

United States Department of the Interior
National Park Service

National Register of Historic Places
Registration Form

1. Name of Property

historic name East End Drugs

other names/site number N/A

2. Location

street & number 630 East High Street [n/a] not for publication

city or town Jefferson City [n/a] vicinity

state Missouri code MO county Cole code 051 zip code 65101

3. State/Federal Agency Certification

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

Mark A Miles

07/09/03

Signature of certifying official/Title Mark Miles/Deputy SHPO

Date

Missouri Department of Natural Resources
State or Federal agency and bureau

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

Signature of certifying official/Title

State or Federal agency and bureau

4. National Park Service Certification

I hereby certify that the property is:

Signature of the Keeper

Date

entered in the National Register
See continuation sheet [].

determined eligible for the
National Register
See continuation sheet [].

determined not eligible for the
National Register.

removed from the
National Register

other, explain
See continuation sheet [].

5. Classification

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

buildings

sites

structures

objects

Total

Number of contributing resources previously listed in the National Register.

N/A

Name of related multiple property listing.

N/A

6. Function or Use

Historic Function

HEALTH CARE: medical business / office

COMMERCE: specialty store

COMMERCE: restaurant

DOMESTIC: multiple dwelling

Current Functions

HEALTH CARE: medical business / office

VACANT

7. Description

Architectural Classification

LATE VICTORIAN: Romanesque

Materials

foundation Stone

Concrete

walls Brick

roof Asphalt

other

Narrative Description

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

8. Statement of Significance

Applicable National Register Criteria

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

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

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

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

Criteria Considerations

Property is:

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

B removed from its original location.

C a birthplace or grave.

D a cemetery.

E a reconstructed building, object, or structure.

F a commemorative property.

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

Narrative Statement of Significance

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

9. Major Bibliographic References

Bibliography

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

Previous documentation on file (NPS):

- preliminary determination of individual listing (36 CFR 67) has been requested
- previously listed in the National Register
- previously determined eligible by the National Register
- designated a National Historic Landmark
- recorded by Historic American Buildings Survey

- recorded by Historic American Engineering Record

Primary location of additional data:

- State Historic Preservation Office
- Other State Agency
- Federal Agency
- Local Government
- University
- Other:

Name of repository: _____

Areas of Significance

COMMERCE

Periods of Significance

1904 - ca. 1950

Significant Dates

N/A

Significant Person(s)

N/A

Cultural Affiliation

N/A

Architect/Builder

Unknown

10. Geographical Data

Acreege of Property Less than one acre**UTM References**

A. Zone	Easting	Northing	B. Zone	Easting	Northing
15	572778	4269355			

C. Zone	Easting	Northing	D. Zone	Easting	Northing
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[] See continuation sheet

Verbal Boundary Description

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

Boundary Justification

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

11. Form Prepared By

name/title Jane Rodes Beetemorganization Historic Preservation Consultant date March 23, 2003street & number 1612 Payne Drive telephone 573/635-0662city or town Jefferson City state MO zip code 65101**Additional Documentation**

Submit the following items with the completed form:

Continuation Sheets**Maps**A **USGS map** (7.5 or 15 minute series) indicating the property's location.A **Sketch map** for historic districts and properties having large acreage or numerous resources.**Photographs**Representative **black and white photographs** of the property.**Additional Items**

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

Property Owner

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

name Darryl and Connie Hubblestreet & number 630 East High St. telephone 573/636-3733city or town Jefferson City state Missouri zip code 65101

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Continuation Sheet

Section 7 Page 1

East End Drug
Cole County, MO

Summary: East End Drugs is located at 630 E. High Street in Jefferson City, Missouri. This corner of East High and Lafayette Streets is the center of a neighborhood commercial district, just a few blocks from Jefferson City's downtown. According to Sanborn Maps, the building was constructed between 1892 and 1898. A drugstore has operated in this same location and under the name East End Drug since at least 1904 to the present, so the building retains a high degree of integrity of location, setting and association. The 2-story brick building is an example of the two-part commercial block, typical of buildings constructed for commercial use on the first floor and residential use on the second floor. The front facade features a corner entrance, as well as a highly detailed cornice and attic level windows, typical of the Late Victorian period. The cornice features two semi-circular windows, one on each end of the facade, and two arched topped windows, all having multiple square panes of glass. Raised triangular parapets on each end and a rectangular parapet in the center of the front facade give the building an irregular roof-line. Three sections of four brick high ornamental cornice, raised brick arch designs and a masonry checkerboard pattern further detail the cornice. The building's high quality workmanship remains evident in the masonry detailing of the upper facade. The interior is divided into two parts, each having one commercial unit below and one residential unit on the second floor. The interior remains largely intact, including a working soda fountain in the drugstore area, and original doors, windows, trim, hardware and floors in the residential units above. The first floor and exterior are in good to very good condition, while the two residential units upstairs appear to have been vacant for some time. One unit has not been lived in or updated since about the 1940s. The building retains much of its original integrity, however, as was common with commercial buildings, the lower level of the front facade was "modernized" in the early 1950s with moss green Vitrolite and satin finished aluminum. A 1-story brick addition was constructed at the rear of the building about the same time. The property is being nominated individually under Criterion A, COMMERCE. Currently the building continues to serve as a drugstore, under the name Whaley's East End Drugs, and evokes memories of the once common but now rapidly disappearing corner drugstore.

Elaboration: East End Drugs is a commercial 2-story red brick building, located on the southwest corner of East High and Lafayette Streets. Commercial buildings are located on all four corners of this intersection, resulting in a neighborhood commercial center three blocks from Jefferson City's downtown. Some residential structures separate the two commercial areas, but most have been converted to (or replaced by) commercial uses.

The building was constructed with two distinct interior sections on both floors, yet the front facade is designed to appear as one building. The distinctive roof line features a parapet on the front facade with gabled peaks on the outer corners and a rectangular section rising from the center. The flat roof behind the parapet slopes toward the rear. On the first floor, commercial spaces were originally large, open rooms on either side of a party wall. A doorway has since been opened between the two first floor sections. Upstairs were two almost identical residential apartments. According to Sanborn Maps of the area, the building has retained virtually the same footprint since at least 1898, including the interior party wall. The building is largely intact, with alterations to the lower front facade in the early 1950s to improve the drugstore's competitiveness with suburban drugstore locations. A 1-story brick addition was constructed circa 1950 at the rear of the pharmacy, and a parking lot is located to the rear of the building. No associated outbuildings exist, and the early Sanborn maps do not show any outbuildings.

The dominant features of the front facade are the corner entrance and the highly detailed cornice and attic level windows. The front facade is largely symmetrical, except that the corner nearest the intersection is placed at an angle, creating an entrance from both East High and Lafayette Streets. The cornice features four windows in the attic level, a semi-circular window at each end of the cornice and two arch topped windows in the center, all having multiple square panes and surrounded by two courses of brick voussoirs. These windows are highlighted by a raised brick pillar on either side, supported by a small curved bracket, and stone sills. The section above

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East End Drug
Cole County, MO

each window is ornamented by a stepped 4-brick high cornice, as the top of the parapet extends slightly from the wall below. Between the center and end windows, the cornice wall is decorated with a series of slightly raised brick arches. The center parapet is topped by a rectangular area filled with ornamental brickwork in a checkerboard design. The parapet wall is topped by a clay tile cap. The fenestration pattern on the second floor is a pattern of alternating single and double 1/1 window units with straight stone lintels above. This gives the second-floor exterior the appearance of five vertical bays, while the first floor has only two distinct sections. According to a historic photograph, the corner entrance originally had the same angle on both the first and second levels, with a small triangular flat roof projecting over the main entrance. The first floor level of the front facade was altered in the early 1950s, and the corner entry was enlarged, incorporating display windows to either side of the entry door. The remainder of the first floor facade was covered in green Vitrolite glass tiles, accented by aluminum banding, both of which wrap slightly onto the southeast side of the building. A rounded flat roof now projects over the entry, supported by a single metal post.

The southeast side of the building features several single and one set of paired windows, all having rounded tops typical of brick buildings in Jefferson City. Three "ghost signs" remain visible on this wall, although one is partially obscured by the Vitrolite glass tiles. On the second level, an older rectangular sign is more faded, but the word "DRUGS" is clearly visible. A large almost square sign on the first level remains somewhat legible, with the name East End Drug at the top, "Prescriptions" in script below, followed by advertising for toiletries, vitamins, sundae, magazines and films. Only a small portion of the third sign is visible near the northeast corner of the building, where a couple of tiles have been broken, exposing the sign underneath. More modern advertising is also located on this outside corner of the drugstore. One sign on the east wall displays the word "Drugs," flanked by mortar and pestles decorated with "Rx" symbols. A sign over the corner entrance announces "Whaley's", connected to a "East End Drugs" sign on the north wall. These signs are located in a continuous band at the juncture of the first and second floor facades. A native stone foundation is visible under this wall. One window near the rear is covered by shutters, painted a pale green. This window is not visible from the interior. To the south, or rear, a one-story modern brick addition on concrete foundation has been added, with no openings to the side street. The rear of the building is partially covered on the first level by the modern brick addition, which has one first floor window and one basement level entry. A metal staircase provides access to both the first and second floors beside the addition. A number of windows and doors are located on the original rear wall, all having the arched top windows typical of the area. A stone foundation is visible on part of the rear wall. The northwest side wall is not visible, as another commercial building is immediately adjacent to East End Drugs.

One of the most remarkable features of this drug store is that it retains its historic soda fountain. Not only are the fountain counter, equipment and decorative back wall intact, but the soda fountain is still in operation. The back wall features decorative elements reminiscent of Art Deco motifs, with ribbed aluminum banding beneath the cornice and three thin strips of metal in a rectangular pattern connecting the larger motifs. Smaller motifs are located to either side, above three thin vertical metal strips on top of a flat aluminum plate. In the center, a mirror rises approximately 18" above the counter. The countertop itself has been replaced in recent years, but the wooden storage cabinets below are original. The fountain equipment no longer stores ice cream, as in years past, but still provides a wide variety of fountain drinks for thirsty patrons. The counter stools were recently brought out of many years' storage in the basement and installed at their original locations at the soda fountain.

The interior of the drugstore also retains its custom-built wooden shelving units around three walls of the retail section, dating from the 1930s to 1940s. Along the west wall, there are shelves above and drawers below, or in some areas there are open shelves below that may have originally had cabinet doors. Toward the front of the store, some of the upper units on this wall retain their original sliding glass doors. A wide matching wooden cornice ties these units and the matching back wall of the soda fountain together, and provides a display space

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East End Drug:
Cole County, MC

for numerous historic photographs, advertisements, Coca-Cola advertisements and prescription bottles. Above the prescription counter on this cornice rests the word "Prescriptions" in script, cut out of wood and painted black. This sign was obtained by the current drugstore owners from Owl Drug Store when it closed. Owl Drug Store operated at 702 W. Main Street as early as 1904. The black and white linoleum tile floor is a distinctive feature of the drugstore retail space. The ceiling is approximately full height. The addition of modern ceiling tile has allowed the installation of more modern commercial ceiling light fixtures. To the rear of the retail space is the pharmacy dispensing area, which was added to the original building circa 1953. This space is accessible via a doorway and a counter where customers can bring their prescriptions to be filled. Work counters and tall, narrow shelves for storing pharmaceuticals fill most of this space, which has white painted walls and blue commercial carpeting.

The western portion of the first floor is currently used for the most part as offices or work spaces for the drugstore and its home care operations. The office on the front of the building has large glass windows and a commercial glass entry door, matching those found on the drugstore. A small raised stone flower bed at the western most corner of the windows softens this expanse of glass. The offices are carpeted, and none have windows on the western wall, as a 1-story commercial building is immediately adjacent to this wall. A long central hallway separates the offices from two workrooms where nursing home prescriptions are filled. These workrooms are filled with tall, narrow shelves for storage of pharmaceuticals and work counters. A small break room, kitchen and rest room are located at the rear of this portion of the building. These rooms retain their original windows, door, and associated trim on the rear wall. The rear exit door has four panels, and retains not only its original door knob and backplate, but a matching sliding lock between the top of the door and the transom.

