

United States Department of the Interior
National Park Service

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form*. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional certification comments, entries, and narrative items on continuation sheets if needed (NPS Form 10-900a).

1. Name of Property

Historic name Jefferson-Cass Health Center
Other names/site number Jefferson Municipal Health Center, St. Louis Fire Department (Headquarters)
Name of related Multiple Property Listing n/a

2. Location

Street & number 1421 N. Jefferson Avenue n/a not for publication
City or town St Louis n/a vicinity
State Missouri Code MO County St. Louis Independent City Code 510 Zip code 63106

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 at the following level(s) of significance:

national statewide local

Applicable National Register Criteria: A B C D


Signature of certifying official/Title
Date 6/29/18
JP 6/29

Missouri Department of Natural Resources
State or Federal agency/bureau or Tribal Government

In my opinion, the property meets does not meet the National Register criteria.

Signature of commenting official _____ Date _____

Title _____ State or Federal agency/bureau or Tribal Government _____

4. National Park Service Certification

I hereby certify that this property is:

- entered in the National Register
- determined eligible for the National Register
- determined not eligible for the National Register
- removed from the National Register
- other (explain:) _____

Signature of the Keeper _____ Date of Action _____

Jefferson-Cass Health Center
Name of Property

St. Louis Independent City, MO
County and State

5. Classification

Ownership of Property
(Check as many boxes as apply.)

Category of Property
(Check only **one** box.)

Number of Resources within Property
(Do not include previously listed resources in the count.)

<input type="checkbox"/>	private
<input checked="" type="checkbox"/>	public - Local
<input type="checkbox"/>	public - State
<input type="checkbox"/>	public - Federal

<input checked="" type="checkbox"/>	building(s)
<input type="checkbox"/>	district
<input type="checkbox"/>	site
<input type="checkbox"/>	structure
<input type="checkbox"/>	object

Contributing	Noncontributing	
1	1	buildings
0	0	sites
0	2	structures
0	1	objects
1	4	Total

Number of contributing resources previously listed in the National Register

0

6. Function or Use

Historic Functions
(Enter categories from instructions.)

Healthcare: clinic

Current Functions
(Enter categories from instructions.)

Government: fire station

7. Description

Architectural Classification
(Enter categories from instructions.)

Modern Movement

Materials
(Enter categories from instructions.)

foundation: Concrete
walls: Brick
Limestone, Terra Cotta
roof: Asphalt
other: Glass
Aluminum

NARRATIVE DESCRIPTION ON CONTINUATION PAGES

Jefferson-Cass Health Center
Name of Property

St. Louis Independent City, MO
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8. Statement of Significance

Applicable National Register Criteria

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)

- 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.

Areas of Significance

Health/Medicine

Period of Significance

1960-1970

Significant Dates

1960

Criteria Considerations

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

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 old or achieving significance within the past 50 years.

Significant Person

(Complete only if Criterion B is marked above.)

n/a

Cultural Affiliation

n/a

Architect/Builder

Boulicault, Marcel / architect

STATEMENT OF SIGNIFICANCE ON CONTINUATION PAGES

9. Major Bibliographical References

Bibliography (Cite the books, articles, and other sources used in preparing this form.)

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 # _____
- ___ recorded by Historic American Landscape Survey # _____

Primary location of additional data:

- State Historic Preservation Office
- ___ Other State agency
- ___ Federal agency
- Local government
- ___ University
- ___ Other

Name of repository: _____

Historic Resources Survey Number (if assigned): _____

Jefferson-Cass Health Center
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10. Geographical Data

Acreeage of Property Less than one acre

Latitude/Longitude Coordinates

Datum if other than WGS84: _____

(enter coordinates to 6 decimal places)

1 38.644702 -90.213380 3 _____
Latitude: Longitude: Latitude: Longitude:

2 _____ 4 _____
Latitude: Longitude: Latitude: Longitude:

UTM References

(Place additional UTM references on a continuation sheet.)

_____ NAD 1927 or _____ NAD 1983

1 _____ 3 _____
Zone Easting Northing Zone Easting Northing

2 _____ 4 _____
Zone Easting Northing Zone Easting Northing

Verbal Boundary Description (On continuation sheet)

Boundary Justification (On continuation sheet)

11. Form Prepared By

name/title Ruth Keenoy / historic preservation specialist

organization _____ date June 6, 2018

street & number 5229 Oleatha Avenue telephone 314-637-6441

city or town St. Louis state MO zip code 63139

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Additional Documentation

Submit the following items with the completed form:

- **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. Key all photographs to this map.
- **Continuation Sheets**
- **Photographs**
- **Owner Name and Contact Information**
- **Additional items:** (Check with the SHPO or FPO for any additional items.)

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management. U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.

Jefferson-Cass Health Center
Name of Property

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Photographs

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels (minimum), 3000x2000 preferred, at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map. Each photograph must be numbered and that number must correspond to the photograph number on the photo log. For simplicity, the name of the photographer, photo date, etc. may be listed once on the photograph log and doesn't need to be labeled on every photograph.

Photo Log:

Name of Property: **Jefferson-Cass Health Center**

City or Vicinity: **St. Louis**

County: **St. Louis Independent City** State: **MO**

Photographer: **Ruth Keenoy**

Date

Photographed: **24 January 2017**

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

- 1 of 25. Exterior, primary elevation (east), NW.
- 2 of 25. Primary elevation (east), NW.
- 3 of 25. South elevation, NE.
- 4 of 25. Rear parking lot, W.
- 5 of 25. Rear (west) elevation, NE
- 6 of 25. Utility tower and outbuilding, NW.
- 7 of 25. North wing, SE.
- 8 of 25. Interior – main lobby, E.
- 9 of 25. Ladies lounge, E.
- 10 of 25. Classroom off main lobby, E.
- 11 of 25. Stairs – between first and second floors, SE.
- 12 of 25. West hall, N.
- 13 of 25. Break room, NE.
- 14 of 25. Conference room, N.
- 15 of 25. North hall, W.
- 16 of 25. Janitor's closet, SW.
- 17 of 25. South end of east hall, S.
- 18 of 25. North end of east hall, S.
- 19 of 25. Hall near reception, E.
- 20 of 25. Behind reception/check-in, E.
- 21 of 25. Second floor – board room, N.
- 22 of 25. Second floor – fire captain's office, NE.
- 23 of 25. North and west elevations, SE.
- 24 of 25. Rear elevation, central, E.
- 25 of 25. Rear elevation, south end, SE.

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Figure Log:

Include figures on continuation pages at the end of the nomination.

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Summary

Jefferson-Cass Health Center, located at 1421 N. Jefferson Avenue, St. Louis Independent City, Missouri, was constructed in 1958-59 and opened in 1960. The building, designed by Marcel Boulicault, was funded under the City of St. Louis' 1955 municipal bond. The clinic meets Criterion A: Health/Medicine for its role in serving the population of St. Louis City during the years 1960 – 1970, which provide the parameters for the period of significance (local). The property was used subsequently by the city's Human Development Corporation. In the 1980s, the building was converted to serve as headquarters for the St. Louis Fire Department and remains in use for this purpose. The property is bounded by Cass Avenue (north), Jefferson Avenue (east), a paved drive and property line (south) and property line/Elliott Avenue (west) (**Figure 1**). The parcel includes **five resources**: (1) **one contributing building** (former clinic), (2) **one non-contributing structure** (parking lot), (3) **one non-contributing structure** (utility tower), (4) **one non-contributing object** (memorial bust) and (5) **one non-contributing building** (utility shed). Though some changes were made to the property in the 1980s when it was converted for use as a fire station, these changes did not adversely impact the property's architectural integrity (as discussed below, following the building's description). The building's floor plan has not been altered since its construction. Original finishes and windows are intact. **Figures 2 and 3** provide an overview of the property layout, as well as directions of the photos noted below.

Setting

Jefferson-Cass Health Center is situated in north St. Louis City at the southwest intersection of N. Jefferson and Cass Avenues (**Figure 4**). The nominated property is partially surrounded by an iron fence that bounds the north end of the property along Cass Avenue, the western property line and the adjacent parcel to the south. The parcel immediately south of the nominated property is currently used by the fire station for training purposes. The area separating the building from Jefferson Avenue is largely composed of a grassy lot. A concrete sidewalk divides the grassy area, providing access from the building to Jefferson Avenue (which is bounded by an intersecting public sidewalk). Concrete walks lead to the building's secondary entrances on the south and west (rear) entrances from an adjacent parking lot (on the parcel south of the nominated property). West of the building, a lot measuring approximately 88.5 feet x 50 feet is covered with asphalt and used for parking (**non-contributing, Photo 4**). The parking lot, which has been significantly expanded since the clinic was constructed, is a non-contributing feature. A sidewalk flanks the building's west (rear) elevation. The walk is wide and supports concrete picnic tables that are separated from the asphalt parking lot by small grassy areas. A grassy area northwest of the rear entrance holds concrete benches and a bronze fireman's bust (**non-contributing**) resting on a granite pier (**Figure 5**). The bust (including pier) is approximately five feet in height, added to the property c. 1990. Immediately northwest of the clinic are two portable storage (moveable) units. The storage units are not included in the property count due to their temporary (moveable) association with the property.

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Jefferson-Cass Health Center is situated in an urban setting that has suffered population loss since the clinic opened in 1960. North of the property on Cass Avenue are vacant lots and several abandoned buildings. East of the fire station is a vacant parcel that formerly supported two large public housing developments demolished in 1974, Pruitt Homes and Igoe Apartments (collectively known as Pruitt-Igoe). Immediately south of the clinic are a parking lot and multi-storied concrete training structure utilized by the fire department (**Figure 6**). These resources are not within the property's National Register boundaries. The south parking lot and training structure are situated on parcels that previously supported multi-family flats and commercial buildings. Concrete public sidewalks flank the property along Cass (north) and N. Jefferson (east) Avenues.

Utility Structure (**Non-Contributing**) and Shed (**Non-Contributing**) (**Photo 6**)

At the northwest corner of the parcel are an electrical utility tower and one-story shed constructed c. 1988. The utility tower is metal with cross-braced legs set on round concrete pads. The shed has a low-gabled metal roof, pebble dash walls, and a concrete pad foundation. A solid metal door is situated on the building's east elevation. There is no other fenestration.

Exterior Description

Jefferson-Cass Health Center is a one-story building with a central two-story section. The clinic has a flat built-up roof, exterior brick and terra cotta walls, and a concrete foundation covered by brick. The primary (east) elevation faces N. Jefferson Avenue. An asphalt parking lot flanks the west (rear) side of the clinic (**Photo 4**).

