

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 St. Elizabeth Hospital

other names/site number N/A

2. Location

street & number 109 Virginia St. N/A not for publication

city or town Hannibal N/A vicinity

state Missouri code MO county Marion code 127 zip code 63401

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended,
I hereby certify that this X 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 X 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 X local

Mark A. Miles

JUNE 22, 2012

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

Date

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 _____

St. Elizabeth Hospital
Name of Property

Marion County, Missouri
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.)

- private
- public - Local
- public - State
- public - Federal

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

Contributing	Noncontributing	
2		buildings
		sites
		structures
		objects
2		Total

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

Number of contributing resources previously listed in the National Register

N/A

0

6. Function or Use

Historic Functions
(Enter categories from instructions.)

Current Functions
(Enter categories from instructions.)

HEALTH CARE/hospital

WORK IN PROGRESS

7. Description

Architectural Classification
(Enter categories from instructions.)

Materials
(Enter categories from instructions.)

LATE VICTORIAN/Renaissance
MODERN MOVEMENT

foundation: CONCRETE
walls: BRICK
STUCCO
roof: STONE/Slate
other: STONE/Limestone

St. Elizabeth Hospital
Name of Property

Marion County, Missouri
County and State

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.

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.

Areas of Significance

HEALTH/MEDICINE

Period of Significance

1915-1965

Significant Dates

1915

1956

Significant Person

(Complete only if Criterion B is marked above.)

N/A

Cultural Affiliation

N/A

Architect/Builder

Monnot, C.L.

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): _____

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**St. Elizabeth Hospital
Marion County, MO**

SUMMARY

The St. Elizabeth Hospital complex at 109 Virginia Street in Hannibal (Marion County), Missouri, consists of a series of irregularly configured, interconnected buildings and additions, a separate one-story rectory, and associated parking areas and driveways. A large hospital parking lot across the street to the east is not included. A small strip of grass parallels Virginia Street between the public sidewalk and the hospital's primary (east) facade with narrow parking lots at the north and south ends of the property. The complex was built in six stages between 1915 and 1973 (see Figure 4, site plan by Z. R. Zachry, but note that some of his dates are off by one year). The hospital is primarily a three-story with raised basement, red brick building that forms a long, linear facade along Virginia Street with intersecting wings that extend westward. Nestled between these older rear wings is the taller, non-historic, 1973, five-story red brick pier and stucco spandrel addition that has an open basement level utilized for ambulance and doctor's parking; it is the one segment of the building that stylistically diverges from the rest of the complex, and is outside the period of significance of 1915-1965. Along Magnolia Street in the rear are two, one-story, red brick, flat-roofed facilities flanking the back of the 1973 wing—the laundry and boiler house addition with its tall smokestack and the separate building most recently used for doctor's offices and lounge, but probably originally built in 1956 as the priest's housing given the stone cross finial above the round arched central pavilion.

The original 1915 building has small hipped dormers flanking the cross gabled slate roof on the facade and rear. It utilized Second Renaissance Revival features in its design, evident in Classical Revival features such as the Palladian style window in the facade gable end, the large round arched openings on the 1.5 story, brick portico centered on the facade, and the limestone highlights, including the round arched and flat lintels, sills, and belt course that visually divide the facade elevations into a raised watertable (basement), shaft, and arcaded top floor capped by a copper gutter that forms a pronounced cornice at the roofline. This same Second Renaissance Revival influence is evident in the 1922 sun porch wing on the south end of the building, which is divided into a raised watertable, shaft and attic-like parapet feature by the contrasting limestone courses. It also has classical features evident in its flat pilasters separating the bays of windows and small frieze panels below each window. The 1940 chapel wing, a modest Romanesque Revival that is centered on the back of the 1915 building, incorporates the same cross gabled slate roof design but has corbel tables in the stone capped parapeted gable ends and the shorter apse has hipped roofs flanking the parapeted gable end with its ocular window. The 1956 rectory building is a small, one-story brick building with a colonnaded pavilion that shows Classical Revival stylistic influences.

SETTING

The hospital is located approximately ten blocks west of the Maple Avenue Historic District (NR listed, 11/21/02), where Broadway splits at a Y-shaped intersection to form Broadway Extension

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and Market Street. This intersection is approximately ten blocks from the historic central business district that parallels the Mississippi River. The hospital property is basically flat, although the surrounding neighborhoods are hilly. The property extends north from Broadway past the Grace Street intersection between Virginia Street on the east and Magnolia Street on the west. It is surrounded primarily by the hilly residential neighborhoods of early twentieth century houses, although Broadway Extension has some small commercial/warehouse buildings. This extra-long city block extends north to Bird Street, the northern two-thirds of which consists of single family houses that face both Virginia and Magnolia, with an alley behind the houses terminating in the small parking lot on the north side of the hospital property. The northern boundary of the hospital property is slightly north of the T-shaped intersection of Virginia Street and Grace Street but, because of the steep bluffs in Hannibal, the area to the northeast of the hospital is still an undeveloped wooded hilltop that extends east to the Maple Avenue Historic District.