The upstairs residential units can be reached from a stair between the drugstore and office entrances, or from an exterior stair at the rear. The stairs from the front have been carpeted, and a window on the ground floor provides natural light. The original banister and newel post remain between the stair and the entry hallway. Originally it appears that the front access was only to the western apartment, but a doorway has since been opened at the top of the stairs to connect the two units. In order to conserve space at the top of the stairs, the rear of the closet in an adjacent room presents a curved, plastered wall to the entry hall.

Entering the eastern apartment through the doorway that has been added, it is clear that no significant alterations have been made to this unit since the 1940s or 1950s. Hardwood floors remain throughout, and the windows, doors and trim retain their original stain and varnish except in the kitchen, which has painted trim. The front room has four large 1/1 windows, with a pair of windows in the center, and one single window to each side. The eastern window is wider than usual, as it is located in the center of the angled corner over the front drugstore entrance. Another window was originally located opposite the western-most window, facing into the hallway. Only the window frame remains, and the opening has been boarded over. No ceiling fixture appears to have ever existed. Wallpaper has been stripped from this room and the long hallway on the west side of this unit, but remains more or less intact in the other rooms. Ceilings were wallpapered as well, and Mother Nature is working to remove this wallpaper. In some rooms, layers of wallpaper are visible, showing the changes in decorating styles through the years. A remnant of floral peach and tan linoleum in one room coordinates with the two most recent wallpapers: a sage green 1940s style (on top) with wavy off-white horizontal lines and alternating vertical white dashes, with touches of peach horizontal lines, and a dark peach wallpaper with white roses below. Two rooms have narrow borders at the ceiling that coordinate with the wallpaper underneath. In the second room from the front, the rear of the closet is a curved wall, evident in the interior hallway, the same as found in the other apartment. A bare bulb socket hangs from the center of this room, one of the few ceiling fixtures in the upstairs units. The third room from the front has angled corners on the interior wall. One of these corners provides additional space for the adjacent closet, while the other has a door opening into a small triangular

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East End Drug
Cole County, MO

closet. Between these angled walls is a door with transom opening onto the interior hallway. The hallway retains a linoleum runner with a 1930s or 1940s geometric pattern. The kitchen has a small wooden base cabinet with red countertop, angled at one end to allow easy access to the rear door. In the center is a high-back cast iron sink with separate hot and cold chrome faucets. The rear entry door has four vertical panels, with the top two panels filled with glass. Original transom with hardware, doorknob and backplate remain. The backplates throughout the upstairs have a floral incised motif, although this detail is less evident where the trim has been painted. The only bathroom serving the upstairs is located at the rear of the interior hallway in the eastern apartment. This room has been untouched for decades, retaining its original clawfoot tub and faucets, wall-hung sink with separate hot and cold faucets, and toilet. The walls are covered with high painted wood wainscoting, which extends even higher behind the toilet. A glass towel bar and wooden shelves are attached to the wainscoting. Wallpaper with a gold background depicting scenes from a ladies dressing room appears above the wainscoting. In one area, the previous wallpaper is visible, a pale green background with peach, yellow and rose colored water lily blooms and cattails. One window provides light on the rear wall, above the tub. The ceiling was wallpapered, and strips now hang loose around the bare bulb socket hanging from the ceiling. A hot water heater is located in the corner near the door to the hallway. The floor appears to be a single sheet of brown linoleum.

The north end of the entry hallway leads to the front parlor of the western apartment. The floor plan of this unit was identical to the east unit when constructed. The front room has a pair of 1/1 windows in the center, with a single 1/1 window on either side. On the west side of the room, the 1/1 window has had shelves added inside the window frame, with the sash remaining in place. The lower fourth of this window has been closed with plywood. The window on the east side of the room has been enclosed in a closet, which extends across the east wall. Modern hollow-core doors and wood-grain paneling were used in this wall's construction. The rest of the doors in the upstairs are original 5-panel doors, except where noted. The south end of the closet is interesting, as an original window remains, which originally opened over the stairway. The window frame and trim remain, but shelves have been added so that they extend over the stairs several inches. Low wainscoting has been added to the walls of this room, and painted a medium aqua color. Light brown square linoleum tiles cover the floor. The next two rooms to the south are similar, the northern one having a single 1/1 window and southern one a pair of 1/1 windows, both on the west side. The second room from the front opens onto the entry hall, and its closet has as its rear wall the curved wall evident in the hallway. Neither the first or second rooms have evidence of any light fixtures ever being installed. Grey and tan flecked commercial carpet covers the floors in the second and third rooms. The third room used to open onto a hallway, but this has since been closed near the top of the stairs to add a furnace room and much needed closet space. In one corner of this room, a typical corner closet remains, displaying the extremely small amount of storage space originally constructed. The kitchen at the rear of this unit is the most modern portion of the upstairs, having been remodeled some time in the late 1960s or early 1970s. Dark wood paneling covers the walls, square tiles have been installed on the ceiling, and commercial carpet covers most of the floor, with lime green and gold vinyl in the eating area and by the rear entry. Older wood cabinets hang above the stove and refrigerator, and above the base cabinets containing the sink. The rear door has four vertical panels, with the top two panels containing glass. Original doorknobs, hinges and window hardware remain throughout the upstairs. Rare exceptions are the windows on the rear of each of the kitchens, which have been replaced with modern 1/1 windows.

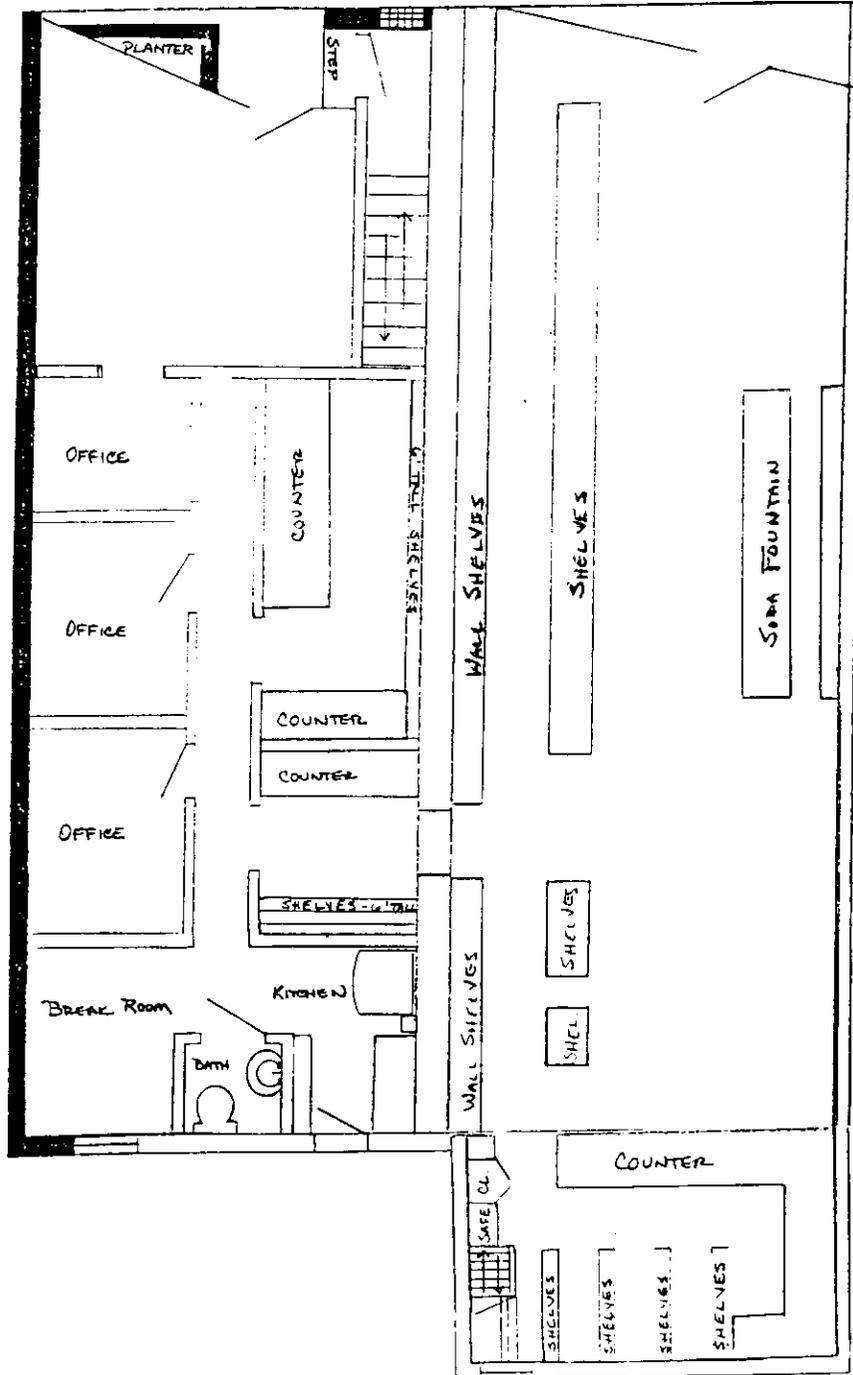
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East End Drug
Cole County, MO

Figure 1: Floor Plan - First Floor



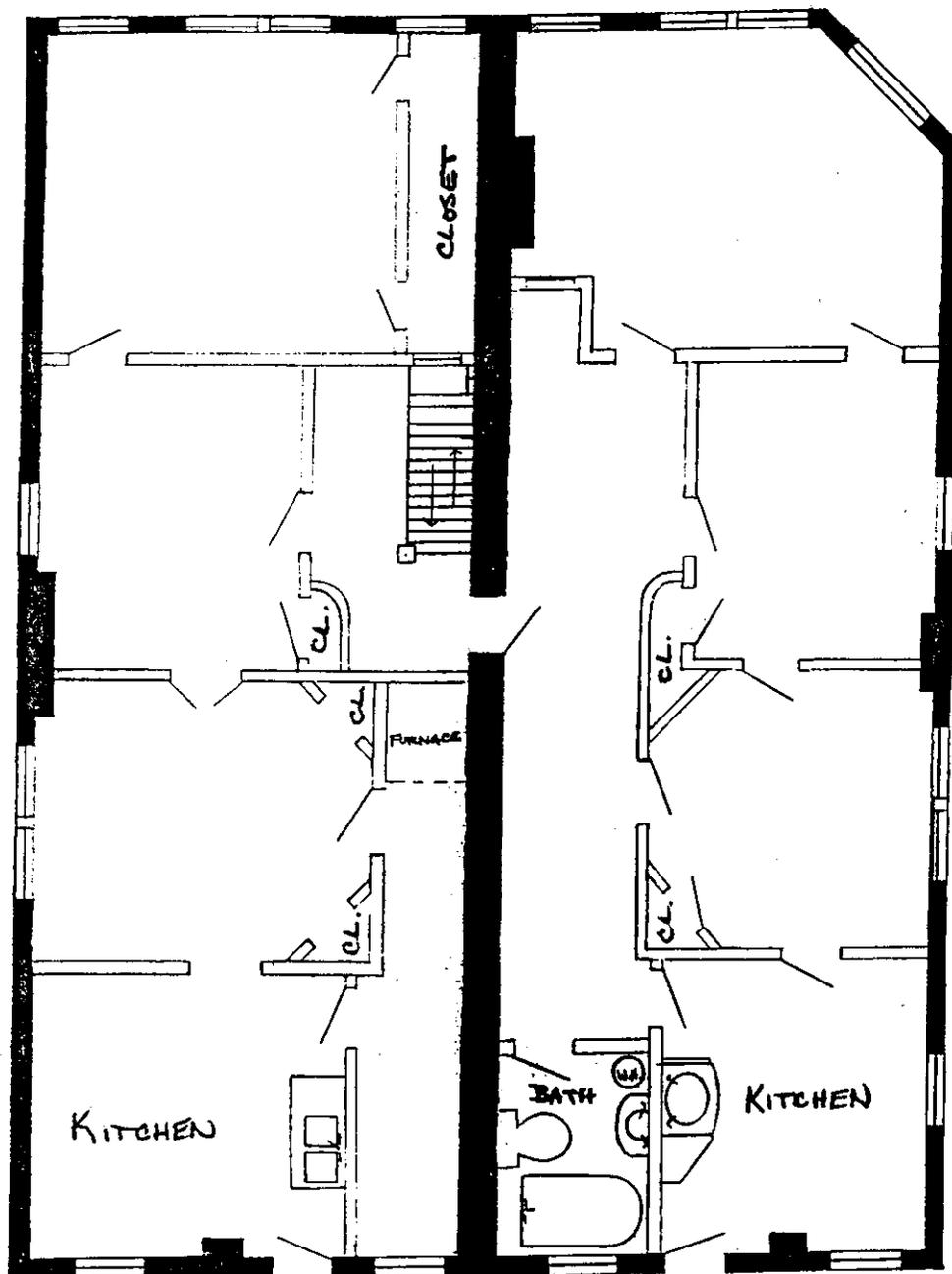
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East End Drug
Cole County, MO