East (Primary) Elevation (**Photos 1, 2 and 3**)

The building's primary (east) wing – which provides public access – is dominated by the central two-story bay. This bay is composed of curtainwall windows (**Photo 1**). Slightly off-center within the curtainwall bay is the primary entrance, composed of paired glass and aluminum doors. Projecting east from the elevation (above the primary doors) is a concrete and metal flat-roof canopy. The canopy has flared metal legs supporting a concrete roof. The canopy has original canister lighting set within the concrete roof extending above the walk and primary entrance. The building's address (1421) is affixed to the canopy roof facing Jefferson Avenue. Above the metal address is the name of the building's current occupant (St. Louis Fire Department). This latter feature is not original.

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The building's northeast wing projects away (east) from the façade of the aforementioned two-story wing (to the right, **Photo 1**). The northeast wing is clad with brick. A cross-patterned terra cotta embellishment is attached to a wide vertical band of red enameled terra cotta near the south end of the wing. This feature is offset by a continuous ribbon of glass and aluminum awning windows. Below the windows, the elevation is clad with terra cotta panels. A band of red enameled brick headers extend above the window ribbon, wrapping to the north and south elevations of the wing. This pattern of window ribbon, terra cotta panel and enameled brick headers is repeated on all of the building's elevations.

The building's south one-story wing is set back from the two-story east elevation (**Photo 2**). The east elevation of the south wing is clad with brick. The elevation (like the north wing) holds a ribbon of awning windows. Below the windows are terra cotta panels. A red enameled brick header band extends above the windows and across the entire elevation, wrapping to the south elevation of the wing (**Photo 3**).

North Elevation (**Photos 7 and 23**)

The building's north elevation of the north one-story wing (which projects north from the building's central two-story wing) has a continuous ribbon of 22 awning style square windows. Below the windows is a terra cotta panel that spans the entire width of the window ribbon. Enameled red brick headers flank the tops of the windows and wrap the elevation horizontally. Framing the windows/terra cotta panel is brick, which comprises the remainder of the one-story north elevation (**Photo 7**).

The building's two-story section rises above the one-story wing roofline. The north elevation of the two-story wing above the one-story wing is clad with brick. Within the western half of the exterior upper story wall are a single paneled door and large louvered vent (**Photo 23**).

South Elevation (**Photos 2 and 3**)

The south elevation of the one-story wing (south end of the building) holds a glass and metal (original) commercial style door (**Photo 3**). The entry is slightly off center, flanked by five awning windows on the left (west) and three awning windows on the right (east). The windows are square single-light design. Below the windows are terra cotta panels. An enameled brick header band extends along the entire elevation, immediately above the windows and entry. The remainder of the elevation is brick.

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The building's two-story section, south elevation, rises above the one-story wing roofline. The upper story, south elevation, is clad with limestone (east) and brick (west) (**Photo 2**). The limestone clad portion of the two-story central wing embraces the curtainwall façade. The elevation holds two double-hung windows within the portion of the elevation clad with limestone. This section of the two-story wing creates an ell that holds the building's stairwell. A door is situated on the east (brick clad) elevation of the enclosed stairwell.

West (Rear) Elevation (Photos 5, 20, 23, 24 and 25)

The west elevation of Jefferson-Cass Health Center features the red enameled brick header band noted on all elevations of the building. The rear elevation holds two entries – one is off-center near the north end of the building. This rear entry holds a glass and aluminum door off to the right by a glass panel (**Photo 24**). The entrance is recessed, accessible via concrete steps flanked by metal handrails. A privacy wall extends along the steps leading to the rear entry. The brick privacy wall has decorative open cross-shaped spaces (**Figure 7**). The elevation north of the steps holds a bronze plaque bearing the names of firemen killed in the line of duty (not original). North of the plaque and projecting privacy wall are continuous awning windows with aluminum frames (**Photo 23**). A terra cotta panel composes the wall below the windows.

The south end of the rear elevation is slightly set back. This area holds a glass and metal door (**Photo 5**). A concrete stoop with metal handrails leads to the door. The entry is offset at the south by a band of awning style windows above a terra cotta panel. Some of the windows are filled with portable air conditioning units (**Photo 25**). North (left) of the entry, the upper elevation wall holds a narrow band of awning style windows. The second story of this elevation holds three one-over-one windows (**Photos 24 and 25**).

The two-story section of the building visible from the rear elevation is clad with brick (**Photo 24**). Within the L-shape of the upper story is a single three-light metal door (original) on the south wall (**Photo 5**). The door is offset on the east by a large louvered vent. Air conditioning/heating equipment is mounted on the roof. A window bay on the west elevation of the two-story ell is partially filled with a hooded vent. A wide brick chimney at the southwest corner of the two-story section rises above the roofline.

Interior Description

The interior of Jefferson-Cass Health Center is composed of a central lobby, a reception area, conference room and linear halls (two) that extend north/south throughout the building. The building's floor plan has not been altered since the building was used as a health center. The linear halls lead to areas originally used as exam rooms, offices, labs, etc. The second floor is dedicated to administrative use. Interior finishes include wood and tile floors, walls that are painted or covered with ceramic (original) tile and (non-original) acoustic tile ceilings. Lighting

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is fluorescent. **Figures 2 and 3** illustrate the building's current floor plans for the first and second stories. These figures also depict the direction/location of photos.

Lobby, Reception Area and Conference Room (Photos 8 and 14)

The central portion of the two-story wing's first floor is dedicated to public use, providing access from Jefferson Avenue (primary entry) and the rear (west) parking lot. At the east end of this open area is a lobby enclosed with glass panels. Original glass and metal doors provide entry to the lobby from Jefferson Avenue. Lobby floors are tile and the walls are painted. Metal heating units stand on either side (north/south) of the enclosed lobby. West of the lobby is a reception area that supports a wood desk near the primary entry. West of the desk is a glass and wood display case. The reception area floor is wood. The south wall is painted; the north wall is clad with original ceramic tile. The reception area ceiling is clad with replacement acoustic tiles and holds boxed metal fluorescent lighting (not original) (**Photo 8**). A solid wood door at the west end of the reception area leads to the building's rear lobby, providing access to the parking (west) lot. A statue of St. Florian (not original) is situated south of the door that leads to the rear lobby (**Figure 8**). The rear lobby has a tile floor and ceramic tile walls.

North of the central public area is a conference room. The room has paired solid wood doors on south wall. The conference room has no windows, a wood floor, painted walls and an acoustic tile ceiling with flush fluorescent lighting. Wall buttresses support attached television monitors on the east and west walls. These buttresses support a dropped, continuous concrete ceiling beam that extends along the perimeter of the room. A solid wood door on the east wall leads to the east hall (north wing). A solid wood door on the west wall leads to the west hall (north wing). At the north end of the conference room, two steps lead to a raised wood stage (not original) spanning the width of the room (**Photo 14**).

North Wing, First Floor (Photos 12-13, 15, 18-20)

The building's north wing has two hallways – one is on the east end of the wing; one is on the west end of the wing. These hallways extend north/south and are connected by a shorter east/west hall at the north end of the wing. The halls have wood floors, ceramic tiled walls and acoustic tile ceilings with box fluorescent lighting. Original drop-down desks are attached to the walls (within halls), supported by collapsible braces (**Photos 12 and 15**). Some of the doors to former exam rooms are divided, providing a check-in type setting in which only the top half of the door may be opened (**Figure 9**).

Rooms off the halls of the north wing have tile floors, ceramic tile walls and acoustic tile ceilings with fluorescent lighting. Windows are original single-light awning design (**Photo 13**). The east hall leads to the reception/entry area described previously. The south end of the hall leads to the station's dispatch area and a reception desk that is attached to the east wall. The reception desk is

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curved and wraps toward the north. Display cases are attached to both sides of the east hall. Built-in cases on the east wall are original (**Photo 18**). Office areas off the east hall have tile floors, painted and ceramic tile walls, and acoustic tile ceilings with fluorescent lighting (**Photo 19**). Restrooms are situated near the southeast corner of the north wing, accessible from a hall north of the aforementioned reception desk. This area has ceramic tile walls, tile floors and acoustic tile ceilings with fluorescent lighting (**Photo 20**).

South Wing, First Floor (Photos 9-11, 16-17)

The south wing is similar in plan to the north wing with east/west halls that extend north/south. A set of restrooms is situated in the northeast corner of the first floor's south wing, accessible via the building's east hall. The restrooms have original ceramic tile walls, tile floors and acoustic tile ceilings with fluorescent lighting. Window lights (awning style) are composed of chipped glass (**Photo 9**). Rooms in the south wing have painted and ceramic tile walls, tile floors and acoustic tile ceilings. Some rooms have boxed metal replacement lighting and others have flush replacement fluorescent lighting (**Photo 10**). The east hall of the south wing (**Photo 17**) has a wood floor. The west hall of the south wing has a tile floor.

Near the northwest corner of the south wing is access to the building's stairwell (east side of hall). West of the stairwell, a short intersecting hall leads to a janitor's closet (**Photo 16**). The stairwell has ceramic tiled walls and concrete steps covered with skid-proof rubber. Stair landings are covered with carpeting. Metal handrails extend along both sides of the stairs (**Photo 11**).

Second Floor (Photos 21 and 22)

As noted previously, the building's second floor holds administrative-use areas. The upper floor consists of a small reception area at the head of the stairs, a hall that leads to offices, a small kitchen, restrooms and a board room. Floors are wood and most are covered with carpeting. Walls are painted with wallpaper below dado rails. Windows are original two-light awning design. The largest spaces are the main office (currently used by the fire captain, **Photo 22**) at the floor's northeast corner. The other large space is the board room (**Photo 21**), within the floor's southwest corner. A door on the south end of the board room leads to the stair landing and second floor reception area. A kitchen and two small offices are accessible via a hall at the north end of the floor. The hall connects these rooms to the captain's office, the reception area and the board room.

Integrity

Jefferson-Cass Health Center was remodeled in the 1980s, when the building was converted from a health clinic to a fire station headquarters. These renovations did not change or remove the building's exterior materials, alter the floor plan or change the original features that illustrate the

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building's distinctive International Style influences. Original features include the building's exterior enameled brick and terra cotta detailing, curtainwall windows, terra cotta panels and brick veneer. Interior original features include hallway collapsible desks, two-part exam room doors, ceramic tiled walls, and tile floors.

