in the article show a courtyard in anticipation of the Nursing School addition and the rendering appears to have been touched up where the school had originally been drawn. The depression and World War II delayed ground breaking for the school until January 1951.

The DePaul Hospital complex was operated by the Daughters of Charity until 1977 when it was closed to become part of the DePaul Community Health Center in Bridgeton. The first and second floor of the hospital were reopened in the spring of 1977 as the North St. Louis General Hospital. The hospital closed in January of 1978 and remained vacant until the present efforts by Tower Village, Inc. to reuse the structures for an elderly care center.

The completion of the DePaul Hospital complex in 1930 was an important advancement in the humanitarian efforts carried out by the Daughters of Charity of St. Vincent DePaul, both locally and throughout the United States. The Order which has its international headquarters in Paris, France, maintains a regional headquarters at the Marillac House in Normandy, a suburb of St. Louis. At the time of construction, DePaul Hospital was one of twenty-three general hospitals operated by the Daughters of Charity of St. Vincent DePaul in the Western Province which was headquartered at Marillac House. In addition to St. Louis, hospitals were located in Chicago, Milwaukee, New Orleans, San Francisco and eighteen

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other diocese, predominantly west of the Mississippi.

At the time of construction the order locally maintained St. Anne's Asylum, St. Vincent's Sanitarium, and several schools. The St. Anne's Asylum, which was originally known as the Biddle Infant Asylum, was founded in 1853 at the request of Archibishop Peter Kenrick, by the Daughters of Charity and Dr. L. C. Boislinier for the purpose of caring for homeless orphans. The building was located at 1029 Marion Street, on ground donated by Anne Biddle, the daughter of John Mullanphy. In 1859 a larger building was erected and renamed St. Anne's Widow Home, Lying-in Hospital and Foundly Asylum to reflect the three-fold services of the institution. In June of 1905, the St. Anne's Home moved to 5301 Page.

St. Vincent's Asylum opened in 1958 in a building at 9th and Marion Streets. Prior to that time, the mentally ill had been housed with other ward patients at the "St. Louis Hospital". St. Vincent's soon became filled to capicity when 90 patients were transferred there from the discontinued state asylum at Fulton, Missouri. Planning started in the 1880's for a move to larger quarters. In 1895 a new five-story building, costing \$1,500,000 was completed in Mormandy. The structure which resembles a medieval castle, was recently nominated to the National Register.

On July 8, 1969, DePaul Hospital, St. Vincent's and St. Anne's were merged into a single corporate entity known as the DePaul Community Health Center. The Governing Board authorized the purchase of ground in Bridgeton, a suburb of St. Louis. In December of 1972 ground was broken for a new \$48,000,000 medical center. St. Anne's opened its new facilities at this location in November of 1975, DePaul Hospital in March of 1977, and St. Vincent's in June of 1978.

In addition to their medical care activities, the Daughters of Charity maintained several educational insitutions in St. Louis which included St. Philomena's Technical School and Marillac Seminary, the latter located on the grounds of Marillac House.

ARCHITECTURAL SIGNIFICANCE - The DePaul Hospital complex, which was designed by the architectural firm of O'Meara and Hills, is a rare example of the application of the Italian Romanesque style of architecture for a large institution such as a hospital. This style along with other architectural expressions of the Middle Ages, was primarily reserved for churches and some schools. Early in its existence the hospital was recognized for its architectural importance. It was the only building constructed during 1930 to win the highest award in a "better building competition" sponsored by the Civic Development Bureau of the Chamber of Commerce. The bronze tablet and "Certificate of Merit" were awarded for "good general design and appearance both as to exterior and interior, good mechanical equipment and high quality workmanship." Of particular note is the Chapel with its multi-colored mosaic tiles, quarry tile floors, wooden sculptured altar, and ornate wooden beam ceiling. The sculptor of the altar was Joseph Horchert who also did the Guggenheim Statue in Forest Park and worked on the Dewey Arch in New York. The tile work was done by the McGarry

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Tile Company. McGarry's house in University City has recently been nominated to the National Register of Historic Places on the basis of its fine tile work.

The Italian Romanesque style of the DePaul Hospital reflected a strong interest by most architects of the early third of this century in the architecture of the Middle Ages, which included Gothic. Much of the work of this period has been overshadowed until recently by the emphasis of architectural historians on the beginnings of the International style during this period. When the DePaul Hospital was constructed, however, its style was in the mainstream of architectural thought.

O'Meara was probably influenced by the work of Ralph Adams Cram, who was a partner of Bertram Goodhue. Cram in known primarily for his Gothic Revival work including New York's Cathedral of St. John the Divine, but also employed Romanesque and Byzantine styles, notably in the campus of Rice University in Houston. At his death in 1942, Cram was recognized by the religious, press as "the man who of all men did most to revive Catholic Art in America." though much of Cram's work was in the East, he was widely published and was responsible for the Firmin Desloge Hospital Chapel in St. Louis. Bertram Goodnue was another leader in the use of Romanesque forms, as exemplified in St. Bartholomew's Church in New York City.