Figure 2: Floor Plan - Second Floor



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East End Drug:
Cole County, MO

Figure 3: Sanborn Map, 1898

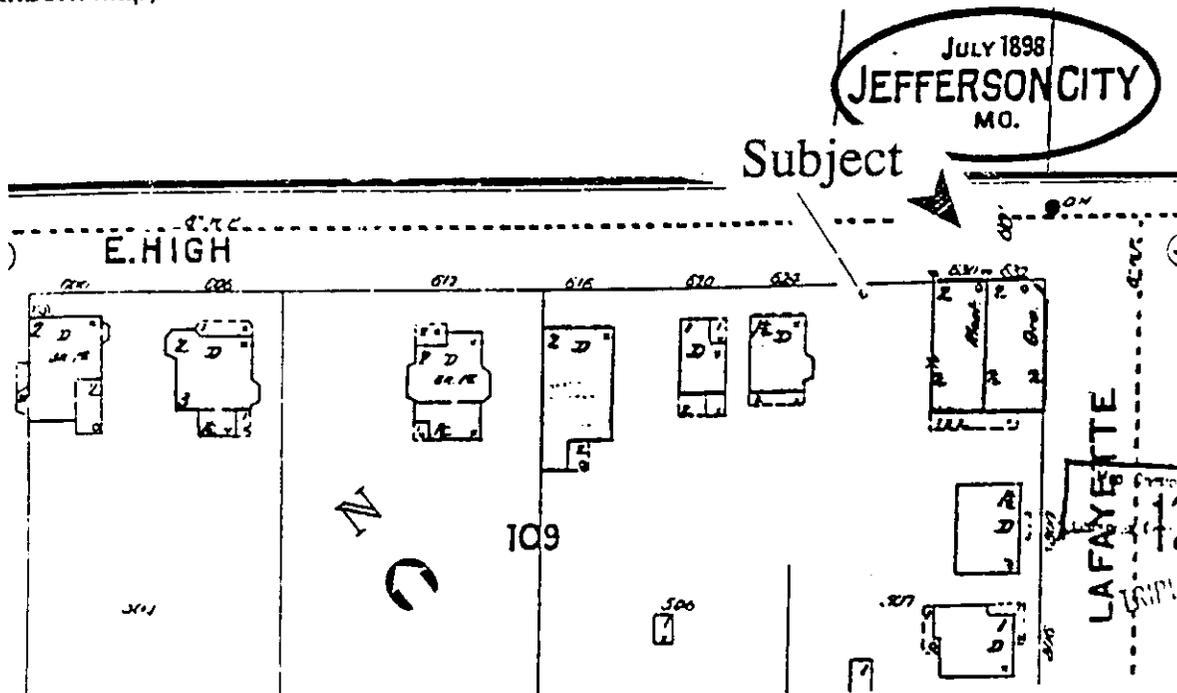
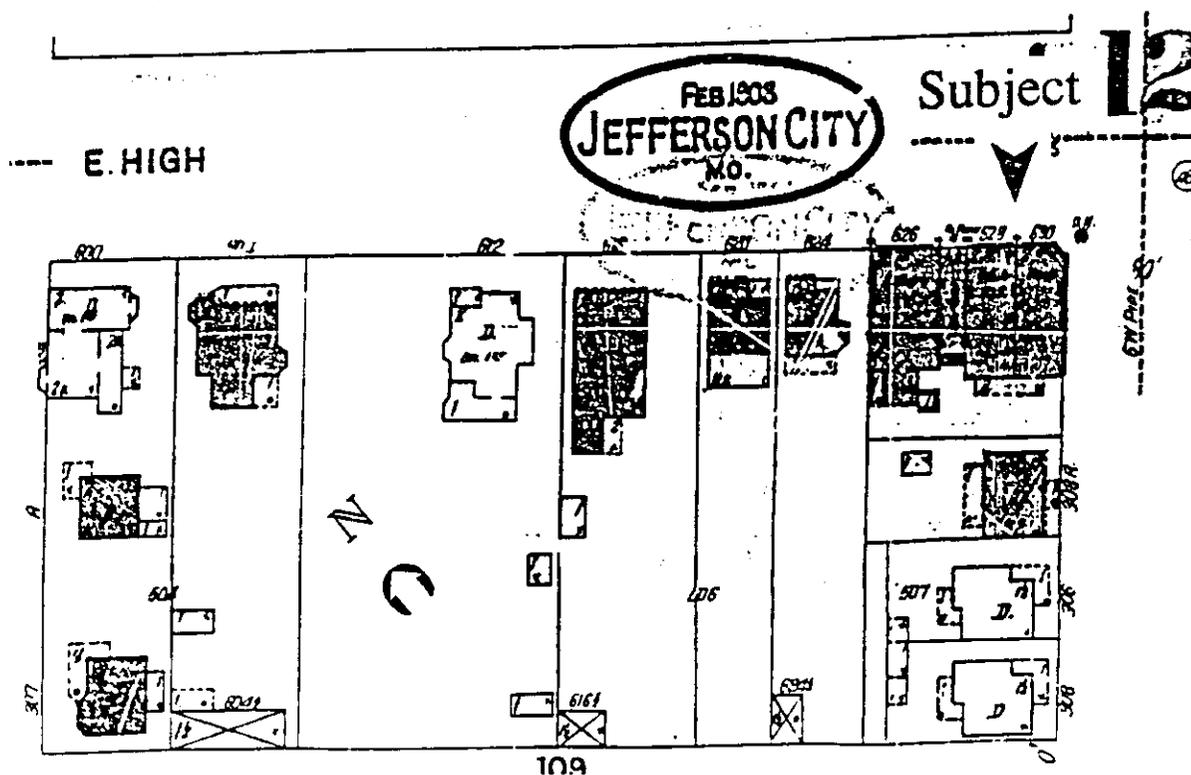


Figure 4: Sanborn Map, 1908



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East End Drugs
Cole County, MC

Summary: Drugstores have evolved and changed dramatically over the last century, from a store where registered pharmacists dispensed the prescriptions they compounded, to a neighborhood retail establishment selling manufactured medications (complete with soda fountain), to the large chain drugstores of today. East End Drugs, located at 630 E. High Street, Jefferson City, Missouri, exemplifies the evolution of the typical small town drugstore from the turn of the last century to the mid-twentieth century. By studying the history of the small town, independent drugstore, like East End Drugs, it becomes evident that a number of aspects of our culture today in some way developed from the drugstore or its soda fountain. Pharmacy as we know it today has changed dramatically since East End Drugs opened circa 1904. Pharmacists in 1900 were trained as apprentices, and graduation from high school was not required - today licensed pharmacists must complete 5-6 years of pharmacy school. Early prescriptions were compounded in the store. By the 1940s only 26% of prescriptions were compounded in the drugstore, and by 1971 compounded prescriptions accounted for only 1% of prescriptions filled. Laws governing pharmacy were slow to change. It was in 1938 that drugs were required to be proven safe by the Food and Drug Administration, and it wasn't until 1962 that drugs had to be proven effective. The difference between prescription drugs and over the counter medications was defined in 1951. Generic drugs, while used by the military since the early 1940s, were not available to the public until anti-substitution laws were repealed by the states between 1979 and 1983. Many innovations occurred behind the other counter in the drugstore, the soda fountain. Many soft drinks were developed in the late 1800s, largely by pharmacists experimenting with various flavors in their drugstore soda fountains, including the majority of the most popular soft drinks of today. Development of soft drinks gave rise to the soft drink bottling industry. Drugstore architecture evolved during this period, and became more streamlined, as drugstores and soda fountains incorporated newly available low maintenance materials. The concepts of standardization, self-service and franchises developed in the chain drugstores lay the groundwork for the fast-food industry. Suburbanization and automobile dependency almost brought an end to the drugstore soda fountain. During the 1950s and 60s, East End Drug adapted to survive the phenomenon of urban flight and the changing demographics in America's cities under C. Forrest "Red" Whaley's guidance, and became known as Whaley's East End Drugs. Today, East End Drugs retains its historic appearance while continuing to serve its drugstore and soda fountain customers, in spite of a changing health care industry and competition from large chain drugstores. The building retains integrity of location, association, setting, materials, workmanship and feeling that convey its significance. Having operated as a drugstore in the same location under the same name for at least 99 years, East End Drugs is eligible for listing on the National Register of Historic Places under Criterion A: COMMERCE, with a local level of significance. The period of significance extends from 1904, when a drugstore is known to have operated at this location, until circa 1950, when the front facade was "modernized."

Elaboration: East End Drugs is a typical example of the two-part commercial block type of commercial building found in many neighborhood commercial districts. According to Sanborn Maps of the area, the building has retained virtually the same footprint since at least 1898. A 2-story brick building, the interior is divided into two parts that were originally identical, with each having a commercial space on the first floor and a residential apartment on the second floor. This was a typical arrangement for commercial buildings of the period.

Establishment of East End Drugs

The first reference to a store at the current location of East End Drugs was in 1898, when the Sanborn Map from that year indicates that the building (depicted as two separate buildings with a shared party wall) was used as a meat market on one side and a grocery store on the other. The same Sanborn Map shows a drugstore located across Lafayette Street, at 700 East High Street. This drugstore is listed in the 1900 city directory at 700 East High Street under the name East End Pharmacy. Fischer & Co. owned East End Pharmacy. G. A. Fischer

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East End Drugs
Cole County, MC

owned and operated a pharmacy at 105 East High Street, and operated this drugstore as a second location.¹ This was confirmed recently by discovery of a patent medicine label that lists both G. A. Fischer, 105 East High Street, and Fischer & Ott, corner High and Lafayette Streets, as Druggists, Jefferson City. Unfortunately there is no date on this label, but provides confirmation that G. A. Fischer and Fred J. Ott were partners in operating a pharmacy at this corner. It is possible that Fischer employed Ott as an apprentice prior to Ott obtaining his pharmacy license.

The drugstore apparently moved to the present location and changed its name slightly by 1904, as the 1904-05 City Directory lists East End Drugstore as located at the southwest corner of High and Lafayette Streets. The pharmacist and proprietor was Fred J. Ott, who lived at the other end of the block at 322 Lafayette (the corner of Lafayette and East McCarty)² with his wife Julia.³ Fred Ott purchased the drugstore business from G.A. Fischer in May of 1904 for \$2,000.00. The sale included one half interest in all inventory of the drugstore located at the southwest corner of High and Lafayette Streets, known as East End Pharmacy. Items stocked by the drugstore at that time included (in the order listed in the Bill of Sale) drugs and chemicals; toilet articles; cigars and tobacco; notions, etc.; store furniture and fixtures; stand bottles⁴ and containers.⁵ In 1906, Ott was able to purchase the building that housed his business from G.A. and Jennie Fischer.⁶

In September, 1921, Ott incorporated the pharmacy, with four other board members besides himself. The Articles of Incorporation provide some insight to the growth of the company since its purchase in 1904 for \$2,000.00. The business was incorporated with 65 shares at \$100.00 each, totaling \$6,500.00. Cash was listed as \$540.10; fixtures valued at \$2,043.74; cigars, tobacco and cigarettes = \$325.13; drug, patent medicines and sundries = \$3,581.94. Fred J. Ott owned 47 of the 65 shares; Louis S. Rephlo, 9 shares; A.E. Blaser, 5 shares; and Elmer Kinnett and R. S. Williams, 2 shares each.⁷

Pharmacists of East End Drugs

From the time East End Drugs was established, there have been remarkably few pharmacists in charge. Even

¹ G. A. Fischer Drug Co. is listed on the National Register as part of the Missouri State Capitol Historic District.

² *Hoye's Jefferson City and Cole County Directory, 1904-1905.*

³ Urbana Group, Historic East Survey Inventory Form, East End Drugs, 1991. (On file with Missouri DNR State Historic Preservation Office.)