SEQUENCE OF CONSTRUCTION

Built as a series of additions with the original 1915 hospital forming the south end of the facade paralleling Virginia Street on the east side, near the southern end of the rectangular lot at Broadway Extension. The original, twelve-bay wide hospital building is rectangular in shape with what was the original main entry centered in the facade. In 1922, a narrow, one-bay wide, addition was added along the south side, probably first used as sun porches for the patients and visitors. In 1928, six bays were added on the north end, extending the side gabled, slate roof. The 1940 chapel wing extends west, centered on the rear of the 1915 original building and these two wings still form the southern elevation of the complex. Directly behind the chapel, and facing Magnolia Street, is a separate, one-story, red brick, flat parapet roofed building that was serving as doctor's offices by 1980 but probably was built as housing for the priests in 1956. The current facade on Virginia Street was completed by the ten-bay addition at the north end of the hospital in 1956—a brick, three-story plus basement wing with a flat, parapet roof that is still brick and three stories plus a basement. This 1956 wing is L-shaped, extending to the west along the north end of the complex. Projecting out from the south end of the facade of the 1956 addition is the new main entry to the hospital. Because the lot slopes slightly downhill toward the west, attached at the basement level along the north side is a third major entry, this one serving the new emergency room. At the rear (west end) of the 1956 wing is a narrow hallway extension from the main 1956 wing that connects to the rectangular one-story, flat-roofed, red brick, laundry and boiler room wing also completed in 1956 to parallel Magnolia Street at the north end of the complex. It includes a distinctive, tall, eight-story high, red brick, smokestack. Nestled between the north leg of the 1956 wing and the 1940 chapel wing, is the 1973 addition, which is basically L-shaped, with the base of the L attaching behind the 1928 and 1956 additions along Virginia Street and the top of the L extending to the public sidewalk along Magnolia Street between the laundry/boiler room and priests' residence.

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ORIGINAL 1915 HOSPITAL

The original hospital is a rectangular red brick building of three stories with a raised basement. A cross-gabled, slate roof forms slightly projecting central bays on both the facade (east) and rear elevations. The facade is twelve bays wide, with four bays in the central cross-gabled section. The edge of the roof is trimmed with copper molding on the gable end and large, copper gutters that form cornices on either side. The rhythmic fenestration pattern is aligned vertically in each bay on all four levels, originally with two-over-two wood sashed windows. The first and second floors have rectangular window openings and the third floor has round arched top windows, all with dressed limestone lintels and sills. At the basement level, there is a continuous dressed limestone lintel course and sill, which forms the base of the facade. Centered in the gable end of the facade is a Palladian style window, also with a dressed limestone sill and lintel, but the center round arched section is actually a niche with a stone religious statue and flanking transomed, sashed windows. A bronze crucifix serves as a finial at the end of the gable.

Centered on the facade is a projecting, parapeted, one and one-half-story high, flat-roofed, red brick entry. Dressed limestone outlines the large round arched opening on each side, with the facade arch engraved ST. ELIZABETH HOSPITAL. The limestone on the facade arch continues to the base of the opening where there are three waterfall stairs leading down to a landing pad next to the public sidewalk. Narrow projections of brick, with stone ledges frame the corners at the facade and stone also caps the parapet with rounded projections at the facade corners and a narrow stepped parapet section centered on the facade with a small stone cross finial. A projecting brick stringcourse is at the base of the parapet.

The fenestration pattern of the rear elevation is similar to that of the facade, although the south section has five vertical bays instead of four, with paired windows next to the center gabled bay section. Both ends and the center section on the rear are no longer exposed, having been modified with the attachment of later additions, but the attic level gable end on the south side has paired segmental arched windows connected by a large brick segmental arched lintel. On either side of the cross gabled bays, facing the facade and rear elevation, are hipped roof dormers with slate roofs and slate side walls. They appear to have had round arched, one-over-one sashed windows since pieces of the sash are still visible on the rear. The flat-roofed elevator penthouse is nestled into the center of the roof, slightly north of where the ridge boards meet.