Alterations since the building's construction in the late 1950s include the covering of some original surfaces with contemporary materials such as carpeting. Original ceiling tiles and lighting have been replaced and the building has been upgraded to meet safety and building code regulations. Additions such as wall plaques and displays are removable. Non-contributing to the property are an electrical transmission tower, parking lot, associated utility shed and memorial fireman's bust. The non-contributing structures (transmission tower and parking lot), building (utility shed) and object (memorial bust) do not diminish the property's architectural integrity. The most significant alteration to the property is the addition of modern materials that cover the building's original exterior aluminum window components. The darker, contemporary material is bulkier than the original aluminum composition, which is intact below the contemporary metal covering. Despite this modification, the building retains the original window materials and configuration. The original curtain wall construction and awning windows (clearly visible from the building's interior) are intact. Though bathroom windows are glazed – which is an original feature – all other windows have clear glass lights, also original (**Figure 10**).

The former clinic appears very much as it did when first constructed, as demonstrated in **Figure 11**, which depicts the architect's rendering. Alterations to the building since the clinic closed in 1973 have been completed to bring the building up to compliance and to allow the current tenant to use the building as a fire department headquarters. Changes made since the building's construction have not altered or diminished the property's ability to portray its original design and use as a health clinic.

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Statement of Significance

Introduction

Jefferson-Cass Health Center is located at 1421 N. Jefferson Avenue, St. Louis (Independent City), Missouri (**Figure 4**). The building was constructed in 1958-59 to support residents living in north St. Louis City. The clinic was particularly effective in addressing the needs of individuals residing in public housing complexes southeast of the clinic. The building was funded by a bond issue passed by voters in 1955. When the clinic opened in 1960, it provided basic services for many who previously had minimal access to healthcare. Throughout its years of operation, the health center often served as a demonstration model for the city's public health system. Jefferson-Cass Health Center is significant under **Criterion A: Health/Medicine**. The building reflects the city's desire to provide all of its residents with up to date medical treatments, particularly those who were disenfranchised. Jefferson-Cass Health Center served an integral role in this capacity until replaced by Courtney Clinic (currently Affinia Healthcare) at 1717 Biddle Street, which opened in 1973. After 1973, the building at 1421 N. Jefferson Avenue was used to support the city's Human Development Corporation. In 1989, the property was repurposed as the St. Louis Fire Station Headquarters, which remains the case currently. The **period of significance** relates to the building's viable years of use as a municipal health clinic, **1960 - 1970**. Although the clinic remained open until 1973, city health officials deemed the clinic unsustainable by 1970 due to shifting demographics. The period of significance, which ends in 1970 (less than 50 years), meets **Criterion Consideration G**. Extending the period of significance through 1970 is a logical choice based on the building's most viable years (described in detail below) as a public health facility. The associated **level of significance** is **local**.

Historical Overview

Jefferson-Cass Health Center was constructed in 1958-59 and opened in 1960. The facility was funded under the city's 1955 municipal bond, which provided \$110.6 million for citywide improvements in public services and infrastructure.¹ The bond consisted of 23 propositions, one of which provided \$7,507,000 dedicated to upgrading hospitals and clinics. A portion of that fund, \$775,000, was dedicated for the construction of Jefferson-Cass Health Center.² The city's public health system was in dire straits in 1955. Older public hospitals were overcrowded and out of date; while basic healthcare was often unattainable for the city's neediest citizens. A series of articles in the *St. Louis Post-Dispatch* depicted the conditions of the city's Chronic Hospital (not extant), which treated poor elderly citizens with chronic health conditions as a prime example of the city's healthcare crisis.³ Also featured in the article was the city's sole municipal clinic at

¹ "1955 Bond Issue," University of Missouri-St. Louis, Available at: <https://www.umsf.edu/virtualstl/phase2/1950/events/bondissue.html> (Access date: 24 May 2017).

² Oliver F. Fink, "A New St. Louis," *St. Louis Post-Dispatch, Pictures* (8 May 1955), 5.

³ Ibid.

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1525 Cass Avenue (not extant) for citizens who resided north of downtown (**Figure 12**).⁴ Such articles prompted St. Louis citizens to overwhelmingly approve all of 23 propositions on the May 26, 1955 ballot. None of the propositions received greater approval, however, than that supporting healthcare modernization, as noted in **Table 1**.⁵

Table 1. 1955 Bond Propositions

Proposed Improvement	Allocation	Voter Approval
Expressways	\$18,000,000	83.6%
Street widening/improvements	\$11,615,000	84.4%
Bridges and Viaducts	\$11,400,000	84.1%
Resurfacing streets and alleys	\$2,000,000	85.3%
Street lighting	\$6,000,000	85.5%
Street cleaning / City garage	\$425,000	82.0%
Garbage disposal	\$2,400,000	86.0%
Slum clearance	\$10,000,000	79.8%
Public libraries expansion	\$1,000,000	81.3%
Zoo improvements	\$1,625,000	78.4%
Art museum improvements	\$1,000,000	76.2%
Voting machines	\$2,275,000	81.0%
Neighborhood rehabilitation	\$4,000,000	83.4%
Hospitals and health centers	\$7,507,000	87.0%
Correctional and juvenile institutions	\$5,150,000	84.9%
Parks and playgrounds	\$11,000,000	83.3%
Planetarium	\$1,000,000	75.5%
Fire department improvements	\$2,165,000	85.5%
Civil defense	\$125,000	83.5%
Public building improvements	\$1,505,000	81.2%
City accounting improvements	\$400,000	80.8%
Municipal dock	\$2,500,000	80.3%
Flood control	\$7,547,000	83.2%

Source: Fink, *St. Louis Post-Dispatch*, 8 May 1955; Dunlap, *St. Louis Post-Dispatch*, 27 May 1955. Of note, the bond proposal included approximately \$9,000,000 set aside for funding unanticipated costs related to the improvements.

Jefferson-Cass Health Center served a large population consisting of residents living in the DeSoto-Carr, Jeff-Vander-Lou and St. Louis Place neighborhoods (**Figure 13**).⁶ The area just north of downtown grew exponentially during the mid-to-late 1950s when the city constructed three high-rise housing projects in the DeSoto-Carr neighborhood along the south side of Cass

⁴ Ibid.

⁵ Harry Willensky, "Quick Start Promised on Improvements as All Bond Propositions Carry: City Program Wins by Heavy Margins," *St. Louis Post-Dispatch* (27 May 1955), 1.

⁶ St. Louis Housing Authority, "Pruitt Homes and Igoe Apartments Public Housing Complex Final Environmental Impact Statement," (Unpublished: September, 1974), 21.

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Avenue: Captain Oliver Pruitt Homes (1954), William L. Igoe Apartments (1956) (collectively known as Pruitt-Igoe) and George L. Vaughn Apartments (1957) (**Figure 4**). Also within the area served by Jefferson-Cass Health Center were residents of an earlier housing project constructed for African-Americans in 1942, Carr Square Village (also in DeSoto-Carr neighborhood). These complexes provided housing for more than 16,000 residents.⁷ Most residing in the housing projects were African-Americans and by the early 1960s, this was entirely the case.⁸ Jefferson-Cass Health Center largely served the neighborhoods of DeSoto-Carr, St. Louis Place and Jeff-Vander-Lou – these neighborhoods are north of downtown, east of Grand Avenue and west of Florissant Avenue. Although the racial composition of the neighborhood served by Jefferson-Cass Health Center was nearly equally divided when the clinic opened (in 1960), by 1970, 70% of the neighborhood’s residents were African-American (**Table 2**).⁹

In relation to Table 2:

- Population data for 1930/1940 relates to the entire City of St. Louis.
- Beginning in 1950, census tract data became available; therefore numbers in the table for 1950-1970 are only for the neighborhood supporting the former health center.
- In 1970, the neighborhood was split into two tracts – east of Jefferson Avenue (St. Louis Place) and west of Jefferson Avenue (Jeff-Vander-Lou). The health center was located in Jeff-Vander-Lou. Pruitt-Igoe was in St. Louis Place.

Table 2. Census data by race, 1930-1970 (Source: United States Census – Population – St. Louis, Missouri)

Census Year	# of white residents	# of non-white residents
1930	727,699	93,580
1940	706,794	108,765
1950	12,922	278
1960	11,114	10,031
1970	2,447	5,043

Healthcare for black residents in St. Louis was separate and unequal at the turn of the twentieth century. Until the 1950s when national shifts in social awareness brought to light the unacceptable mediocrity of public healthcare for blacks, St. Louis had little concern for changing the status quo.¹⁰ The black community rallied for change much earlier beginning in 1923 when an African-American attorney, Homer G. Phillips, led the community in landing support to fund a new segregated hospital in the city’s historic black neighborhood, The Ville (**Figure 14**). Although an agreement was brokered between Phillips’ group and the mayor, it took 14 years to

⁷ St. Louis Housing Authority, “(Public Housing) Project Fact Sheets 1966-67” (Unpublished, 1967), Pages not numbered.

⁸ Lee Rainwater, *Behind Ghetto Walls: Black Families in a Federal Slum* (Chicago: Aldine Publishing Company, 1970, 8.

⁹ Ibid, 1960.

¹⁰ Daniel R. Berg, M.D., “A History of Health Care for the Indigent in St. Louis,” *Saint Louis University Law Journal* (Volume 48, No. 1, Fall 2003), 192.

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finalize an agreement between both sides of the aisle. Named in honor of Homer G. Phillips, who was murdered before the hospital was constructed, the building opened in 1936 (extant, NRL, 1980) (**Figure 15**). Homer G. Phillips was not the first segregated hospital in St. Louis but it was the most successful. Furthermore, it was the city's first hospital to offer training for African-American physicians and the first to receive federal funds for its construction.¹¹

The structure of healthcare and how patients were treated began to change not long after Homer G. Phillips opened. By the early 1940s, physicians were beginning to practice specialized medicine, which spurred the development of satellite clinics and group practices. After World War II, the field of medicine changed even more rapidly as procedures, equipment and drugs developed during the war became universally available. As a result, chronic diseases were more easily managed outside of the hospital setting. "These exceptional scientific accomplishments, together with the development of the civil rights movement . . . resulted in profound changes in the country's health care delivery system."¹² Medical advances fueled societal demands that city leaders provide medical access to the broader population.