⁴ Stand bottles were a decorative symbol of drugstores, also known as "show globes," which were either free-standing or wall-mounted. In the late 1800s the most popular style had multiple chambers that displayed different colored water, tapering to a finial. Pharmacists used their chemicals to create the vibrant colors, a display of their compounding capabilities. "Show Globes are Making a Comeback - But Where Did They Come From?" University of Arizona History of Pharmacy Museum website. www.pharmacy.arizona.edu/museum/globes.shtml

⁵ Cole County Recorder's Office, Book 26, Page 466.

⁶ *Ibid.* Book 32, Page 401.

⁷ *Ibid.* Book 54, Page 74.

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East End Drug
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more remarkable may be the fact that the business has operated continuously as an independent pharmacy, with no chain store affiliation, for approximately 100 years. Fred J. Ott, the first pharmacist in 1904, is listed as the proprietor in the 1913 and 1915 city directories.⁸ By 1929 steps had been taken to incorporate, and George Luce was listed as company president, with A. E. Blaser (one of the original board members) as vice-president and Mrs. W. H. Jones, secretary-treasurer.⁹ George Luce operated the drugstore when the 1933 city directory was published.¹⁰ The 1938 and 1943 directories list a Victor Miller as pharmacist at East End Drug Co., and another name significant to East End Drugs appears in this directory - C. F. Whaley. Whaley worked for another pharmacist in 1938, Fred Tanner, who operated a drugstore at 303 Ash Street and lived upstairs.¹¹

C. Forest (Red) Whaley - 1943 to early 1960s / Impact of Urban Decentralization

The Whaley name became associated with East End Drugs when C. Forest (Red) Whaley began operating the business in 1943.¹² The 1948 and 1951 city directories list C. Forest Whaley as operating the East End Drugs along with pharmacist F. H. Tanner.¹³ Red Whaley graduated in 1933 from Westminster College in Fulton with a degree in history, and completed a summer pharmacy internship in Brunswick, Missouri while in college. It was during this summer internship that Whaley met his future wife, Mary Margaret "Peggy" Mortimeyer, and they married in 1943. After graduation Red Whaley worked for Fred Tanner at his drugstore on Ash Street in Jefferson City. After Whaley obtained his pharmacy license, he bought East End Drug in 1943. During the first few years, Whaley continued to run Tanner's store while his wife ran the new operation so they would have a steady paycheck. This was important, as income from the store would not have been sufficient to support his family.¹⁴

Karen Whaley Connell, Red Whaley's daughter, remembers her father making his own tablets and ointments, and still has the stool he used behind the counter. While she was growing up, East End Drug was very much a part of the near east side neighborhood. One story related regarding the soda fountain was that the original stools had been removed and placed in storage in the basement by Red Whaley. The reason given was that some white customers had complained about having to sit next to black customers at the counter, apparently

⁸ R. E. Hackman and Company's *Jefferson City and Cole County Directory, 1913*, 140.; *Hackman's Jefferson City and Cole County Directory, 1915*, 143.

⁹ *Polk's Jefferson City Directory, 1929*, 118.

¹⁰ *Polk's Directory of Jefferson City, 1933*, 108.

¹¹ *The Baldwin and New Day Press Jefferson City, Missouri Con Survey Directory, Master Edition, 1938*, 125, 274, 330, 345; *Ballwin and New Day Press Jefferson City Con Survey Directory, 1943*, 257, 419.

¹² "Success Story: Whaley's Pharmacies," *Mid-Missouri Business Journal*; Darryl Hubble, current owner, interview by author. Jefferson City, Missouri, December, 2002.

¹³ *Ballwin and New Day Press Jefferson City Con Survey Directory, 1948*, 47, 271; *Ballwin and New Day Press Jefferson City Con Survey Directory, 1951*, 27, 361.

¹⁴ C. Forest "Red" Whaley's obituary, *Jefferson City News Tribune*, October 13, 2000; Karen Whaley Connell, phone interview by author. Jefferson City, Missouri, December 29, 2002.

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during the late 1950s or early 1960s. Red Whaley's response was that if everyone couldn't sit together nicely, they wouldn't sit at all, and he had the stools removed. Karen Connell agreed that while she couldn't confirm this story, it sounded typical of her father, as he had been extremely supportive of integration. One particularly vivid memory involved a phone call her father received during a period of racial tension. A group of black people had decided to go to Adcock's Restaurant that evening for dinner, which just wasn't done in those days. They promised Whaley that there would be no trouble, but wanted to alert him just in case. His response was to take his whole family to Adcock's for dinner that evening, to demonstrate his support for integration of the restaurant.

Figure 5: Photo, C. Forest Whaley



CURTIS F. WHALEY
Council
Jefferson City

Red Whaley served as a board member of the Missouri Pharmaceutical Association in 1944-45,¹⁵ and Mrs. Forest Whaley served as the association's state convention chairperson when the convention was held in Jefferson City in 1952 at the Hotel Governor. Whaley was actively involved in community affairs as well. (Ironically, many of the community development measures he helped enact would lead to the expansion of commercial districts away from the downtown, increasing competition for East End Drugs.) Red Whaley served as president of the Jefferson City Chamber of Commerce in 1955 and on the committee to dedicate the "new" Missouri River Bridge. Elected Mayor of Jefferson City in 1959, he served until 1963, when he was chairman of the committee to push for passage of a major sewer bond issue. After the success of this effort, he served on committees to promote school and industrial bond issues, and as a member of the Jefferson City Park Board. Red Whaley was on the original board of directors of Jefferson Bank. His years of community service resulted in several awards and honors, including being the first non-Rotarian to be honored as a Jefferson City Rotary Club Paul Harris Fellow. The Jefferson City Chamber of Commerce bestowed the William Quigg Distinguished Service Award for his many contributions to the community. The award that remains visible to those that pass through Jefferson City today on Highway 54 was the naming of a section of this highway in his honor by the Missouri Highway and Transportation Department in 1990.¹⁶

¹⁵ "Missouri Pharmaceutical Association Convention Brochure" 1945, 15.

¹⁶ C. Forest "Red" Whaley's obituary.

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As an active member of the Missouri Pharmaceutical Association, Red Whaley may well have read an article in the organization's 1945 convention brochure warning of the growing competition from chain drugstores. In an article that proved to be eerily on point, the author warns that the chain drugstores have amassed millions of dollars in reserves for construction of new stores and updating of older locations. He predicts that these new stores would be built in the smaller towns and cities, where there are fewer chain drugstores, rather than in urban areas where the market has been saturated. While super-markets outside the downtown may not have seemed like a threat at the time, once war-time gas rationing ended, it would be easier for customers to reach these stores. The larger profit margin on drugstore items would prove attractive when compared to the smaller margins on food items. The author predicted that self-service would allow super-markets to hold down costs, and "tens of thousands of retail druggists will feel the crushing impact of the new competition." If this weren't enough to make the small town independent drugstore owner panic, the article states "The complacent druggist who regards this as only something for the grocer to worry about, is in for a rude awakening."¹⁷ Surely discussions similar to this article were common among Missouri pharmacists, and as a board member of the statewide association, Red Whaley would have been alert to cultural shifts about to impact his newly acquired drugstore - his sole support for his family. In order for his business to survive, he would have to adapt.

By 1954 the Medical Arts Building was completed nearby. The Medical Arts Building at 515 East High Street (now Carson Coil P.C., Attorneys at Law) was a new concept in doctor's offices, which brought almost all the doctors in Jefferson City together in one building, a plan to increase convenience for the patients.¹⁸ Even though the building had its own drugstore, Karen Connell related that the introduction of the doctor's building helped boost prescription sales. This makes sense, as East End Drug had long been a key element in the neighborhood commercial area at the corner of East High and Lafayette.

The Jefferson City Historic East Survey described the 600 block of East High Street as one of the major commercial centers of the Historic East Neighborhood, although customers shopping on this block likely lived within walking distance. By 1940, the commercial district stretched between two intersections, and included nine stores, two restaurants, one awning factory, one upholstering business and East End Drug.¹⁹ Across the street from the drugstore in 1951, L.H. Rost ran a heating and sheet metal company that opened circa 1929. At 700 East High Street was A.J. Hardin's grocery, begun by 1933 and preceded by a meat market. Adjacent to East End Drug in 1951 was Gardner's Café and Owens Cleaners. The cleaners was a relative newcomer, opened by 1943. The café succeeded Hess's Café circa 1943, which had evolved from Hess's Grocery, listed in the 1929 city directory. E.A. Hess lived first in the rear of the grocery, then later moved to the upstairs apartment. Prior to Hess's Grocery was J.T. Engelbrecht's meat market. Kroger Grocery operated at 631 East High Street from at least 1929 until 1938.

¹⁷ John Dargavel, "Pharmacy Facing the Future," *Missouri Pharmaceutical Association Convention Brochure*, 1945, 22.

¹⁸ Dottie Summers Dallmeyer, phone interview by the author, Jefferson City, Missouri, March 18, 2003. Ms. Dallmeyer's father, Dr. Joseph S. Summers constructed the Medical Arts Building in 1954.

¹⁹ Urbana Group, *Jefferson City Historic East Architectural / Historic Survey Summary Report*, 16. (On file with Missouri DNR State Historic Preservation Office.)

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The neighborhood sense of togetherness was still strong, as people lived, worked and shopped together regularly. So whenever something threatened the neighborhood, it impacted everyone. Which may explain why Karen Connell remembers the 1954 riot at the nearby Missouri State Penitentiary, though she was only 4 years old at the time. Red Whaley stayed to protect the store all night, and her mother was scared to death. Not only was the drugstore their livelihood, but a number of guards from the penitentiary frequented the store, so the Whaleys knew people who were involved in the riot.²⁰ Ralph Eidson, father of drugstore soda jerk John Eidson, headed the Missouri State Highway Patrol's efforts to control the rioting prisoners.²¹

The Soda Fountain

One of the most interesting aspects of East End Drugs is that it retains its historic soda fountain, including the counter, back bar and stools. While the historic fountain equipment remains in place, soda is now served from a modern soda dispenser, the present day evolution of the soda fountain. The soda fountain equipment was operated by "soda jerks," who elevated the job to an art form. John Eidson worked as a soda jerk at East End Drugs in 1950, when he was 13 years old, and has fond memories of those days. Pharmacist Red Whaley taught him how to run the soda fountain, which he said was not complicated, but there was an art to making the more exotic items. Mostly the fountain sold phosphates - cherry, lemon, lime and cherry vanilla cola - made from syrups made in the store. John handled this part of the job too, boiling sugar and water, but not enough sugar to crystallize. Milkshakes and malts were popular too, along with all sorts of flavored Cokes. Using the spigots on the counter, carbonated water was added to the syrup. There were specific glasses for each concoction, like pilsner type glasses for ice cream drinks. By manipulating the spigot the soda jerk could get a fine stream of carbonated water (about the same diameter as a pencil), or a spray like a modern faucet, as the pressure of the water was used to mix the ingredients. East End Drug sold candy bars at the soda fountain, but there was no lunch counter, as was common at other soda fountains.²²

John came to East End Drug after school and worked during the after school rush. In those days, most kids rode the bus, which conveniently stopped in front of the drugstore. The soda fountain area only had about three tables with four chairs each, so kids would be crowded in, literally swamping the front of the store. This onslaught occurred each day after 3:00, and lasted until about 4-4:30, when the kids would grab a bus home. John would clean up the soda fountain, finishing after 5:00, when the neighbors would come in for quarts of hand-packed ice cream, which was not readily available in groceries as it is today. Other chores around the store included keeping the shelves stocked. He remembers stocking an iron supplement called Hadacol, among other over the counter medications. Liquor was kept downstairs, and had to be carried up, as East End Drug had a large liquor department at the time. John remembers a "huge amount" of liquor being sold, particularly in ½ pints. Lots of prescriptions were sold too, and John helped deliver them on his way home from work. Even as a 13 year old, his work didn't end until sometimes 10-10:30 at night. Laws regarding employment of minors were different then, but John was happy to have a place to work. Besides, he remembers it as a fun job, where you got to see everybody, and knew everything about everybody.²³

²⁰ Connell Interview.

²¹ Dallmeyer Interview.

²² John Eidson, phone interview by author, Jefferson City, Missouri, February 12, 2003.

²³ Eidson Interview.