1922 ADDITION

Across the south end of the original hospital is a parapeted brick, three-story plus basement addition that is only one bay wide on the facade and rear elevations. On the south elevation are five bays of windows. Each bay on all three elevations is framed by brick pilasters with stepped limestone capitals at the third floor lintel which is a continuous soldier course of brick below a projecting limestone cornice that visually forms the base of an attic-like parapet that is now

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capped with metal. Between the first, second and third floors, there are recessed brick friezes. The second and third floors have limestone sills between the pilasters, but the first floor has a continuous limestone belt course that forms its sill. The basement has a continuous broad limestone lintel and sill course, matching the original building and forming a watertable line to define the base of the building. Each window opening consists of a broad, central, four-over-one, wood sashed window flanked by slender, one-over-one wood sashed windows with deep mullions between the sashes.

1928 ADDITION

The 1928, three-story plus raised basement addition is rectangular and has contiguous brick walls, copper gutter/cornice and slate roof with the original building, as well as the same limestone lintels and sills as the original 1915 hospital. The only variation to the design is that the six bays of windows are one-over-one, sashed windows on the first and second floors and steel casement windows on the third floor. The windows are paired in all but the northern two bays. The rear elevation has a similar fenestration pattern, although positioned slightly differently to accommodate what was probably fire escape doorways aligned vertically on the south end. Although the transomed, half-light doors remain, the staircase is missing.

1940 CHAPEL ADDITION

The Romanesque Revival design of the red brick 1940 chapel addition blends well with the main hospital, but helps distinguish its separate function, as does the distinctive apse at the west end of this wing. It has parapeted gable ends with corbel tables and limestone caps. The chapel is connected at the central cross gable on the rear of the original hospital. As a consequence, the roofline of the section adjacent to the original building is slightly shorter, basically flat with a gabled center, but when viewed from the south, along its long south elevation, the main roof is side gabled with a cross gable with two widely spaced window bays. To the east of this projecting cross-gabled bay are two bays of windows and to the west are four bays of windows. Most third floor windows are multipaned, steel casements with transoms (probably to help distinguish it as the new residence for the nuns). In the cross-gabled bay and the bays to its east, windows are generally wood sashed (one-over-one) on the first and second floors while the western bays, where the chapel is actually located, has round-arched, steel-framed window openings with matching first floor stone sill heights which extend to the second floor. Originally stained glass, these are now Plexiglas. The bays of windows are vertically aligned with the basement level windows. Small attic windows are centered in each gable end. The windows have limestone sills and there is a high limestone watertable that extends up to the middle of the basement windows, which are separated from the main shaft of the building by the broad, continuous limestone lintel on the basement windows. Between the chapel windows and third floor windows is a crenellated brick course and a band with a series of square limestone frieze panels with raised stylized crosses. These panels are part of a course with soldier brick at the top

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and bottom and cross-patterned brick between the limestone panels. Also in the gable ends is a continuous limestone course between this band and the third floor windows. This wing also has a slate roof and copper gutters that form a cornice on each side of the building. On the north side of this wing, the projecting gabled bay is split by a large brick end wall chimney with a simple half-light, one panel door and concrete stoop with pipe rails in the basement level to the east of the chimney. There is also another doorway into the basement, directly east of this bay. On this north elevation, the window pattern is not as rhythmic but is similar to its south side.

On the west end of the chapel wing, below the decorative band of brick, is a hipped roof apse that is one story (and raised basement) flanking the central gable end (with parapeted gable wall capped in limestone) that is two stories (with basement) tall. In the second floor of the parapeted gable end is an ocular window framed with limestone. There are steel casement windows in each hipped wing section of the apse on all three elevations as well as basement window openings, a raised limestone watertable and a continuous limestone basement lintel course, connecting it visually to the remainder of the chapel. The apse is slightly wider than the south end of the chapel.

1956 ADDITION

The 1956 three-story with raised basement, red brick addition is L-shaped, extending from the north end of the 1928 addition to form the continuous east facade as well as the north wall of the hospital complex. Unlike the earlier wings, this section is a simpler mid-century modern design with a flat roof with limestone parapet caps. This wing is basically ten bays wide along the east facade and sixteen bays along the north elevation.

On the facade, three of these bays are housed in a slightly projecting entry bay, one bay from the south end of this addition. The parapet cap of this projecting entry bay has a broader limestone cap at the parapet with a stone detail centered on the facade at the parapet above two recessed vertical frieze panels that extend from this detail down to two second floor window openings. On either side, the second and third floors have a single window, like the other windows in this addition, aluminum framed, two-over-two horizontal light sashed windows with limestone sills.