As noted, prior to the opening of Jefferson-Cass Medical Center, residents living in the DeSoto-Carr, Jeff-Vander-Lou and St. Louis Place neighborhoods had access to a municipal clinic at 1525 Cass Avenue – just a few blocks east of the new clinic on Jefferson Avenue. While St. Louis had a number of health clinics in 1955, most were privately funded and/or supported by labor unions (for their employees). Medical teaching hospitals such as St. Louis and Washington Universities also sponsored clinics, as did religious-based hospitals.¹³ However, the clinic on Cass Avenue appears to be the sole municipal clinic available to black residents prior to 1960.¹⁴ Wohl Clinic at 1528 N. Kingshighway (not extant) was a privately funded clinic in the Kingsway West neighborhood that served black residents by the 1970s but initially was intended for white residents who comprised more than 90% of the neighborhood's population in 1960.¹⁵ Prior to the opening of Jefferson-Cass Health Center in 1960, residents living in the city's poorest and blackest neighborhoods had extremely limited access to preventative care services.

Funded by public money in 1955, Jefferson-Cass Medical Center was designed by Marcel Boulicault (1896 - 1961), an architect/engineer who completed a number of government-funded

¹¹ Berg, 193-196; United States Census, 1950 – 1970 (Tract Census Statistics, St. Louis, MO).

¹² Kenneth M. Ludmerer, "Health Care," *Dictionary of American History* (Available at: <http://www.encyclopedia.com/history/united-states-and-canada/us-history/health-care-reform>), Access date: 18 January 2018.

¹³ *Polk's City Directory for St. Louis* (St. Louis: Self-published, 1955), p. 2150.

¹⁴ *Ibid*, 1955 – 1970. Of note, Jefferson-Cass Health Center was never listed in the classified or business directories, which further attests to the importance of its relationship to its patients, most of whom likely could not afford telephones.

¹⁵ United States Census Tract Data, St. Louis, MO, 1960; John M. McGuire, "They Backed Their Vision with Cash," *St. Louis Post-Dispatch* (1 February 1980), 2D.

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commissions throughout Missouri.¹⁶ Marcel Justin Boulicault was born in St. Louis (Independent City) in 1896, the youngest of seven. His parents, Justin Claud and Maria Peteuille Boulicault, and six older sisters immigrated to St. Louis from France prior to Marcel's birth.¹⁷ Boulicault attended public schools, followed by the completion of postgraduate programs at Washington University's School of Fine Arts (1912-1914) and Beaux-Arts Institute of Design (New York, 1914-1918).¹⁸ Afterward, Boulicault served in World War I under the Army Corps of Engineers. He returned to work as a draftsman for Study & Farrar in 1919 and accepted a brief partnership at the firm in 1924 before leaving to open his own architectural/engineering office in 1925.¹⁹ While Boulicault's commissions at Study & Farrar were residential in nature, his private practice focused on "commercial, industrial and public works projects."²⁰ Boulicault designed a number of buildings at prisons and state hospitals.²¹ He designed the Employment Security and Jefferson State Office Buildings in Jefferson City (both extant), as well as state office buildings in "Joplin, Springfield, Sedalia, Sikeston, St. Joseph and Hannibal."²² In St. Louis City, Boulicault is credited with designing the early 1960s Kohler Building at St. Louis' state hospital facility on Arsenal Street (building is not extant, **Figure 16**). Boulicault died about one year after the clinic opened, in February 1961.²³

On March 6, 1960, the *St. Louis Post-Dispatch* provided notice that the new clinic on Jefferson Avenue was open and would begin accepting patients from Laclede Center – a facility at 2911 Laclede Avenue, approximately one mile southwest of the new clinic. Laclede Center served a population that was undoubtedly largely African-American. This is a fair assumption because the clinic was in the heart of Mill Creek Valley – approximately 450 acres between downtown (east) and Grand Avenue (west). When Mill Creek Valley was cleared for new highways, industry and commerce in the 1950s-1960s, nearly 20,000 residents were relocated – most were African American and most moved to Pruitt-Igoe.²⁴ By 1960, five new municipal clinics had opened

¹⁶McCune Gill, *The St. Louis Story, Volume II* (Hopkinsville, KY: Historical Record Association, 1952), 562.

¹⁷ United States Census, 1900, St Louis Ward 13, St Louis (Independent City), Missouri; Roll: 894; Page: 7A; Enumeration District: 0207; FHL microfilm: 1240894 (Ancestry.com; Access date: 16 May 2017); Justin Claud Boulicault and Maria Peteuille Boulicault, Missouri Secretary of State Death Certificate Database (Available at: <http://s1.sos.mo.gov/records/archives/archivesmvc/deathcertificates>) Access date: 16 May 2017.

¹⁸ Gill, 562; Florence N. Levy, ed., *American Art Annual, Volume XIV* (Washington, D.C.: The American Federation of Arts, 1917), 301.

¹⁹ Gill, 562; Marcel Boulicault, "Standard Form of Application for Associateship," American Institute of Architects (St. Louis Chapter), Copy at AIA, 911 Washington Avenue, St. Louis, MO; Michael Allen, "The Mid-Century Modernism of Marcel Boucicault" (4 February 2013), Online article available at: <http://preservationresearch.com/north-st-louis/the-mid-century-modernism-of-marcel-boulicault/> (Access date: 12 May 2017).

²⁰ Matthew Bivens and Carolyn Toft, "Rott School," *National Register of Historic Places Registration Form*, 2005, 8:8. ; "M.J. Boulicault Architect, is Dead," *St. Louis Post-Dispatch* (3 February 1961), 15.

²¹ Gill, 562.

²² "Marcel J. Boulicault, Architect, Dies at 64." *St. Louis Globe-Democrat* (4 February 1961).

²³ Ibid.

²⁴ Colin Gordon, *Mapping Decline: St. Louis and the Fate of the American City* (Philadelphia: University of Pennsylvania Press, 2008), 167-168.

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across St. Louis since the bond issue was passed. Despite the claim that residents now had better access to municipal clinics, this was not the case for everyone.²⁵ Jefferson-Cass served neighborhoods well beyond those the former municipal clinic on Cass Avenue had addressed. The new health center on Jefferson Avenue may have been modern and larger than the clinics it replaced but it was segregated nonetheless. The building was strategically planned “in the heart of the heavily-populated Negro area of the city.”²⁶

By the time Jefferson-Cass Health Center opened in 1960, Pruitt-Igoe’s population and physical composition had begun to decline, which ultimately had a toll on the clinic’s viability.²⁷ Despite the short-lived use of the building, the clinic was well-received and frequently used by residents.²⁸ Among the clinic’s offerings were “comprehensive child health care, prenatal classes, obstetrics, family planning, X-rays and tuberculosis treatment.”²⁹ In 1970, the City of St. Louis closed “27 of the original 43 eleven-story structures” in Pruitt-Igoe and solicited redevelopment proposals.³⁰ At about the same time, the clinic was identified as “underutilized for lack of population.”³¹ This association came not from the clinic’s inability to adequately meet the needs of its patients, but shifts in population as new housing projects were constructed further east and south. In short, the clinic would no longer be within easy access to residents who most frequently came to the facility.

When the City made its decision to demolish Pruitt-Igoe in the early 1970s, plans were already underway to construct a new municipal health center that would replace Jefferson-Cass Medical Center. This new clinic – unlike those constructed under the 1955 bond – would be paid for using federal funds allotted through the Model Cities program (approved by the City in 1967).³² Jefferson-Cass Health Center closed in 1973, at which time the new healthcare facility, Lillian E. Courtney Health Center (currently Affinia Healthcare) opened at 1717 Biddle Street (**Figure 17**).³³ The former municipal clinic on N. Jefferson Avenue was used to support the city’s Human Development Corporation until the building was repurposed for the St. Louis Fire Department’s

²⁵ “Laclede Center’s Patients Now Going to New Offices,” *St. Louis Post-Dispatch* (6 March 1960), 19A.

²⁶ “Funds Sought to Fight Negro Infant Deaths,” *St. Louis Post-Dispatch* (7 May 1965), 4-A

²⁷ Katharine G. Bristol, “The Pruitt-Igoe Myth,” *Journal of Architectural Education* (Volume 44, No. 3, May 1991), 165.

²⁸ Interview with Lucky Cooks (telephone), 25 April 2017.

²⁹ St. Louis Housing Authority, 1974, 21.

³⁰ Carey K. Jenkins/Charles E. Fleming, Inc. and Ross & Baruzzini, Inc., “Pruitt-Igoe: A New Architectural and Environmental Concept in an Urban Community,” (Unpublished report prepared for St. Louis Civic Alliance for Housing, 1971), np.

³¹ “Summary and Conclusions of Pruitt-Igoe Action Program, Phase I&II,” Unpublished report available at St. Louis Public Library (Central Branch), (3 April 1972), 14.

³² Gerald M. Boyd and William F. Vogler, “Mayor Disputes Kamrad’s View,” *St. Louis Post-Dispatch* (7 April 1976), 1G; Clarence Lang, *Grassroots at the Gateway: Class Politics and Black Freedom Struggle in St. Louis, 1936 - 75* (Ann Arbor: University of Michigan Press, 2009), 194.

³³ Lucky Cooks Interview; Adele Heagney, Historian, St. Louis Public Library, Interview (9 May 2017).

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Headquarters, which opened in 1989. The building continues to be utilized in this capacity currently.³⁴

Criterion A: Health/Medicine Statement of Significance

Jefferson-Cass Health Center opened in 1960 and served African-American residents living primarily within the DeSoto-Carr, Jeff-Vander-Lou and St. Louis Place neighborhoods. As discussed, a large component of residents on the south end of this area resided in public housing constructed in the 1930s and 1950s. Prior to Jefferson-Cass Health Center, residents relied on a make-shift clinic located in a former drugstore at 1525 Cass Avenue (not extant, Figure 12).³⁵ Those living in the area served by Jefferson-Cass Health Center were among the city's neediest. Decades of segregation in all aspects of life – including healthcare – placed the city's African-American residents at the bottom rung when it came to quality of life issues. While whites were afforded the opportunity to overcome diseases such as tuberculosis and high infant mortality rates by the mid-twentieth-century, this was not the case for blacks. The fact remained that residents seeking healthcare at Jefferson-Cass Health Center were largely underserved prior to the clinic's opening in 1960. The clinic was a leading force in providing preventative healthcare and early treatments for black residents who had previously been denied access. Many treatments and preventative care techniques introduced at Jefferson-Cass Health Care Center were adapted by the City's public health facilities that opened in later years.