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Karen Whaley Connell remembers the soda fountain as an anchor for the drugstore in her youth. The soda fountain was already there when her father C. Forest Whaley purchased the drugstore. There was an ice cream freezer and tables in the back of the store, which drew many regular customers, mostly from the neighborhood. In the 1950s, when Simonsen School housed the 7th and 8th grades, lots of kids came to the soda fountain. This served as a convenient place where they could wait to either be picked up or take a bus home, as there was no school bus service as there is today.²⁴

The soda fountain was definitely the place to be in 1950. John graduated from high school in 1954, and remembers the soda fountain still going strong then. By the time he came back to Jefferson City in 1958, the first McDonald's had arrived on Missouri Boulevard, along with Zesto, an early fast food restaurant still in operation today. He believes this is when soda fountain sales dropped, as the new places on the outskirts of town became the place for teenagers to hang out. Kids had cars then, rather than taking the bus,²⁵ and drive-in restaurants replaced soda fountains. The food may have been similar, but the later closing time at the drive-ins allowed teens to hang out well past sunset. The drive-in restaurants were replaced by McDonald's and the other fast food chains, which further contributed to the decline in the popularity of the drugstore's soda fountain.²⁶

Survival Through Change

Some time in the late 1940s or early 1950s, East End Drug's front facade was updated. This coincided with (1) construction of the Medical Arts Building nearby, and (2) the increasing threat of competition from drugstores and super-markets on the retail strip development that would be known as Missouri Boulevard. By updating the drugstore's front facade with gleaming green glass tile and aluminum, the storefront acquired a more modern appearance, which positioned the store to attract and retain customers. This was necessary for the drugstore's survival, as competition came from both the pharmacy in the nearby Medical Arts Building²⁷ and from new drugstores outside the downtown. By 1948, the introduction of Neidert Drug Sundries at 1240 West Dunklin Street (now known as Missouri Boulevard) foreshadowed the modern retail drugstore, with ample parking by the front door. West End Drug Store opened at 1409 West Main Street by 1951,²⁸ another indication of the shift in new development toward the west side of town, a trend that would continue until at least the 1990s.

At the time the front facade of East End Drugs was updated, numerous developments in medicine, aerospace, automobiles, real estate and other industries created a culture that encouraged new, modern design over older precedents. Streamlined designs appeared during this era in architecture, automobiles, and household items. The changes to East End Drug reflect building design from the 1920s through the early 1950s. During this period, the division between the street and the store's interior was less pronounced, as large glass windows were

²⁴ Connell interview.

²⁵ Eidson interview.

²⁶ Vince Staten, *Do Pharmacists Sell Farms? A Trip Inside the Corner Drugstore* (New York, NY: Simon & Schuster, 1998), 137.

²⁷ Dallmeyer Interview. Hall's Pharmacy relocated to the Medical Arts Building upon the building's completion.

²⁸ *Ballwin and New Day Press Jefferson City Con Survey Directory, 1948; Ballwin and New Day Press Jefferson City Con Survey Directory, 1951.*

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used on commercial facades. Beginning in the 1920s, proliferation of automobiles fostered the desire for low-density commercial development. During the Depression, storefront remodeling became more common than ever before, and a horizontal emphasis dominated larger streamlined facades, which suggested a sleek, mass-produced design. Many soda fountains were updated during this time, as was the case at East End Drug, where the soda fountain back bar retains its period appearance. Drugstores built in the 1930s and 1940s were treated as prominent individual facilities, rather than one or two units in a block of commercial stores typical of earlier downtown pharmacies. By treating both storefronts on the first level of East End Drugs with the same glass tile, the effect is that of one larger retail unit, similar to what was being built outside the core downtown area. Supermarkets and dime stores from the 1930s utilized smooth tile and curved entrances, along with horizontal design elements that are similar to the lower facade of East End Drugs.²⁹ The stand-alone Osco Drug pictured on page 71 of The Buildings of Main Street, constructed in 1946, bears several similarities to the modernized East End Drug. The use of repetitive rectangular (in East End Drugs' case square) tile, large plate glass windows and aluminum doors are architectural details the two buildings share. In the photo, a projecting neon sign draws attention to the store.³⁰ East End Drugs had a projecting sign similar to this, which has since been removed.³¹ Whether city ordinances prohibiting projecting signs was the reason, or a sign with the new name Whaley's East End Drugs was desired, or a combination of the two, removal of the projecting sign was the result.

Recent History of East End Drugs

Red's son Jim Whaley joined the business while in college, and bought the store after becoming a pharmacist in the mid-1960s to early 1970s.³² Jim Whaley operated the store until his death in 1998. It was under Jim Whaley's management that the drugstore's name was changed from East End Drug to Whaley's East End Drugs.

W. Darryl Hubble and Keith Dahler acquired the operation in 1998, and continue to operate the drugstore, complete with soda fountain, under the familiar name Whaley's East End Drugs.³³

²⁹ Richard Longstreth, *The Buildings of Main Street: A Guide to American Commercial Architecture*, (Walnut Creek, CA: AltaMira Press, 2000), 63-67.

³⁰ Longstreth, 71.

³¹ Connie Hubbell, interview by the author, Jefferson City, Missouri. December 2002.

³² Connell Interview.

³³ "Five Historic Properties Earn Jefferson City Landmark Awards." *Jefferson City News Tribune*. May 16, 1999.

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Figure 6: Photo, Darryl Hubble at soda fountain, Whaley's East End Drugs, *Mid-Missouri Business Journal*, 2002.



Development of Pharmacy as an Industry

Pharmacy prior to 1900 was more marketing than medicine. Patent medicines appeared to work since most diseases ran their course after a few days, and the wine used to dissolve the ingredients, consumed in sufficient quantity, made the patient feel better about being sick. The U.S. Pharmacopeia, the reference book for drugs, listed no patent medicines in 1894. However, a decade later hundreds were included in this reference book, demonstrating the strong demand for patent medicines in the early 20th century. The fact that more advertising dollars were spent at the turn of the century promoting patent medicines than any other product no doubt fueled this demand.³⁴

Government involvement in health care began around 1875. Efforts to establish a St. Louis Board of Health began about this time, as a response to overcrowded housing, filthy streets and alleyways, polluted air and water, and a lack of organized garbage collection. A focus on healthy food and drink resulted in inspections of milk and drinking water wells.³⁵ The Missouri Pharmaceutical Association was founded in 1879, as pharmacists worked to promote laws which would favorably regulate the practice of pharmacy in Missouri.

Government's Regulation of Pharmacist Training

During the 19th century, most prescriptions contained alcohol, necessary to dissolve and preserve ingredients. A bill passed by the Missouri Legislature in 1879 attempted to regulate the sale of any medicines containing alcohol by requiring a doctor's prescription. Prior to this time, the law's definition of a druggist was vague, describing a druggist as a person who was authorized to sell or give away intoxicating liquors while maintaining store with valid merchant's license, and containing goods usually sold in drugstores. Druggists were required to have a

³⁴ Staten, 172-3, 21, 34.

³⁵ John C. Crighton. *The History of Health Services in Missouri* (Omaha, NE: Barnhart Press, 1993), 129 - 135.

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dramshop license in order to sell prescriptions containing alcohol.³⁶ The 1879 law had been prompted by the illegal sale of alcohol by some Missouri pharmacists. Legislation to regulate the sale of alcohol in drugstores served to encourage pharmacists to form an organization.³⁷ Missouri pharmacists realized that this law would make it illegal to sell the remedies they prepared in their stores without a prescription. In many towns such as Jefferson City, the two professions overlapped, with doctors operating pharmacies and pharmacists providing medical advice when selling medications. Therefore pharmacists recognized the need to police their industry in order to repeal this bill that threatened their livelihoods.

At the time, pharmacists learned primarily through apprenticeship. The American Pharmaceutical Association was founded in 1852, and after the Civil War this organization promulgated a model state pharmacy act and encouraged the formation of state pharmaceutical associations.³⁸ Rhode Island was the first state to require registered pharmacists, by passing the first modern pharmacy law in 1870.³⁹ In 1871, Dr. Albert Benjamin Prescott was nearly thrown out of the American Pharmaceutical Association's convention when he suggested that "pharmacists could be taught their profession in college halls and laboratories better than by the prevailing in-store apprenticeship methods."

One of the first stands taken by the Missouri Pharmaceutical Association (MPA), regarded the need for professional standards for pharmacists. The organization's charter members took the bold step of adopting membership requirements that "each applicant ... 'shall have had at least four years of experience in the practice of pharmacy, or shall be a graduate of some reputable school of pharmacy or medicine,' as well as being actively engaged in the drug business." Two resolutions passed by the charter members stated: "That it is our object and aim in this convention to elevate our profession, and if possible, to separate ourselves from former interlopers and pretended druggists. ... That we ignore and absolutely condemn all attempts of any person whatsoever, under the guise of a druggist, to bring reproach upon our profession." In his address to the MPA's second annual meeting, first President Dr. Robert Tevis Miller of Sedalia proposed standards be adopted by the profession, and suggested druggists should have studied "botany, chemistry, mineralogy, materia medica and therapeutics." The association drafted and promoted a bill that allowed only registered pharmacists to operate a pharmacy or drugstore; established a state board of pharmacy to examine prospective pharmacists; allowed graduates of four-year pharmacy schools to become registered pharmacists without examination; provided for registering existing pharmacists; regulated narcotic distribution; and deemed unlawful the sale by a pharmacist of liquors or alcoholic compounds as a beverage.⁴⁰

³⁶ Revised Statutes of Missouri. 1879, Chapter 100, Sections 5472 and 5473.

³⁷ Deedie K. Bedosky, "Organization of the Missouri Pharmaceutical Association and its Impact on Early Pharmacy Legislation in Missouri." *Missouri Pharmacist*, (April, 1979): 6.

³⁸ John E. Hoover, Managing Editor. *Remington's Pharmaceutical Sciences*. (Easton, PA: Mack Publishing Company, 1975), 14.

³⁹ *Ibid.*, 35.

⁴⁰ Bedosky, 6 - 12.

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Passage of the bill in 1881 resulted in registration of 3,300 Missouri pharmacists,⁴¹ and certainly was a boon to the relatively new St. Louis College of Pharmacy, established in 1865. Soon after the bill's passage, in 1884, the college relocated from a rented space to its own building. The need for specialized pharmacy education was met in western Missouri by establishment of the Kansas City College of Pharmacy in 1889, which merged with the University of Kansas City (later part of the University of Missouri) in 1943.⁴² By 1900, all but one state had a law providing for licensing and examining pharmacists.⁴³ While this was a step forward, a pharmacy student in 1900 was expected to have an elementary school education, as graduation from high school was not required. Most pharmacy students entered into a 2-year course of study, although 40 week programs were also available. The University of Wisconsin was a pioneer in this area, offering both a 2-year and a 4-year course of pharmacy study. By 1932 all recognized pharmacy schools had agreed to a standard of a minimum of four years of classes. After the spring of 1960, accredited pharmacy schools adopted a 5-year course of study as the minimum. The University of Southern California was first to offer a 6-year curriculum in 1950, with a degree of doctor of pharmacy,⁴⁴ often referred to currently as a "PharmD."

In 1909 and 1919, Missouri statutes required that pharmacists be at least 21 years old, have served at least two years as an assistant pharmacist or four years experience in pharmacy under a licensed pharmacist, as well as pass an examination by the Board of Pharmacy. Graduates of an approved pharmacy school did not have to take an exam or work as a pharmacy assistant, and non-graduates could deduct the number of years attendance at pharmacy school from the required years of experience. In 1919, pharmacists were exempt from jury duty, a law that remains in place today.⁴⁵

By 1939, druggists and pharmacists were required to have graduated from a pharmacy school approved by the Board of Pharmacy, in addition to being at least 21, graduation from a four year high school, one year experience under the supervision of a registered pharmacist, and passage of an exam by the Board of Pharmacy. This was a large step forward for the profession, but pharmacy was still evolving, as the list of regulated poisons for sale by the industry included opium, belladonna, henbane, creosote, digitalis, carbolic acid and oxalic acid.⁴⁶ It should be noted that Red Whaley had a history degree rather than a pharmacy degree, as he graduated from college in 1933.

In 1949 and 1959, laws regarding drugstores were classified under Pharmacists, and included numerous laws regarding packaging and labeling of drugs and prescriptions. The fee for a pharmacy license remained \$15.00,

⁴¹ Bedosky, 12.