Patrick O'Meara was known for his architectural work throughout the Midwest. He was recognized as a specialist in Roman Catholic ecclesiastical architecture. He designed numerous churches, schools, and hospitals. His biographies in the Biographical Dictionary of American Architects (Deceased) and Architects in America of Catholic Tradition list the DePaul Hospital as his outstanding achievement.

He was born in 1890 and was educated at Notre Dame University. He worked for a number of architectural firms in the Midwest until 1916 he became a partner in the firm of Damon & O'Meara in Fort Dodge, Iowa. In 1919 Hills became a partner and an additional office was opened in St. Paul, Minnesota. The firm of O'Meara and Hills opened an office in St. Louis in 1922, with branches in St. Paul and Detroit, Michigan. In 1930, Hills resigned from the firm to start his own practice in St. Paul. Patrick O'Meara remained as head of the firm until his death in 1945. The firm was reorganized with G.E. Quick (supervising engineer for the DePaul Hospital) and G.J. Maguolo as the principals. This firm designed the Nursing School annex in the early 1950's.

O'Meara's work during the 1920's reflects Cram's work. The examples illustrated in Catholic Churches and Institutions by O'Meara & Hills, which was published the same year that ground was broken for the DePaul Hospital, demonstrate an equal facility with the Romanesque and Gothic styles. Two quotations from this book are very close to Cram's architectural philosophy.

"If architecture and utility are inseparable, direct imitation of neigher ancient nor modern examples can fulfill the requirements of a new problem. Utility is the basis of architecture, yet by

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this virtue alone, one does not produce architecture, but merely a building. $^{\rm mid}$

"May the new edifices undertaken in the future spell the reverence and faith of the craftsmen of the Middle Ages who so since ely built and dedicated their churches to the glory of God."

Other examples of O'Meara's work in the St. Louis area include St. George's Church and Rectory on Gravois Road in St. Louis County, the Gymnasium at St. Louis University, Villa Duchesne School at Conway and Spoede Roads, St. Anthony's Grade School and High School on Compton Avenue, St. Ann's School and Auditorium in Normandy, St. Wenceslaus Church on Oregon, Motherhouse and Novitate for the Sisters of Saint Mary in St. Louis County, and the Convent of the Discalced Carmelites in Ladue.

Other Midwest commissions included the St. Mary's School of Nursing in Milwaukee, Wisconsin, for the Daughters of Charity of St. Vincent DePaul; an auditorium for St. John University in Collegeville, Minnesota; the Nurses Training School for Seton Infirmary in Austin, Texas, for the Daughters of Chairty of St. Vincent DePaul; Saint Mary's Hospita; in Rochester, Minnesota; and St. Joseph's Hospital in Alton, Illinois.

The DePaul Hospital also represented a significant advancement in the hospital as a building type. The period of 1910 through the early 1930's saw a major hospital building boom nationally and in St. Louis. During this period, the number of hospitals in the United States increased by over 57%. Since that time, the number of hospitals has increased by about 5%. The boom was the result of new medical education standards which were brought about after Dr. Abraham Flexner's, Bulletin Number Four in 1909. Flexner's findings were very negative about the quality of medical education in the United States. Subsequently, medical schools became more directly affiliated with hospitals, and hospital facilities. The Great Depression brought an end to the construction of new hospitals, and World War II further delayed construction.

In St. Louis, St. Mary's Hospital was constructed in 1924; Deaconess Hospital in 1928; McMillan Hospital in 1928; St. Louis Maternity Hospital in 1928; and Firmin Desloge Hospital in 1932. Coming toward the end of this building boom, the DePaul Hospital represents an excellent state-of-the-art example of the latest thinking in hospital design of this period. The hospital evidenced progressive planning in the provision of a central food service and central supply service for the dispensing of surgical dressings, medications, linen and household supplies - a significant departure from the old idea of having these services on each floor. Between the sixth and seventh floor of the hospital, a mechanical floor was devoted to the electrical and mechanical requirements for the operating rooms and x-ray laboratories. This space, which is commonly called "interstitial" space today, provided for replacement of equipment and services with minimal disruption to the operation of the hospital. The design of the hospital was also forward thinking in the location of elevator cores and nurses stations at the intersection of the north and south wings with the central portion of the "H". This allowed food service and nursing assistance to be within 100 feet of the most remote patients' rooms.