Among those who benefitted most from Jefferson-Cass Health Center were women and children. Statistics from Pruitt-Igoe indicate that by the time the clinic opened in 1960, 40% of the two projects' families were headed by women – not men. It was not a unique statistic among the city's African-American population.³⁶ A subsequent study of Pruitt-Igoe in 1965 indicated that 70% of the projects' residents were children under the age of 18 and that women outnumbered men by more than two to one.³⁷ Access to healthcare for this population had been spotty in years past – consisting of prenatal care provided by visiting nurses from People's Hospital (a segregated hospital established in 1899, approximately 0.8 mile southeast of Jefferson-Cass Health Center), basic services at free clinics such as the one at 1525 Cass Avenue and emergency care at public hospitals such as Homer G. Phillips.³⁸ Jefferson-Cass Health Center provided far more care than any existing or previously supportive facility in north St. Louis. Additionally, the clinic was designed to be a healthcare facility – unlike the clinic it replaced which had been a former commercial building. Among the clinic's offerings were prenatal care, family planning,

³⁴ Mark Schlinkmann, "One Building Set for 3 Arms of Fire Dept.," *St. Louis Post-Dispatch* (13 August 1987), 4A; Bill Bryan, "Firefighters' Offices Dedicated," *St. Louis Post-Dispatch* (16 February 1989), 3a.

³⁵ St. Louis Housing Authority, 1974, 21.

³⁶ "Mayor's Unit, Pruitt and Igoe to Meet," *St. Louis Post-Dispatch* (2 October 1960), 11A.

³⁷ Rainwater, 13.

³⁸ Lucky Cooks Interview; Community Council of St. Louis and St. Louis County, *Directory of Social Agencies of St. Louis and St. Louis County* (St. Louis: Self Published, 1929), 138; "A Short History of Peoples Hospital, St. Louis, Mo." *Journal of the National Medical Association* (February 1938), 16.

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obstetrics, dental care, children's health services (including inoculations), availability to X-rays and tuberculosis treatment – the latter of which remained a scourge of the African-American community well into the 1960s.³⁹

Also of concern to Missouri's public health officials in the 1960s was the health of mothers and children. The state's Department of Health and Public Welfare established in 1945 provided oversight for such services. Prior to that time, Missouri's sole health focus in relation to mothers and babies was to prevent "maternal and fetal deaths."⁴⁰ After 1945, the state began to promote prenatal care, postnatal care, and extended child healthcare through pre-school. Despite the extended agenda, however, Missouri continued to witness higher premature delivery and infant death rates than did other states. This was particularly the case for African Americans, as demonstrated by St. Louis' own statistical data.⁴¹ When Jefferson-Cass Health Center opened in 1960, the city's African American population averaged 45.5 deaths per 1,000 babies (as compared to white citizens, for whom the rate was 30 deaths per 1,000 babies). By 1963, this statistic (for African Americans) had dropped to 37.3 deaths per 1,000 babies. The change is attributed in large part to prenatal services, particularly those offered at Jefferson-Cass Health Center. The facility served as a "model clinic" for "comprehensive . . . prenatal and postnatal care" throughout the 1960s.⁴² The program led the way for all of St. Louis' municipal clinics which addressed the needs of the city's black residents. Additionally, the clinic worked closely with premature baby programs at the city's two hospitals providing delivery services for African-American women – Homer G. Phillips and City Hospital at Lafayette Avenue and S. 14th Street (NRL, 2000).⁴³ Another groundbreaking preventative program for women's health occurred in 1966 when Jefferson-Cass Health Center began to offer free Pap smears.⁴⁴ The technique was a relatively new breakthrough that had not been widely used in the United States until the 1950s.⁴⁵

During the mid-1960s, Jefferson-Cass Health Center began to receive federal grants that initially advanced the clinic's services. The grants were a result of President Johnson's War on Poverty agenda, which fell under the Economic Opportunity Act of 1964.⁴⁶ Under the initiative, communities gained access to federal funding for a variety of social services, including healthcare, in an effort to reduce poverty that had risen since 1960.⁴⁷ In addition to generating

³⁹ Berg, 193; "Laclede Center's Patients Now Going to New Offices."

⁴⁰ "Department of Health and Public Welfare," *State of Missouri Official Manual for the Years 1959-1960* ([Jefferson City]: Missouri Secretary of State, [1960]), 609, 617.

⁴¹ *Ibid.*, 617.

⁴² "Funds Sought to Fight Negro Infant Deaths," 4-A.

⁴³ *Ibid.*

⁴⁴ "Free Cancer Tests for Women Offered," *St. Louis Post-Dispatch* (10 April 1966), 7H.

⁴⁵ Patricia A. Shaw, "The History of Cervical Screening I: The Pap. Test," *Journal of Obstetrics and Gynaecology Canada* (February 2000), 110.

⁴⁶ Jeffrey D. Buchanan, "Urban Renewal in DeSoto-Carr: Citizen Participation Comes of Age," *Journal of Urban and Contemporary Law* (1970, annual edition), 103.

⁴⁷ Kent Germany, "Lyndon B. Johnson: Domestic Affairs," University of Virginia, Miller Center (Available at: <https://millercenter.org/president/lbjohnson/domestic-affairs>), Access date: 19 January 2018.

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funds for the clinic to conduct the types of support it had always provided – such as family planning, vaccinations and preventative types of care – the federal money supported salaries that allowed the clinic to hire its own doctors, nurses and staff. Additionally these funds allowed the clinic to purchase new equipment that advanced the level of care for patients. This was a first for residents living in north St. Louis. As such, the health center once again served as a demonstration program for municipal clinics constructed in later years.⁴⁸

As Johnson's War on Poverty progressed, new initiatives did not serve the clinic's needs as well as anticipated. Medicare (for the elderly) and Medicaid (for the poor) programs were established in 1965.⁴⁹ While these programs worked well in some respects, they increased provider costs and slowed the delivery of services at the clinic.⁵⁰ Another Johnson-era agenda that had a negative impact was the Model Cities Act, initiated in 1966 and adopted by St. Louis in 1967.⁵¹ The federal health agenda for those who treated the poor – intended to assist facilities such as Jefferson-Cass Medical Center – backfired. In the case of Jefferson-Cass Health Center, those in charge of operations felt that the programs introduced more problems than solutions. As a result, administrators reduced the range of treatments to sustain services, rather than risk losing what strides had been made.⁵² As had been the case many times in St. Louis, public officials failed to use the federal funds for what was intended. Bureaucratic requirements under Model Cities initiatives led many who worked with poor residents to pass on the federal funds. This was further complicated by a "looming fiscal crisis" and once the Nixon administration entered the picture, Model Cities programs were no more.⁵³

In reaction to the reduction of services at Jefferson-Cass Medical Center, an alternative free clinic opened in 1970, spearheaded by Pruitt-Igoe residents.⁵⁴ Known as the Pruitt Igoe Action Center, the clinic operated five evenings a week in the public housing projects' community center. The program was staffed by volunteer faculty and students from Washington University's Medical School. Pruitt Igoe Action Center provided free "medical treatment with donated equipment, donated drugs, donated quarters and a donated staff" that seemed unconcerned "with red tape."⁵⁵ Initially, the clinic used Model Cities money but, as had happened at Jefferson-Cass Health Center, this program's participants found it easier to treat patients without the program's restrictions.⁵⁶ Pruitt Igoe Action Center closed by the early 1970s, as did Jefferson-Cass Health Center. The timing of both closures coincided with plans to demolish Pruitt-Igoe. A new

⁴⁸ "Yeatman Agency Program \$365,000 Grant for Clinic," *St. Louis Post-Dispatch* (30 June 1968), 12A.

⁴⁹ Medicaid.org, "Program History," Available at: <https://www.medicaid.gov/about-us/program-history/index.html> (Access date: 18 January 2018).

⁵⁰ Robert K. Sanford, "Red Tape in Medical Care," *St. Louis Post-Dispatch* (28 May 1970), 1E.

⁵¹ Buchanan, 103; Boyd, 1G.

⁵² Sanford, 4E.

⁵³ Gordon, 176.

⁵⁴ *Ibid*; St. Louis Housing Authority, 1974, 21.

⁵⁵ Sanford, 4E.

⁵⁶ *Ibid*.

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healthcare center at 1717 Biddle Street – Courtney Clinic – opened when Jefferson-Cass Health Center Closed in 1973. Courtney Clinic was funded through the Model Cities program – the source that Jefferson-Cass Health Center and Pruitt Igoe Action Center had been unable to effectively utilize (**Figure 18**).

During its 13 years of service to residents living in north St. Louis, Jefferson-Cass Medical Center made profound improvements in the lives of many. While the clinic operated no differently than did most municipal health agencies of the 1960s, the facility’s impacts are noteworthy. For the African-American community, the clinic was a first – a modern, state of the art health center designed to serve its purpose. The clinic provided care and treatments that although standard in the care of those who could afford to pay for such services (i.e., white middle- and upper-class citizens), was not offered to the City’s poorest residents who were largely African-American. In this capacity, Jefferson-Cass Health Center was a model for the municipal clinics that succeeded the facility. Through basic preventative care and modern medical treatments, the clinic played a major role in reducing the infant mortality rate and eradicating diseases such as tuberculosis and polio within the broader African-American community.

Conclusion

The former Jefferson-Cass Health Center at 1421 N. Jefferson Avenue was constructed in 1958-59 to support residents living in north St. Louis City. Funded under the city’s 1955 bond, the clinic provided healthcare for an underserved community largely populated by African-Americans. The clinic opened in 1960, providing preventative care and medical treatments for many who previously had little or no access to healthcare. Jefferson-Cass Health Center is significant under Criterion A: Health/Medicine. The building was used as a municipal clinic until 1973 when a federally funded facility opened at 1717 Biddle Street. Throughout its years of use as a medical facility, the clinic was on the forefront of the ever-evolving field of medicine – often serving as a demonstration model for treatments that later municipal clinics adopted. In 1989, the property was repurposed as the St. Louis Fire Station Headquarters, which remains the case currently. The period of significance relates to the building’s viable years of use as a municipal health clinic, 1960 - 1970. The period of significance (at the time of nomination) is just under 50 years of age. Because the period of significance is integral to the property’s nomination under Criterion A, Jefferson-Cass Health Center meets Criterion Consideration G. The associated level of significance is local.