⁴² "Those Were the Days; The MPA Through the Years," *Missouri Pharmacist*, (April, 1978): 7.

⁴³ Staten, 35.

⁴⁴ Hoover, 13-14.

⁴⁵ Revised Statutes of Missouri, 1909, Chapter 42, 5766 and 1919, Chapter 29, 4707, 4712-13 and 4724.

⁴⁶ Revised Statutes of Missouri, 1939, Chapter 60, 2628-29.

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as in the 1930s, with a \$5.00 renewal fee.⁴⁷ By the mid-twentieth century, it would seem that the public would demand trained, licensed pharmacists. But according to one Missouri author, special legislation to allow someone to be licensed based on drugstore experience alone was a concern, as he stated in 1945:

When some young man who has worked in a drug store for a number of years wants a short and easy road into the profession, it is usually quite easy to persuade his local member of the legislature to introduce a bill in his behalf. It is also easy to get support for such a bill if the man in question happens to be a war veteran...⁴⁸

Evolution from Compounding Prescriptions to Dispensing Manufactured Pharmaceuticals

A pharmacist's skill in compounding could establish a regional reputation in the late 1800s, resulting in steady business for his or her drugstore. Early papers presented at the MPA conventions covered topics including coating pills, analysis of baking powders, and syrup of rhubarb. The photograph below shows the first woman pharmacist in Missouri, Mrs. Frederick Simonsen (Ricky DeWyl) of Jefferson City, participating in a pill-making contest at Pertle Springs, Missouri in 1902.⁴⁹

Figure 7: Pharmacist Ricky DeWyl, Jefferson City. Pill-making contest, Pertle Springs, Missouri, 1902.



The major tools of the pharmacy industry circa 1900 were mortars and pestles, spatulas, and pill tiles, as the majority of prescriptions were compounded by the pharmacist who dispensed the medication to the customer. Laws did not require a doctor's prescription in all cases, an issue addressed by papers decrying "counter

⁴⁷ Revised Statutes of Missouri, 1949, Chapter 338, 2643; 1959, Chapter 338, 2986.

⁴⁸ Dargavel, 21.

⁴⁹ "Those Were the Days: The MPA Through the Years," *Missouri Pharmacist*, (April, 1978): 8.

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prescribing," a practice seen by some doctors as pharmacists practicing medicine.⁵⁰ The drug manufacturers slowly began to provide mass-produced drugs that replaced locally compounded medications. In the 1920s, compounding medications was still an important skill required for approximately 80% of all prescriptions. By the 1940s, compounding had declined to 26%, and by 1971, only 1% of prescriptions were compounded locally.⁵¹ This decline occurred primarily between the 1920s and 1960s. So as drugs became dramatically more effective, and manufacturing offered greater consistency in medications, pharmacist's creativity in compounding medicinal remedies declined. The pharmacist's reputation for compounding expertise was replaced by the role of the pharmacist as expert advisor regarding the increasingly complex variety of pharmaceutical products. By the 1950s this role was well-defined, and has continued to evolve into a specialty known as clinical pharmacy.⁵²

Pharmacists were not likely to mourn this change from compounding prescriptions to dispensing manufactured drugs, as they were too busy keeping up with the increase in prescription volume. In 1931, close to 165 million prescriptions were filled nationally. By 1963 the number was at least 741.4 million, and by 1971 pharmacists filled more than 1.35 billion prescriptions. At the same time prescription volume was increasing, the number of drugstores decreased from 1 drugstore for every 2,000 persons in 1930 to about 1 drugstore for every 3,360 persons by 1960.⁵³

This evolution occurred at the same time that new medications were becoming available and new legal controls enacted. The first federal legislation designed to protect citizens from harmful drugs was the Import Drug Act of 1848, which prohibited importation of adulterated drugs.⁵⁴ The state laws passed between 1870 and 1900 focused primarily on standards for pharmacists and pharmacies, and did not adequately address the issue of standards for drug products. This resulted in increased social pressure for federal legislation after 1900, culminating in the Federal Food and Drug Act of 1906 (amended in 1938, 1952 and 1962). The 1906 Act was prompted in part by public concern about unsanitary practices in the food and drug industries. The abuse of narcotics and society's fear of the many ramifications of addiction led to passage of the Federal (Harrison) Narcotic Act in 1914, whereby the United States pledged to build effective control mechanisms based on international agreement and cooperation.⁵⁵

The revision of the Federal Food and Drug Act of 1906 in 1938, called the Federal Food, Drug and Cosmetic Act, was prompted by a tragedy involving sulfanilamide. The S. E. Massengill Company marketed "Sulfanilamide Elixir" in 1937, containing 40 grains of sulfanilamide per fluid ounce in a solution with diethylene glycol. No toxicity tests were conducted of the product, and the manufacturers were not aware of the toxicity of diethylene

⁵⁰ Joe E. Haberle, "Has Pharmacy Really Changed?" *Missouri Pharmacist*, (April, 1978): 26-27.

⁵¹ Staten, 35.

⁵² Hoover, 16.

⁵³ Ibid.

⁵⁴ Joseph L. Fink III, BS Pharm, JD, Jesse C. Vivian, BS Pharm, JD, and Kim Keller Reid, BS Pharm, JD, editors, *Pharmacy Law Digest*, (St. Louis, MO: Facts and Comparisons®, 2000), 27.

⁵⁵ Hoover, 14.

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glycol (now used as automotive antifreeze). Over 100 people died before the Food and Drug Administration (FDA) pulled the product off the market, citing a technical labeling violation under the 1906 Federal Food and Drug Act. It was this 1938 law that first required anyone desiring to market a drug product to prove to the FDA that it was safe. Not until later amendments to the Act were manufacturers required to prove a drug's effectiveness. Until the 1938 Act became effective, pharmacists could legally sell even barbituates without a prescription. Some pharmacists did not take the new restrictions under the 1938 Act seriously, since they had operated for so long virtually without restrictions on dispensing drugs, and it was believed that the Act's labeling requirements only applied to drug distribution across state lines. The United States Supreme Court's decision in the case of *United States v. Sullivan* in 1948 clarified this issue. The case involved a pharmacist who sold sulfathiazole tablets over the counter, labeled only with the drug name and dispensed in the pharmacy's own container. The Court held that such dispensing without a prescription violated the Federal Food, Drug and Cosmetics Act, and that the Act applied to intrastate transactions.⁵⁶

The development of penicillin was a watershed achievement for the pharmaceutical industry. Although discovered in 1928, it was March, 1942 before human testing of the drug was attempted. Unlike closely supervised drug trials of today, the first American to receive penicillin was 33 year old Anne Miller, wife of Yale's athletic director, suffering from a severe streptococcus infection following a miscarriage. Her life was saved after receiving a penicillin injection. The news of this miraculous recovery was considered a military secret, as the federal government had been instrumental in development of the drug with military use in mind. On November 28, 1942, a fire at Boston's Coconut Grove nightclub left 220 victims severely burned. Military officials realized the disaster provided an excellent laboratory to test the effectiveness of their new drug. An around-the-clock three day effort to produce enough penicillin was followed by a convoy of police escorts over 365 miles to deliver the drug to Boston's Massachusetts General Hospital. Dozens of lives were saved by this experiment, and within fourteen months, enough penicillin was produced to save the lives of thousands of soldiers in the Allied armies during World War II. Three of the men instrumental in development of penicillin were awarded the Nobel Prize in 1945, although none of them profited financially from their discovery.⁵⁷

Introduction of Modern Pharmacy Practice

Pharmacy developed rapidly in the last half of the twentieth century. A local pharmacist related that virtually everything he studied in pharmacy school from 1977 to 1981 had been developed since his father's graduation from pharmacy school in 1958.⁵⁸ **It is important that the reader realize that most of the procedures that pharmacy customers are likely to deal with regularly in getting a prescription filled today resulted from laws passed since 1950. While the period of significance for East End Drugs ends in the early 1950s, the practice of pharmacy as we know it has already changed significantly since that time.**

Following the United States Supreme Court's decision in the *Sullivan* case in 1948, pharmaceutical organizations sought legislation to clarify the dispensing obligations of the pharmacist. In 1951 the Durham-Humphrey Amendment was enacted, named for Carl Durham, a pharmacist and United States Representative from North

⁵⁶ Fink, 27.

⁵⁷ Linda Marsa. *Prescription for Profits: How the Pharmaceutical Industry Bankrolled the Unholy Marriage Between Science and Business*, (New York, NY: Scribner, 1997), 15, 20-22.

⁵⁸ Jon Beetem, interview by author, Jefferson City, Missouri, March 22, 2003.

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Carolina, and Hubert Humphrey, a pharmacist and United States Senator from Minnesota. For the first time, the Durham-Humphrey Amendment distinguished those drugs requiring a prescription from nonprescription, or over the counter drugs. Over the counter drugs were defined as those that can be used safely without medical supervision. In addition to requiring a prescription for specific drugs, the Amendment also placed restrictions on pharmacists by providing statutory requirements on the receipt of oral prescriptions and on prescription refills. The Amendment allows drugs to be dispensed:

- (1) only upon the written prescription of a practitioner licensed by law to administer such drugs;
- (2) upon the practitioner's oral prescription, which is reduced promptly to writing and filed by the pharmacist;
- (3) by refilling a written or oral prescription if the refill is authorized by the prescriber either on the original prescription or orally, and then reduced to writing and filed by the pharmacist; or
- (4) by administration (dispensing) directly to the practitioner.⁵⁹

Generic drugs began as a military cost-cutting exercise. In the early 1940s, the FDA kept file cards in a couple of shoe boxes on a filing cabinet that were used to determine which generic drugs could be purchased by the military, as generics were cheaper and essentially the same as name brand drugs. Pharmacists were early proponents of generic drugs, but, as might be expected, the giant pharmaceutical companies were not. In the 1950s lobbyists for the drug manufacturers managed to get every state to pass anti-substitution laws. Consumer activism helped get these laws repealed in all 50 states between 1979 and 1983.⁶⁰ The Drug Price Competition and Patent Term Restoration Act of 1984 sought to balance the competing forces of generic drug manufacturers and the pioneer, or brand name drug companies. By eliminating the requirement for generic manufacturers to duplicate the original drug's expensive clinical and animal research necessary to prove the product's safety and efficacy, this Act allowed generic drugs to proliferate.

The Kefauver-Harris Amendment to the Federal Food, Drug and Cosmetics Act in 1962 required proof of a drug's efficacy in addition to the manufacturer's proof of safety prior to a drug being marketed. The increased number and types of drug dependencies in the 1960s resulted in passage of the Drug Abuse Act of 1970. This Act consolidated and revised the federal controls on non-medicinal use of drugs that had evolved since the 1914 Act.⁶¹

The evolution of these laws during the 1900s has helped create an important role for professional pharmacists in society, supplemented by professional ethics standards adopted by the pharmaceutical industry.

Drugstore Architecture

Drugstores were a natural evolution from the general store, which provided a little of everything, to a more specialized store that carried a wider variety of items to assist with health and personal care needs. Through the first part of the 19th century, commercial buildings were often multi-functional, replaced in the latter part of the century by buildings designed for specialized use. For example, the general purpose meeting house was

⁵⁹ Fink, 28-29.

⁶⁰ Staten, 116-17.

⁶¹ Hoover, 14.

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replaced by the church, town hall, opera house, police station, lodge hall, and movie theater. Domestic parlors evolved into ice cream parlors, beauty parlors, shoeshine parlors, billiard and funeral parlors. Retail stores transformed in the same manner, as the general store was replaced by the grocery store, hardware store, drugstore, and clothing store.⁶² In Jefferson City, an early example of the multi-purpose building is the Philip Hess House. The Hess House was used as both the family residence, with a meat market or grocery operating in the basement, and is listed on the National Register. This house has the appearance of a residential structure, as was typical of the early Missouri-German buildings of its time.⁶³ By the time the East End Drugs building was constructed, commercial buildings had a distinctively non-residential appearance. Commercial buildings in the late 19th century featured large display windows on the first floor, to attract customers in from the street. Upstairs often provided residential space for the business owners or for renters, usually behind a symmetrical facade topped by a decorative cornice.