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¹Sisters of Charity (Marillac Provincial House), History of DePaul Hospital, St. Louis, Missouri (St. Louis: unpublished, n.d.), p.1. The history of DePaul Hospital nas been recorded in all the major histories of St. Louis, including Richard Edwards and M. Hopewell, Edwards' Great West (St. Louis, Edwards's Monthly, 1860), pp. 345-349; J. Thomas Scharf, History of Saint Louis City and County (Philadelphia: Louis H. Everts & Co., 1833), Vol. II, pp. 1548-1549; William Hyde and Howard Conard, Encylopedia of the History of St. Louis (New York: The Southern History Company, 1899), p. 1051; Ernest Kirschten, Catfish and Crystal (Garden City, N.Y.: Doubleday & Co., 1960), pp. 173-174.

²Hyde and Conard, p. 1591; Kirschten, p. 72; McCune Gill, <u>The St. Louis</u> Story (Hopkinsville, Ky.: Historical Record Association, 1952), pp. 146-148; <u>James Neal Primm, Lion of the Valley</u> (Boulder, Co.: Pruett Publishing Co., 1981), pp. 123, 173, 204-205.

3DePaul Community Health Center (Public Relations Department), <u>History of DePaul Community Health Center</u> (St. Louis: unpublished, n.d.) p.2.

⁵58 Views of St. Louis Tornado, September 29, 1927, (St. Louis: American Autochrone Co., 1927).

⁶Sister M. Alphonsine and G. B. Quick, <u>DePaul Hospital St. Louis</u>, <u>Mo.</u> (Reprint from Hospital Progress, 1932) p. 10.

⁷Op. Cit., Sisters of Charity, pp. 4-5.

8St. Louis Post Dispatch, "Hospital Wins Award for Best Building," 1932.

⁹Richard Guy Wilson, "International Style: The MOMA Exhibition," in <u>Progressive Architecture</u>, February 1982, pp. 93-94.

10 Douglass Shand Tucci, Ralph Adams Cram, American Medievalist (Boston, Boston Public Library, 1975), p. 1.

¹¹Local examples of the style include the former Second Baptist Church (1907, Mauran, Russell & Garden), St. Ambrose Church (1925, Corrubia & Henderson), and the Baden Bank (1927, Hoener, Baum & Froese), all illustrated in John Albury Bryan, Missouri's Contribution to American Architecture (St. Louis: St. Louis Architectural Club, 1928), pp. 127, 226, 272.

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⁴Ibid., p. 3.

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¹³Patrick O'Meara, Catholic Churches and Institutions by O'Meara and Hills Architects, (St. Louis, Con. P. Curran Printing Co., 1928), p. 16.; Catholic Churches and Institutions by P.M. O'Meara Assoc. (New York: Architectural Catalogue Co., 1946).

¹⁴Ibid., p. 270.

¹⁵ Mary Bisley, The House of Healing (New York, Doubleday and Company, Inc. 1961); Larry Marks, The Evolution Development of the Modern Hospital in the United States (Princeton Junction, New Jersey: Karlsberger and Associates, 1972), esp. bibliography pp. 51-53.

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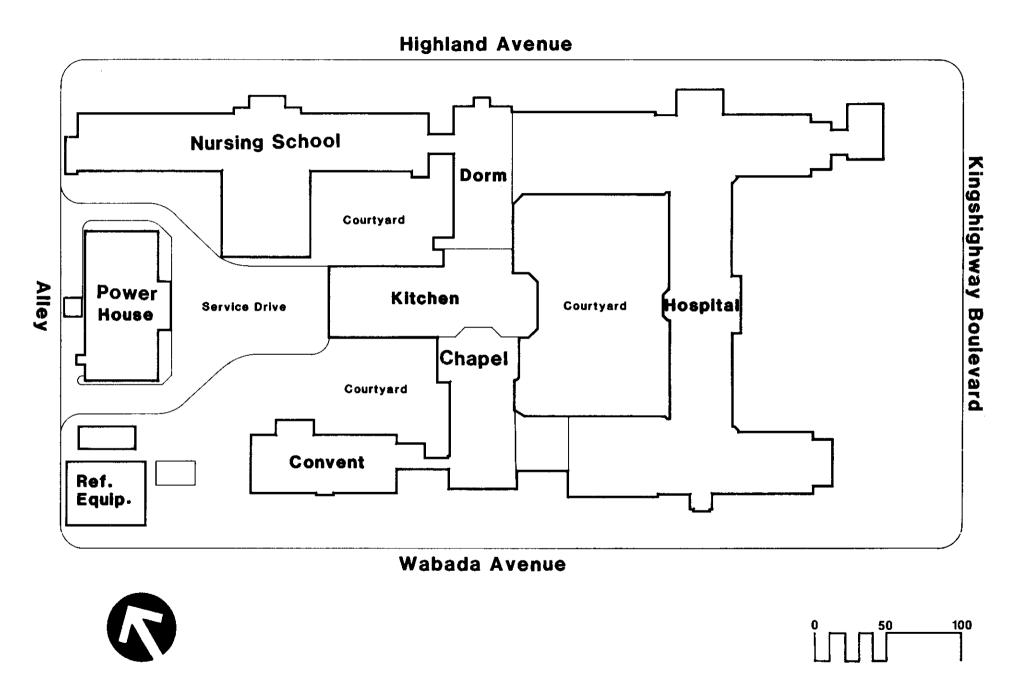
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2) James M. Denny, Chief, Nominations-Survey and State Contact Person Department of Natural Resources Historic Preservation Program P.O. Box 176 Jefferson City,