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Jefferson-Cass Health Center
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Verbal Boundary Description

The boundaries for Jefferson-Cass Health Center surround six legally defined parcels associated with the building per the City of Louis' Assessor's Office. These parcels are identified as: 1421 N. Jefferson Avenue (Block 923); 2600 Cass Avenue (Block 1842); and four parcels on Elliott Avenue (Block 973): 1338, 1340, 1342 and 1344-46.

The parcel associated with 1421 N. Jefferson Avenue consists of 29,500 square feet.
The parcel associated with 2600 Cass Avenue consists of 49,321 square feet.
The parcel associated with 1388 Elliott Avenue consists of 1,588 square feet.
The parcel associated with 1340 Elliott Avenue consists of 1,656 square feet.
The parcel associated with 1342 Elliott Avenue consists of 1,598 square feet.
The parcel associated with 1344-46 Elliott Avenue consists of 4,262 square feet.

Boundaries follow the footprints of the above parcels – all of which are associated with the building constructed in 1960. The boundaries are surrounded by public sidewalks flanking Cass Avenue (north) and Jefferson Avenue (east); Elliott Avenue (west) and the parcel definitions for 1421 N. Jefferson and 1388 Elliott Avenue (south).

Verbal Boundary Justification

The boundary includes six parcels historically associated with Jefferson-Cass Health Center. The definitions of the parcels have not been altered since the building was constructed in 1960.

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Jefferson-Cass Health Center
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Noncontributing Resources (4):
Parking Lot, Utility Tower, Outbuilding, Bust

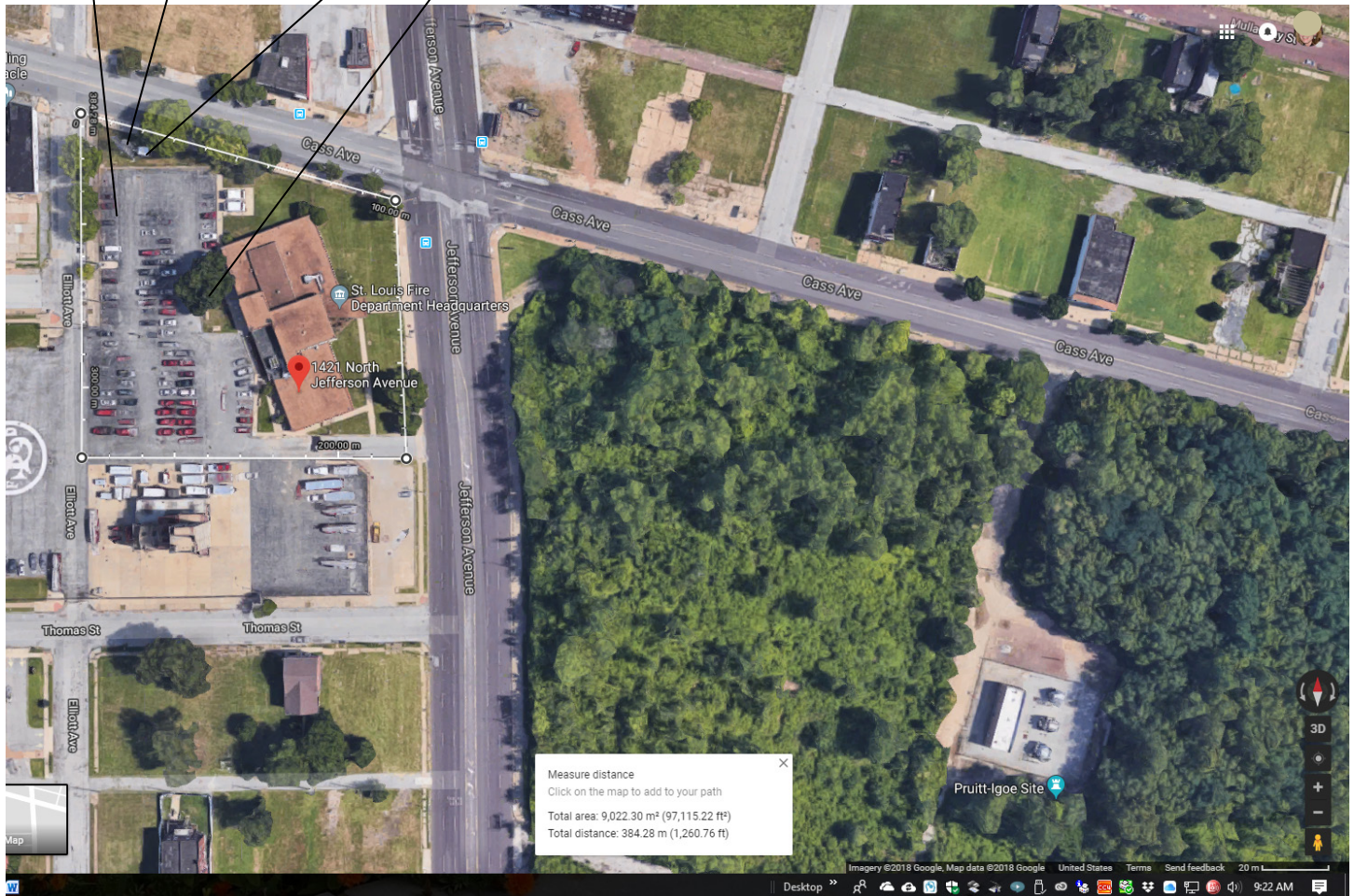


Figure 1. Jefferson-Cass Health Center. Boundary Map. Source: Google.com. [Latitude: 38.644702 / Longitude: -90.213380]

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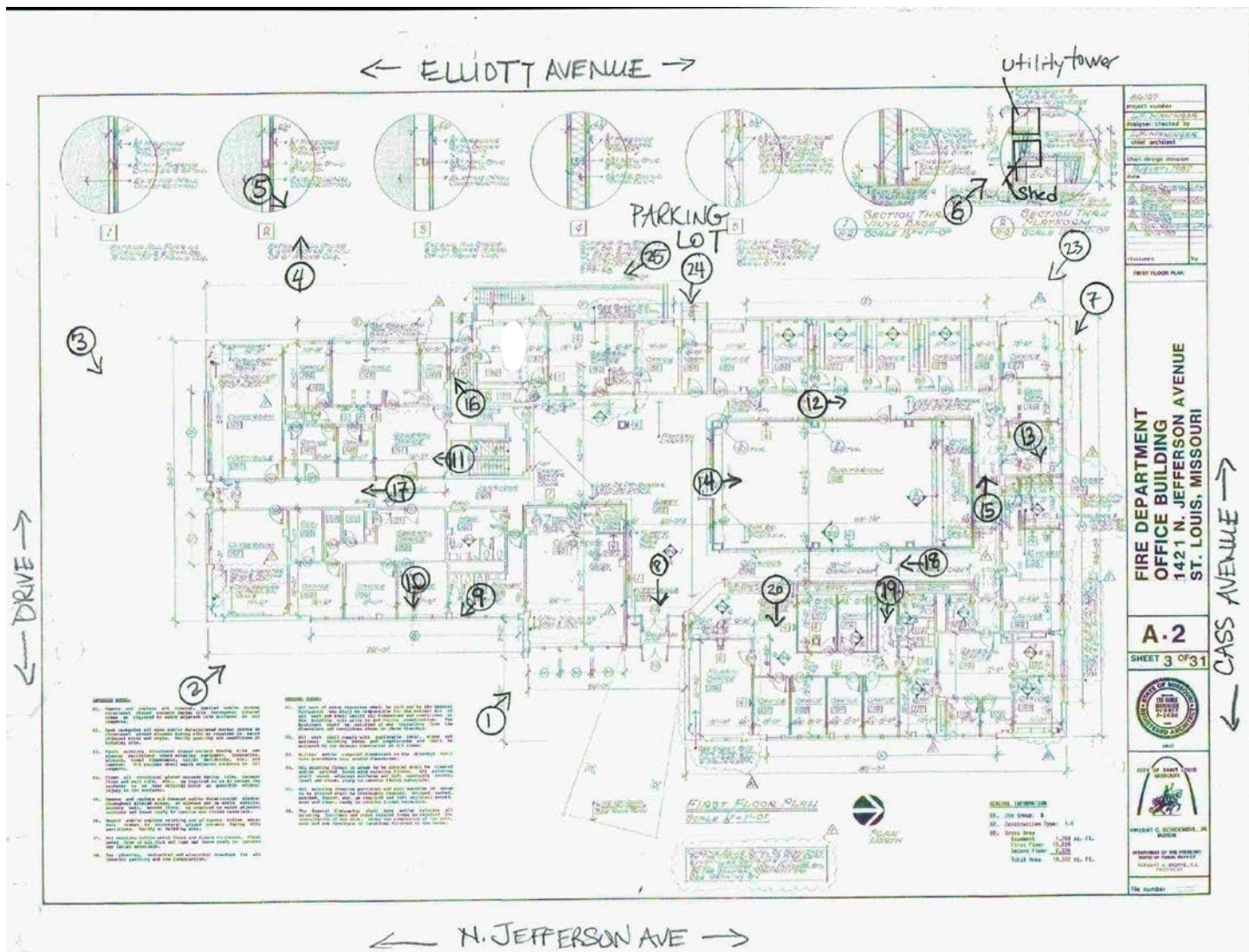


Figure 2. Photo Map and Current Floor Plan, Exterior and First Floor. Provided by St. Louis Fire Department, City of St. Louis, MO.