As the field of architecture became more professional around the mid-19th century, architectural styles were illustrated in plan books and adapted by local craftsmen. The result was the move from vernacular buildings based on builder's handbooks to more current styles that incorporated materials shipped in via railroad from distant manufacturers.⁶⁴ The narrow and deep lots that were typical of downtowns helped shape commercial buildings, as their size was affordable for purchase, construction was rapid and economical, and closely spaced businesses were convenient for customers. Common construction techniques limited building size to two or three stories until the 1850s. Building booms following the Civil War in the late 1860s to early 1870s, and again in the late 1880s and early 1890s influenced commercial building design. The commercial block which was popular in the Civil War years reached its peak of architectural expression in the 1890s. As many as four to six lots, even an entire city block, were combined in a single architectural statement. The first floor was divided into individual bays or storefronts, similar to smaller buildings of the previous period, while the upper floors could be a single unit to serve as theaters or meeting spaces for community organizations. New technology provided plate glass, power tools, steel framing, waterproof roofing, and machine-made bricks, which assisted construction of larger commercial buildings.⁶⁵ This period of exuberant commercial expansion was the backdrop for the construction of East End Drugs, circa 1898. The store is typical of commercial buildings of the period, with the two individual storefronts on the first floor, and two apartments upstairs behind a single facade.

In order to stand out among all the clutter of the downtown environment, commercial businesses used numerous signs to call their customer's attention. Weather-resistant paints, fabrics (as in awnings) and metals were used in signs on the front, sides, and rear of commercial buildings.⁶⁶ East End Drugs retains part or all of three such painted signs on the Lafayette Street side of the building. On the second level, a faint painted sign says

⁶² Carole Rifkind, *A Field Guide to American Architecture* (New York: New American Library, 1980), 63-64.

⁶³ Jane Beetem, "Philip Hess House" National Register Nomination. (Nomination on file with Missouri DNR State Historic Preservation Office.)

⁶⁴ Jane Beetem, "Historic Southside (Munichburg) Multiple Property Submission" National Register Nomination (Nomination on file with Missouri DNR State Historic Preservation Office.) E.29.

⁶⁵ Rifkind. 72-73.

⁶⁶ *Ibid.* 74.

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"DRUGS" in black and white. A large rectangular painted sign on the first level remains partially legible, advertising "East End Drug" and "Prescriptions" in large letters, with toiletries, vitamins, sundaes, magazines and films listed below. The third sign is only partly visible under the Vitrolite glass which wraps onto this wall from the lower front facade, where the glass has been damaged. The third sign appears to advertise prescriptions, something regarding "flavor" and "package," perhaps related to flavors available at the soda fountain and packaged liquors, but only a portion of the words are visible.

The term "corner drugstore" derived from the fact that a downtown corner was a highly desirable location for high volume or high prestige businesses, including drugstores and banks.⁶⁷ The imposing stature of the corner commercial building, visible from at least two sides, gave the impression of permanence and dependability, in addition to having convenient access. Also, every community typically had at least one drugstore. Jefferson City had five drugstores in 1900: East End Pharmacy / Fischer & Co., 700 E. High Street; G.A. Fischer Prescriptions, 105 E. High Street; A. Brandenberger, 130 E. High Street; H. & F. DeWyl, 227 E. High Street; and J.L. Wright, 209 E. High Street.

The Drugstore Soda Fountain

The soda fountain made the corner drugstore the place to be and be seen from the 1920s to the 1950s, a social center for teenagers and a community center for adults. When combined with lunch counters, drugstores with soda fountains sold meals along with ice cream concoctions and soda fountain drinks. Whether people came to the drugstore to get a meal, or decided to get a soda while they waited for a prescription to be filled, everybody came to the drugstore. Stools lined up along the fountain counter made for easy communication across all classes of society.⁶⁸

The introduction of the soda fountain changed the ambiance of the drugstore, as many pharmacists replaced traditional drugstore curiosities, such as bottles of preserved snakes or organs, with elaborate marble soda fountains. Soda fountains appeared in Missouri by 1850 in St. Louis and Palmyra. The first soda fountains in St. Louis were silver urns with one or two spigots, with the first marble fountain owned by Enno Sander by the mid-1850s. Soda fountains quickly became popular, as St. Louis pharmacist S.S. Lippincott made up to \$200 per day from the five silver urns in his drugstore. The 1876 Centennial Exhibition in Philadelphia provided an opportunity for soda fountain manufacturers to show off their latest models, and they were delighted when temperance advocates succeeded in getting alcoholic beverages banned at the fair. The unusually hot summer drew visitors to both the soda fountains and public water fountains provided by the temperance movement. By 1895 more than 50,000 soda fountains were in service, and the industry was booming. Soda water had progressed from a novelty to an institution, and was recognized as America's national drink. Nationwide people socialized at soda fountains, where more flavors and ice cream concoctions were constantly being introduced to keep the public's attention.⁶⁹

Soda fountains in drugstores made perfect sense, as pharmacists were familiar with both syrups and carbonation. The 1919 Federal Census of Distribution identified 54,745 independent drugstores, with 31,813

⁶⁷ Ritkind, 74.

⁶⁸ Ibid, 13, 135.

⁶⁹ Funderburg, 21, 31-32, 37-38, 43.

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(60%) having soda fountains. The percentage of chain drugstores having soda fountains was even higher - 84%.⁷⁰ There was a reason for this overwhelming adoption of the soda fountain concept - profit. The Federal Census of Distribution for 1929 reported that average sales for the 23,414 stores without soda fountains was \$23,112 per store, while the 34,844 stores with soda fountains averaged \$32,983 in per store sales. Over 75% of the drugstores without soda fountains had sales of less than \$30,000, and nearly one fourth had sales less than \$10,000. Even more important for a pharmacist interested in developing additional sales, drugstores with soda fountains made 30.6% of the toilet article sales by drugstores, compared to 22.9% of total sales by drugstores without soda fountains. Similarly, sales of drugs, patent medicines, etc. by drugstores with soda fountains equalled 58.9% of total drugstore sales for these items, while drugstores without fountains accounted for only 36.3%.⁷¹ The soda fountain trend continued into the 1930s, as soda fountains sold \$121 million worth of meals in 1935 - almost 7% of the total meals eaten outside the home. In 1948, soda fountains could be found in 60% of all drugstores, according to Remington's Practice of Pharmacy, which stated:

The basis of soda fountain service is the flavoring syrups which are used as vehicles in prescriptions. Carbonated beverages have their medicinal uses as well as their uses for refreshments.... The widespread sale of other confections in drugstores is therefore understandable.

Soda Fountain Design

The design of soda fountains changed after 1900. Prior to 1903, most soda fountains were wall models, so that the back of the equipment was against a wall, with the faucets protruding from the front. This meant that the clerk had to turn his back to the customer in order to dispense syrups and soda water. In 1903 the first counter-service fountain was introduced by the American Soda Fountain Company. Customers could watch their drink being prepared, and be sure that no impure ingredients were used, and clerks could converse and maintain eye contact with the customers. This new design also brought about a change in drugstore architecture, as use of a counter-service fountain left the back wall bare. Most stores added a back bar, which was largely ornamental, featuring mirrors and lights.⁷²

Soda fountains adapted to their times, and by the 1920s and 1930s, the ornate Victorian style soda fountain decor using marble and wood had fallen from favor. New technology in the 1920s and 1930s made products such as vinyl, plexiglass, formica, and acrylics available, and these materials were used to update soda fountains, giving them the streamlined design so popular elsewhere. These materials were easy to love, as not only were they durable, but easy to clean as well. Formica and Carrara glass were used for counters and tabletops, often in combination with aluminum or stainless steel trim. Vitrolite, used on the exterior of East End Drugs, was available in several colors and was promoted as a structural glass "better than marble," which made it popular for storefronts, counters, tabletops and wainscoting. Bare wood floors were covered by tile, terrazzo, or imitation terrazzo, both for the modern appearance and easy maintenance. Stainless steel was used frequently by soda fountain designers, and operators loved its ease of maintenance. The soda fountain back bar was either

⁷⁰ Staten, 136.

⁷¹ Census of Distribution, Retail Distribution, Drug Retailing, U.S. Department of Commerce, Bureau of the Census, 1929, 6, 45.

⁷² Census of Distribution, 112 - 113.

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eliminated or decorated with Art Deco style motifs, a mural or mirrors.⁷³ The soda fountain at East End Drugs reflects the period of the 1920s-30s, with its decorative back bar and stainless steel stools, fountain equipment and storage areas.

The Soda Fountain - Birthplace of the Soft Drink

Pharmacists sold mineral waters in their stores, and began to add flavorings, such as sarsaparilla and fruit extracts to create flavored beverages. The result was the creation of several soft drinks that remain popular today. In 1889 Scientific American noted the potential for these new drinks, as a dispenser's "knowledge of syrups, waters, and chemicals enables him to mix different ingredients together which will produce a flavor peculiar to itself. It may have no other virtue. But if it is properly named and skillfully advertised, it may have a 'run' or season that will pay big profits." This proved to be true, as in the late 1800s a number of soft drinks were marketed, including Moxie, Hires Root Beer, Passaro's Famous Manhattan Special, Vernor's Ginger Ale, Orcherade, Welch's Grape Juice, Phosferone, Wina Vina, Snap, Cold Blast and Y.T. Matzoon.⁷⁴ No doubt the soda jerks at East End Drugs, like many others across the country, experimented with various flavorings. Many of these developed a local following for a time, but only a select few would survive into the 21st century.

As bottling technology was still in its infancy, the majority of soft drinks were sold as syrup, to be mixed with soda water at a local soda fountain. Therefore the popularity of the new soft drinks was a great benefit to soda fountains. A young pharmacist in Waco, Texas invented Dr. Pepper in 1885, which was introduced to 20 million people in 1904 at the World's Fair Exposition in St. Louis, Missouri. John Pemberton, a doctor and pharmacist in Atlanta, Georgia invented Coca-Cola in 1886. Until 1905, Coca-Cola was marketed as a tonic and contained extracts of cocaine as well as caffeine from the kola nut. Between 1890 and 1900, Pemberton teamed with another Atlanta pharmacist to increase syrup sales, and began selling syrup to licensed independent bottling companies, a system that survives today. By the late 1890s, Coca-Cola reigned as one of the country's most popular fountain drinks. Pepsi Cola was developed by pharmacist Caleb Bradham of New Bern, North Carolina in 1898, who named the drink after the pepsin and cola nuts in the recipe. The name Pepsi Cola was trademarked in 1903. Missourian Charles Leiper Grigg invented and marketed his first soft drink called "Whistle" in 1919 while working for a company owned by Vess Jones. Grigg lost the rights to "Whistle" when he left the company, and in 1929 invented "Bib-Label Lithiated Lemon-Lime Sodas," a name he soon shortened to "7-Up."⁷⁵

Soft Drink Bottling Industry Takes Off

Also, as soda fountain drinks gained popularity, customers desired to have them available at home, and the soft drink bottling industry was born. The invention of the crown bottle cap in 1892 and soda vending machine in the 1920s would eventually move soft drinks from the soda fountain to drugstore shelves, grocery shelves, and convenience markets -- until people no longer needed to stop in at their local drugstores' soda fountain to get a soft drink.⁷⁶ With soft drinks available nearly everywhere, the fact that East End Drugs retains its soda fountain is remarkable. The new trend in soda fountains is re-creating them for museum displays.

⁷³ Funderburg, 132-134.

⁷⁴ Ibid., 46, 67.

⁷⁵ Ibid., 67 - 73; Bellis.

⁷⁶ Mary Bellis. "The History of the Soda Fountain," www.inventors.about.com, 2003.