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De Paul Hospital Complex

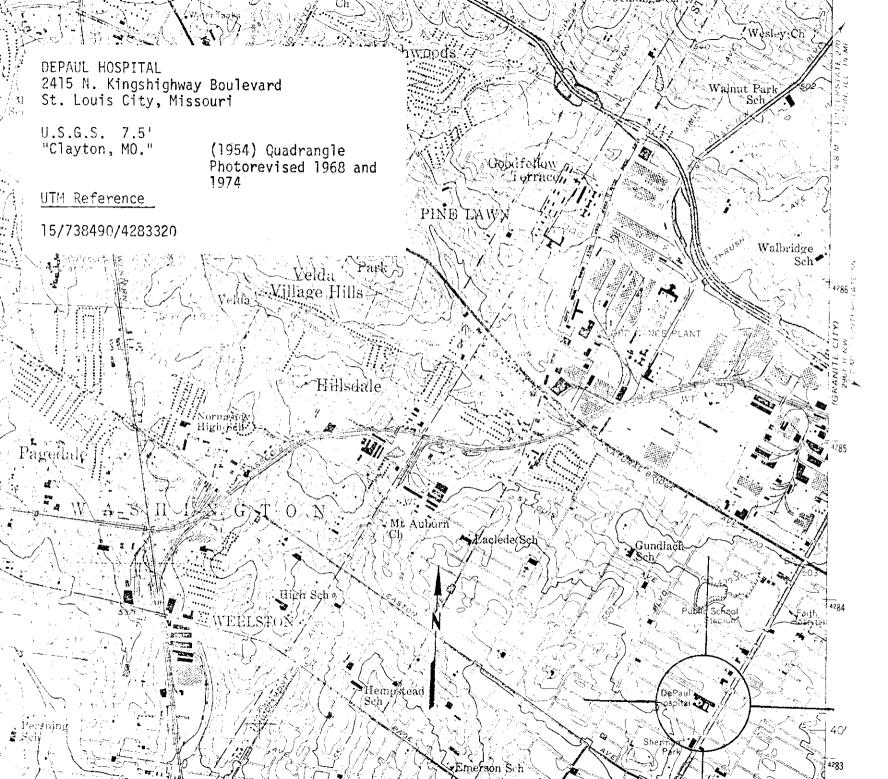


Photo Log:

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Description of Photograph(s) and number, include description of view indicating direction of camera:

- 1 of 13. Front elevation of hospital looking E across Kingshighway Blvd.
- 2 of 13. Front elevation of hospital and N facades of hospital, dormitory, and nursing school from intersection of Kingshighway Blvd. and Highland Ave.
- 3 of 13. Front (N) elevation of dormitory and nursing school from parking lot N of Highland Ave. Photo taken by McMahon Architects, 1980.
- 4 of 13. Front elevation of hospital and S facades of hospital, chapel, and dormitory, with power house smoke stack in rear. View from intersection of Kingshighway Blvd. and Wabada Ave. Photo taken by W.C. Persons, 1938.
- 5 of 13. View from hospital of central courtyard surrounded by N wing of hospital, dormitory, and kitchen with nursing school in the rear. Photo taken by Sverdrup & Parcel Engineers, 1981.
- 6 of 13. View from N wing of hospital of kitchen with chapel and convent in rear. Photo taken by McMahon Architects, 1981.
- 7 of 13. View of service courtyard with nursing school to the N, power house to the W, and convent to the S. Photo taken by McMahon Architects, 1980.
- 8 of 13. View of SE corner of hospital lobby, Photo taken by unknown, 1930.
- 9 of 13. View of chapel altar area from chapel balcony. Photo taken by Team Four, Inc., 1982.
- 10 of 13. View of chapel ceiling. Photo taken by Team Four, Inc., 1982.
- 11 of 13. View of chapel side aisles and clerestory windows. Photo taken by Sverdrup & Parcel Engineers, 1981.
- 12 of 13. View from nursing school lobby and entry doors. Photo taken by Team Four, Inc., 1982.
- 13 of 13. View of nursing school lobby facing E. Photo taken by Team Four, Inc., 1982.