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Jefferson-Cass Health Center
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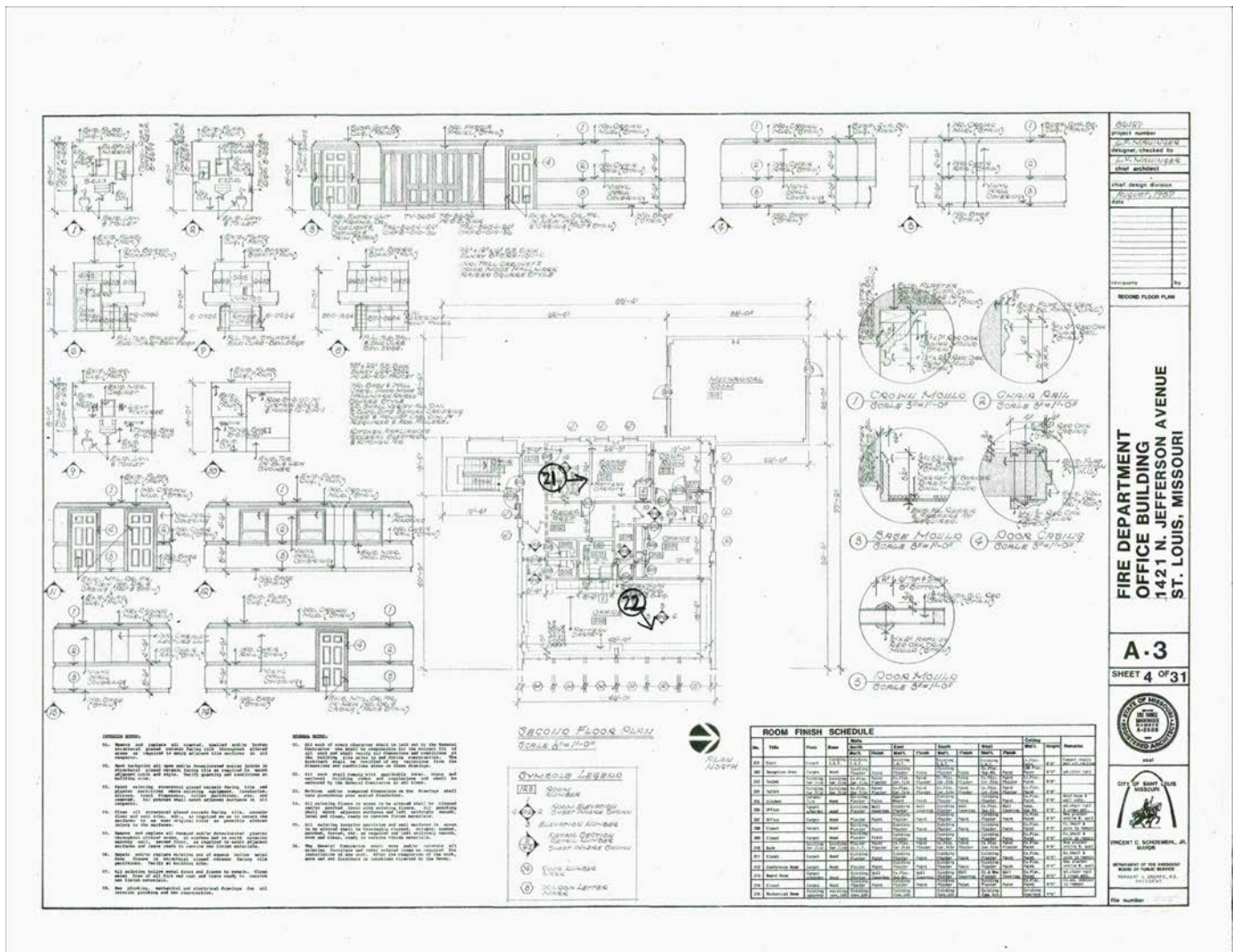


Figure 3. Photo Map and Current Floor Plan, Second Floor. Provided by St. Louis Fire Department, City of St. Louis, MO.

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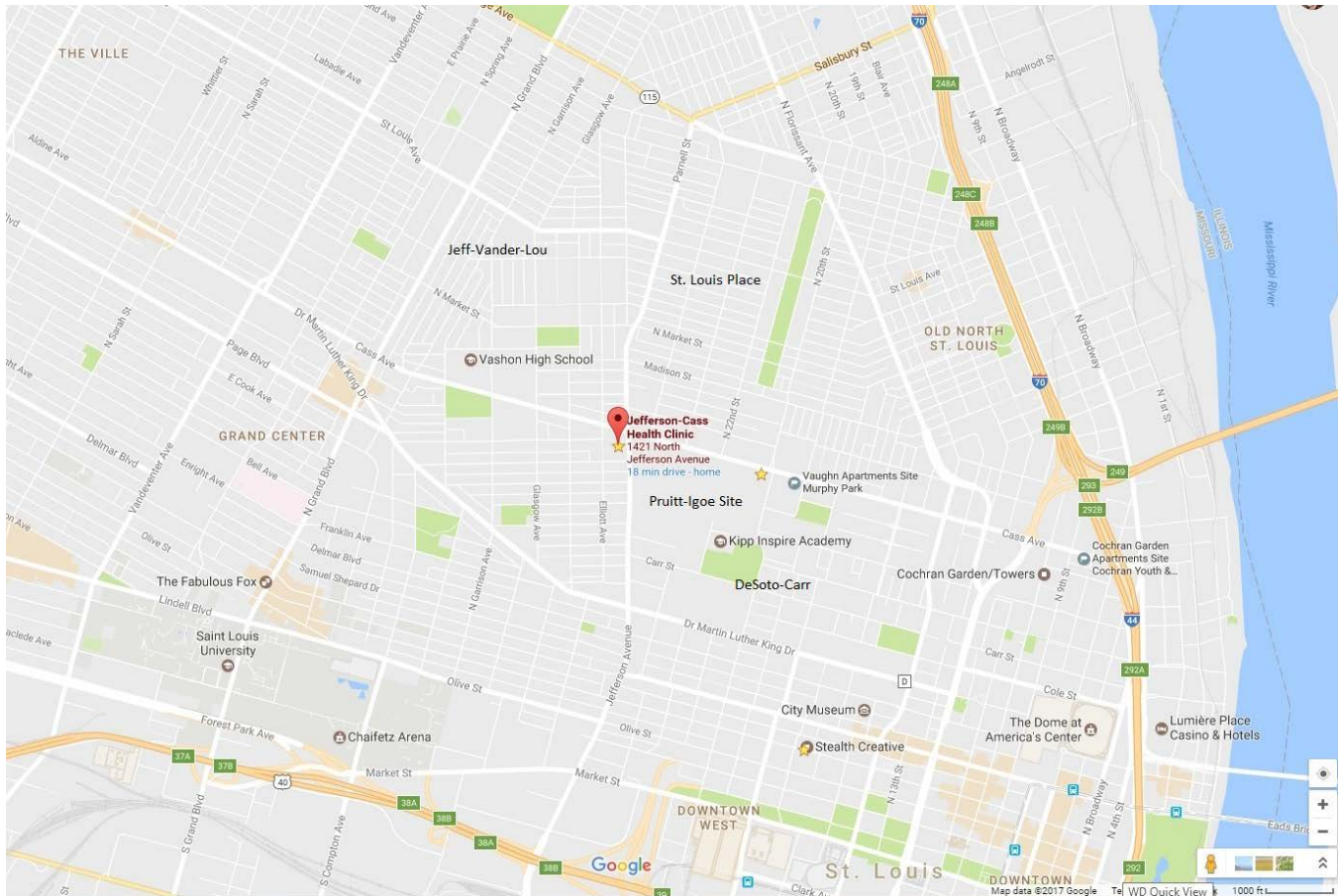


Figure 4. Location Map, 1421 N. Jefferson Avenue (Jefferson-Cass Health Center). Source: Google.com.

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Figure 5. Memorial fireman's bust and benches behind the former clinic, view is northeast (Photo: Ruth Keenoy).

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Figure 6. The parking lot, practice tower and associated entry gate/drive south of the former health clinic are outside of the property's National Register boundaries (Photo: Ruth Keenoy).



Figure 7. Detail of rear privacy wall near entry; view is south (Photo: Ruth Keenoy).

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Figure 8. Statue of St. Florian, view is west (Photo: Ruth Keenoy).

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Figure 9. Original exam room door, view is northeast (Photo: Ruth Keenoy).

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Figure 10. Wrapped windows retain original aluminum framing, as illustrated by the open window in this photograph (Photo: Ruth Keenoy).

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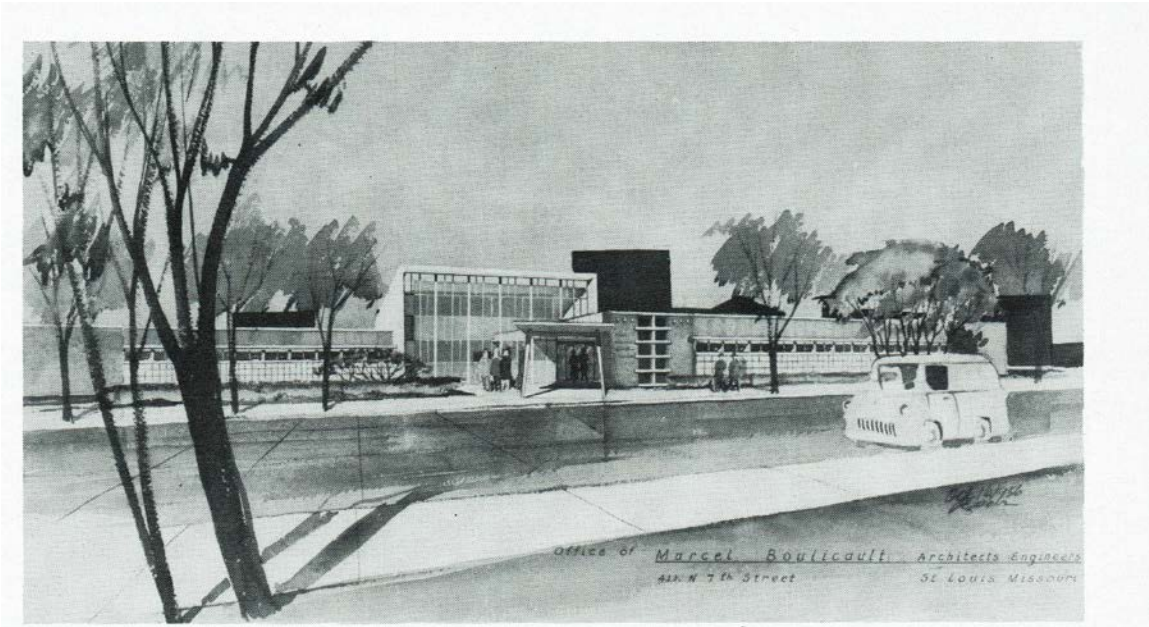


Figure 11. Architectural rendering of Jefferson-Cass Health Center (Source: American Institute of Architects, *Progress Through Architecture*, p. 15).

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Figure 12. Photograph of clinic at 1525 Cass Avenue replaced by Jefferson-Cass Health Center (Source: Oliver F. Fink, "A New St. Louis," *St. Louis Post-Dispatch, Pictures*. 8 May 1955: 5).