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Figure 6: Coca-Cola Bottling Co. Advertisement, 1943



1943 Jefferson City City Directory

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Walk In vs. Drive In

Ever seeking a larger market, trade journals like *The Soda Fountain* encouraged their readers in the early 1920s to cater to the rapidly expanding driving public, with dishes named Speedway Sundae and Auto Appetizer. To draw people inside, added exterior lighting was advised. The first drugstore soda fountain to offer curbside service was the Fortune & Ward Drugstore in Memphis, Tennessee, where they served buggy drivers outdoors beginning around 1900. By 1912, the store advertised that motorists should honk twice for outside service. This was so successful that Memphis passed an ordinance banning curbside service in the downtown area. Not ready to give up, Fortune relocated to a space with parking for 150 cars, foreshadowing future trends. Most drugstore owners did not embrace change so quickly, as most were located in crowded downtown commercial centers and lacked sufficient parking to attempt curbside service. Also, curbside service was a seasonal enterprise.⁷⁷

While soda fountain operators may not have grasped the potential offered by the automobile, Roy Allen did. Allen opened a roadside restaurant in Lodi, California in 1919, specializing in hamburgers and root beer. In 1924 he trademarked the name "A&W Root Beer," and began selling franchise rights in five western states. The drive-ins were becoming familiar by 1930, and by 1960 the chain had grown to 1900 A&W restaurants nationwide. A&W Root Beer in bottles entered the market in the early 1970s, and in 1993 A&W Brands sold for \$334 million. White Castle was another burger chain that began in the 1920s, which proceeded to elevate the status of the hamburger, develop highly standardized operations and introduce Americans to take-out food. By 1964 the chain had 100 locations, and consumers could get their "sliders" at 340 White Castles in 2000.⁷⁸

Impact of World War II

World War II, which proved to be an economic boon to so many industries, was both beneficial and detrimental to the soda fountain industry. Everyone loved the soda fountain in the 1940s, whether a teenager hanging out after school, busy workers on the homefront grabbing a quick lunch, or homesick GI's getting ice cream treats from the Red Cross. But shortages during the war made it difficult to obtain sugar, chocolate, vanilla and ice cream. In 1942 manufacturers of ice cream were ordered to reduce their output, heavy cream was banned, and disruptions in international shipping resulted in shortages of raw chocolate and vanilla beans. Supplies of these items were diverted to military service clubs overseas. Soda fountain equipment was in short supply due to military use of soda fountains and the switch by fountain manufacturers to production of equipment for the military.

⁷⁷ Funderburg, 134-136.

⁷⁸ Ibid... 136-140.

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Despite problems with shortages, the economy was booming and there were more soda fountain customers than ever before. As men left for the military or defense plants, women employees filled the void. A national survey in 1945 reported that 87% of fountain managers were relying mostly on female employees. Walgreens responded to the labor shortage by trying self-service soda fountains. Walgreens' innovative approach involved removing the fountain's stools and installing ice filled glass cases for display of salads and other cold foods. The chain found that almost double the number of customers could be served during the lunch hour at their self-service fountains. While Walgreens was held up as a model for others to follow, approximately 17% of drugstore soda fountains closed during World War II and never reopened.

The Soda Fountain Loses Its Fizz

When the GI's returned home in the 1950s, they wanted to settle down, and they wanted to make up for lost time. Pent-up demand for new homes resulted in 85% being built in the suburbs, where land was plentiful. Supermarkets and shopping centers soon followed the new subdivisions, as American shopping habits changed with their lifestyle. Over 17,000 supermarkets and 1,800 shopping centers had been built by the mid-1950s, with more on the way. Cars and televisions were other items in great demand, making it easier to stay at home in the suburbs and watch TV than to drive back downtown to the soda fountain. Price controls were lifted after the war, and wholesale food prices jumped. Scarcity of employees and higher wages were a problem, and competition from drive-in restaurants was on all sides. In the 1950s people wanted even faster service than what the soda fountain offered, and the big cars of the era provided a dining room on wheels. McDonald's and Burger King opened in 1954 and expanded rapidly. By 1961 there were over 40,000 drive-in restaurants, drawing one-third of all restaurant income. Teenagers preferred to cruise in their cars than to walk to the soda fountain downtown, and by 1965 there were 710 McDonald's restaurants welcoming their business.⁷⁹

As related by former East End Drug soda jerk John Eidson, grocery stores took a dip out of soda fountain business when they added refrigerated cases, allowing them to sell ice cream in direct competition with the soda fountain. People didn't stop eating ice cream, but in 1951 more ice cream was sold in grocery stores than in drugstores. A 1956 survey indicated people bought 48% of all ice cream at the grocery, leaving only 14% of the market for drugstores. The rest of the market went to roadside ice cream stands such as Dairy Queen, which expanded from eight locations in 1945 to 1,400 by 1950, and Tastee Freez, which also had phenomenal growth. Supermarkets began to compete with drugstores for sales of cosmetics, toiletries and over the counter drugs.⁸⁰

For most drugstore soda fountains, the end came by the mid-1960s, when only about a third of urban drugstores and one half of small town drugstores offered a soda fountain. *Efficient Drug Store Management* stated in 1969 that "the traditional soda fountain should be thrown out," as it had no place in the modern drugstore. The utilitarian box soda fountain models that are now ubiquitous were developed for fast-food and drive-in restaurants. Self-service and standardization, two trends honed in the drugstore industry, culminated in the fast-food industry. The chain store model developed by Walgreens and Rexall was applied to the fast food industry, largely sounding the death knell for the drugstore soda fountain. Fortunately for us, East End Drugs did not follow the advice of *Efficient Drug Store Management*, so we can still enjoy a leisurely fountain treat today.

⁷⁹ Funderburg, 146-149.

⁸⁰ *Ibid.*, 149-150.

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Chain Drugstores

Chain drugstores have been in operation since before 1900. However two men were responsible for perfecting the concept, Louis K. Liggett and Charles R. Walgreen. Walgreen began as a drugstore clerk in 1905, and by 1916 owned nine Chicago drugstores, including the one where he had worked as a clerk. The chain expanded to 29 stores by 1922; 116 stores by 1927; 413 by 1947 and 2,081 stores by 1998, making Walgreens a dominant force in chain drugstores.⁸¹

In 1907 Liggett established the United Drug Company, operating 45 stores under this name by 1917. By 1930 Liggett's operation had expanded to 672 drugstores. Liggett founded the Rexall brand of over the counter medicines. Rexall drugstores started out as independent stores that agreed to purchase "at least minimum amounts of Rexall products in exchange for special discounts, local and national advertising advantages and a distinctive window sign," according to The Costs of Medicine, published in 1932. The idea was similar to the alignment of local hardware stores with Ace or True Value - the drugstores contracted with the Rexall manufacturer to buy branded products. Liggett developed products for over the counter sale by drugstores, with the name Rexall meaning "Rx to all." The name was so successful that independent pharmacists asked to add it to their store names, starting the Rexall chain. At the peak of Rexall's popularity in 1950, there were 559 Rexall owned drugstores and 12,000 franchises. After a new president began selling off company owned stores, there were only 190 remaining by 1955.⁸² The Rexall store in Jefferson City was A. Brandenberger's, which operated until 1980, even after closing the prescription counter in 1976.⁸³

In 1929 there were 249 drugstore chains, operating 1,078 stores. At the same time there were 50,088 independent drugstores. In St. Louis and Kansas City, sales by chain drugstores equaled 51% of the sales by single independent drugstores. Sales by chain drugstores in the west-north central region (which included St. Louis and Kansas City) equaled only 10% of the sales by single independent drugstores. The concentration of chain drugstores in cities is evidenced by the following information regarding sales in 1929 (local and regional chains are not included in this chart).⁸⁴

Type of Store	% of Sales City > 30,000 Population	% of Sales City Pop. 10,000 - 30,000	% of Sales City Pop. < 10,000
Single Independent	35.6%	9.1%	26.9%
National Chain	7.5%	0.3%	0.1%

⁸¹ Staten. 36.

⁸² Ibid.. 35 - 37.

⁸³ Beetem interview. Beetem's father, Tom Beetem, acquired Brandenberger Drug in 1975, after acquiring G. A. Fischer Drug in 1969, both long-time Jefferson City drugstores.

⁸⁴ Fifteenth Census of the United States. Census of Distribution. Retail Distribution. Drug Retailing. U.S. Department of Commerce. Bureau of the Census. Washington, D.C. 1929. 14, 23, 26. 32-33.

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Chain drugstores were still not major competition for independent drugstores prior to the end of World War II. A survey by the National Association of Chain Drugstores in 1947 found that only 4,655 of the 52,809 drugstores were operated by chains, although this 9% of total drugstores accounted for 24% of total sales. Chains really grew after World War II, partly due to Louis Liggett's development of the Rexall brand. Amazingly, East End Drugs has never been affiliated with any drugstore chain, despite their dramatic growth during the 20th century.

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Cole County, MO

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East End Drive
Cole County, MO

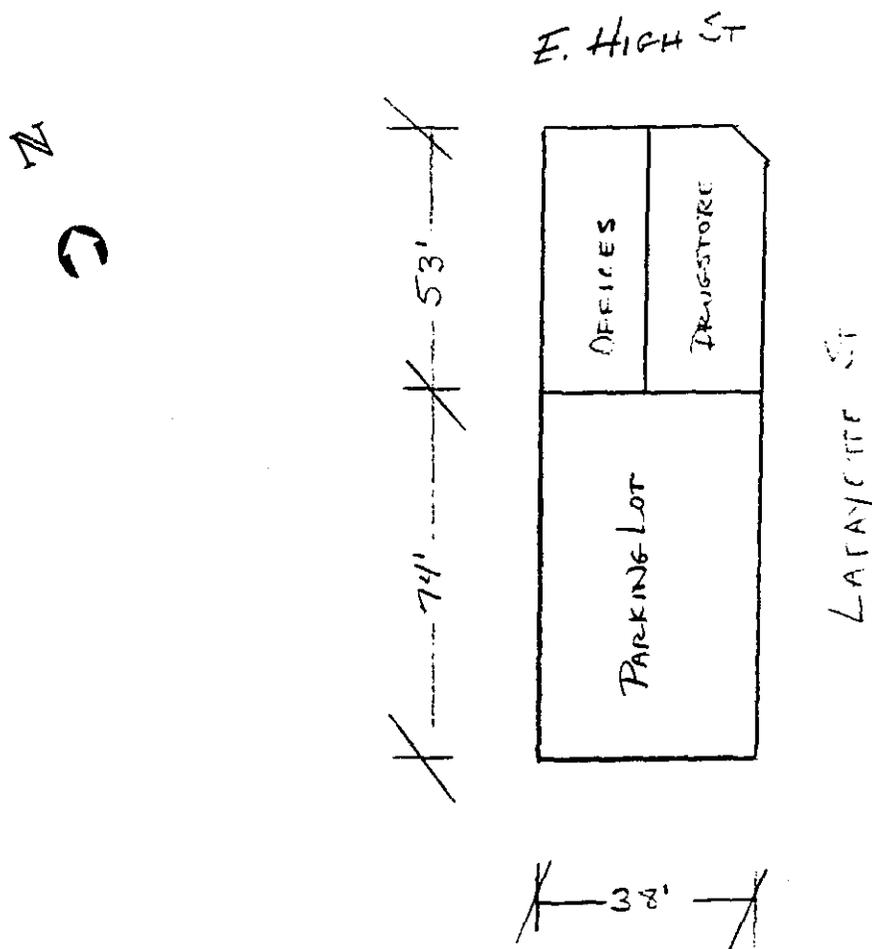
Verbal Boundary Description:

Located on the southwest corner of East High and Lafayette Streets, the lot is described as: the northeasterly part of Inlot No. 507, in the City of Jefferson, Missouri.

Boundary Justification:

The current boundaries encompass all of the land currently and historically associated with the property.

Site Map:



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Section Photographs Page 35

East End Dr
Cole County,

Photographs:

The following information is the same for all photographs:

East End Drugs
630 E. High Street
Cole County, Missouri
Jane Rodes Beetem
April, 2003

Negatives on file with Jane Beetem, 1612 Payne Drive, Jefferson City, MO 65101

List of Photographs:

1. Front (northeast) and southeast elevations, facing southwest.
2. Rear (southwest) elevation, facing northeast.
3. Interior, pharmacy, east portion first floor, facing prescription counter.
4. Interior, soda fountain.
5. Interior, soda fountain equipment.
6. Interior, upstairs main staircase.
7. Interior, upstairs, east apartment closet door.









COFFEE

AMARETTO	DECAF
CHOC ALMOND	AMARETTO
CHOC MINT	CHOC MINT
CINNAMON	FRENCH ROAST
HAZELNUT	HAZELNUT
ESPRESSO	HOUSE BLEND
FRENCH ROAST	HIGH CREME
HUACABALLA	RASPBERRY
HAZELNUT	NUT
HIGHLANDER GROUND	ST LOUIS
HOUSE BLEND	HOUSE BLEND
WHISKY CREAM	VANILLA
MACIA & CREME	ALMOND
PEACH BLEND	
FRENCH BLEND	
SWISS CHOC ALMOND	
VANILLA ALMOND	

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