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ST. LOUIS, MO., AND ADJACENT AREAS BY CENSUS TRACTS
Part 1.—Tracts in St. Louis city

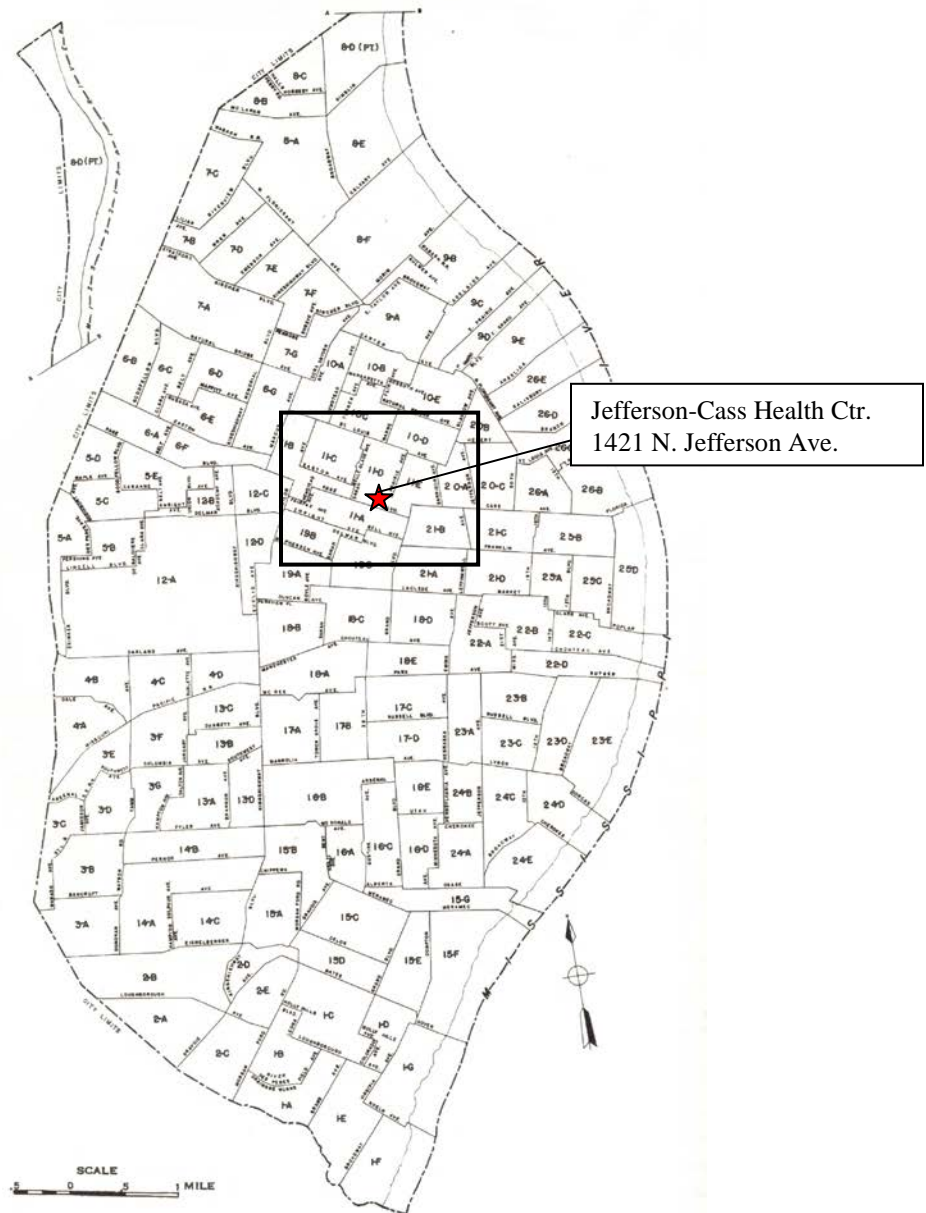


Figure 13. United States Census Tracts, St. Louis City, MO, 1950. Jefferson-Cass Health Center served residents living within the rectangular area, which encompasses the DeSoto-Carr, Jeff-Vander-Lou and St. Louis Place neighborhoods (Source: "1950 Census Tracts," Available at: <https://libraries.indiana.edu/1950-census-tracts>).

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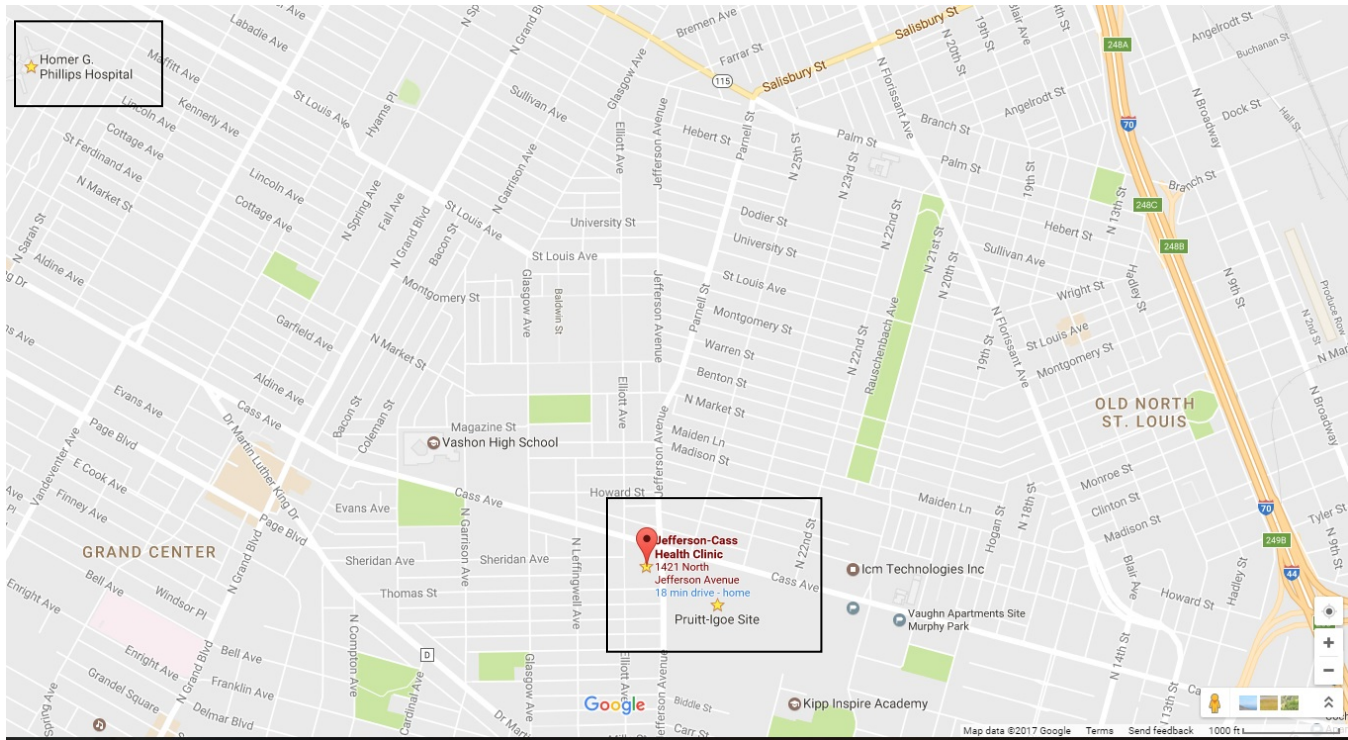


Figure 14. Location of Homer G. Phillips Hospital (northwest corner of map) and Jefferson-Cass Health Center (lower center of map). Source: Google Maps.

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Figure 15. Homer G. Phillips Hospital, shortly after the building opened (c. 1937). Source: Pierre Blaine, "Remembering Homer G. Phillips Hospital," *St. Louis American* (16 February 2012). , Available at: http://www.stlamerican.com/black_history/remembering-homer-g-phillips-hospital/article_521610fa-5842-11e1-86d5-0019bb2963f4.html Access date: 18 January 2018.

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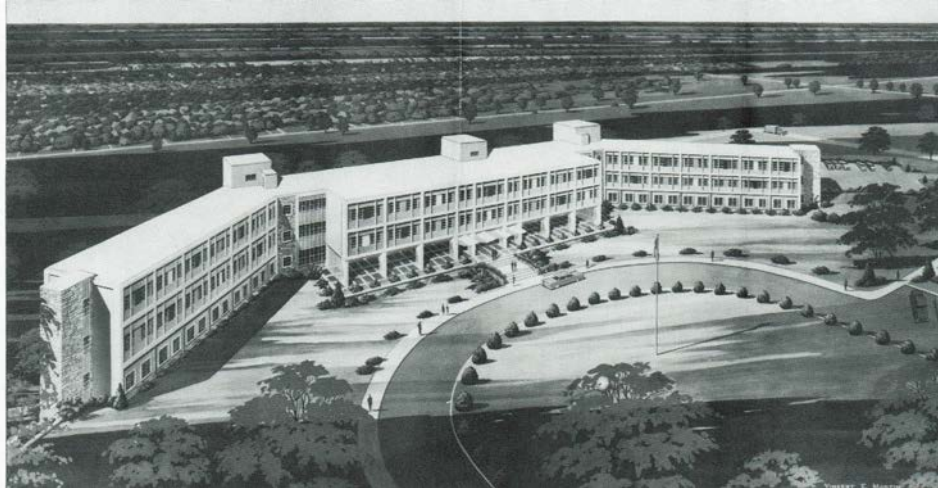


Figure 16. Kohler Building, St. Louis State Hospital, demolished (Source: American Institute of Architects, *Progress Through Architecture*, p. 15).



Figure 17. Affinia Healthcare (formerly Courtney Clinic) at 1717 Biddle Street opened in 1973, at which time the Jefferson-Cass Health Center closed (Photo: Ruth Keenoy).

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Figure 18. Publicity photo, opening of Courtney Clinic (Source: *St. Louis Post-Dispatch*, 27 July 1973, p. 3C).



ST. LOUIS FIRE DEPARTMENT

1421















Training & M	
Table 4 Time	
Mon, Jan 8, 2017	Recruits -
0800-1200	Recruit Pro
1300-1700	Exam Work
1800-2100	
Tue, Jan 10, 2017	Recruits -
0800-1200	Safety M
1300-1700	
Wed, Jan 11, 2017	Recruits -
0800-1200	















EXIT



10543

EXIT





EMERGENCY
EXIT ONLY
ALARM WILL
SOUND

EXIT



014

Deputy Chief Michael Aron
& Staff - Social Operations











014 FIRE PREVENTION

ST. LOUIS FIRE DEPT