Spanning this entry bay is a projecting one and one-half story, dressed limestone block, flat roofed entry vestibule that is T-shaped, divided into three bays with the center bay projecting closer to the street. The center bay has a slightly higher parapet with a simple entablature-like panel with "St. Elizabeth's" carved into it. On either side, the parapet has a stylized band at the roofline with a series of protruding stylized crosses surrounded by small squares and rectangles of stonework below a scalloped dentil-like stone band and projecting flat stone cap. On the outer two bays, both on the facade and south side, there is a window opening consisting of a fixed plate glass aluminum framed window with five-light sidelights. On the sides of the central projecting entry bay are five-light aluminum framed windows mirroring these sidelights. In the center bay is

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a brown granite framed opening with a tall, multipaned, aluminum framed transom over the paired aluminum framed glass doors to the interior vestibule. Six brown granite steps span the center bay and are flanked by dressed limestone wing walls that retain the original aluminum pole lights with a mid-century modern stylistic design. On the north side, the original window opening has been modified into an aluminum framed, ADA-accessible entry with a concrete ramp with metal railings installed parallel to the facade of the 1956 wing.

South of the entry bay, the windows are smaller and narrower, and the north end bay has paired windows. The basement level is faced with dressed limestone, forming a high watertable and there is a broad band of limestone forming the third floor lintels, which visually creates a narrow parapet on either side of the central entry bay. This same fenestration pattern, stone watertable at the basement level, the third floor continuous stone lintel, and the two-over-two aluminum sashed windows continues in the other three elevations, but the window pattern varies and is not rhythmic, with few windows on the west elevation. On the west and south sides, the basement level is brick with a limestone lintel continuous band.

On the north elevation, at the basement level, because of the lower grade, there is another dressed limestone, flat-roofed entry that served as the entrance to the emergency room. Its parapet is stepped similar to the central bay on the entry vestibule on the facade with what was historically an overhead door slightly below grade under a non-historic flat canopy. To the east of the doorway is a slender five-light aluminum framed window and on both the east and west elevations are what appear to be additional doorways.

On the rooftop, a large penthouse that spans north from the entry bay is recessed about three bays and flush with the north elevation. Its detailing is similar to the main facade, with a flat roof with limestone caps on the parapets of the brick walls. There is a broad limestone course separating the parapet and forming the lintel to the windows and doorways. This penthouse houses a large mechanical room as well as the elevator penthouse for the 1956 wing.

LAUNDRY AND BOILER ROOM ADDITION

As part of the 1956 expansions, there was also a one-story (with basement completely below grade), flat-roofed, brick laundry and boiler room built along Magnolia Street, connected by a narrow, enclosed passageway to the west end, basement level (because of grade changes) of the 1956 wing. This wing is basically rectangular, with a series of eight bays along Magnolia and unadorned walls on the north elevation, except for a simple doorway. There are similar bays opposite on the east elevation, most of which appears to have been industrial steel awning and hopper windows or loading bays, but many have been boarded over. Projecting from the south two bays on the facade is a wooden (board and batten) enclosure with two wood paneled, overhead garage doors and a shorter, slightly sloped shed roof which appears to be a later modification. Directly to its north is a massive brick smokestack, the first section of which is

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square while three other sections are tapered octagonal shafts separated by dressed limestone bands. This chimney appears to be approximately eight stories tall.

1956 RECTORY

The one addition to the complex that is a separate building is the one-story, flat roofed, rectangular brick building that appears to have been built as the rectory. Later this unattached building was used as doctor's offices and lounge. It is positioned west of the chapel addition next to Magnolia and has a more elaborate facade. All four elevations have a limestone parapet cap as well as continuous dressed limestone sills and lintels that divide the walls into three sections. Centered on the Magnolia facade is a gabled stepped parapet over the central entry bay that has a limestone cap and cross as a finial. Projecting in front of this brick parapet is the limestone pavilion with the round arched frontispiece carved with garlands surrounding a cross. Stylized capitals and tapered columns supporting the frieze rest on simple plinths on either side of the three waterfall entry stairs. The wall around the door is also clad with limestone and the large six panel wood door has tiny rectangular glass lights in each panel. The six-over-six, wood sashed windows with their stone quoining are symmetrically positioned with three on either side of the entry bay on the west facade and three on the south elevation. The less visible north side has one matching window but the other two openings consist of a small, high window and a side doorway. On the east (rear) elevation, the window placement is irregular. Four are quoined windows similar to the facade windows, but others are smaller and there is a projecting arched doorway opening that extends nearly to the parapet. It has alternating bands of brick and limestone to match the quoins.

1973 ADDITION

The 1973 addition is five stories (plus basement) tall with a steel frame construction and poured concrete plates. The flat roofed L-shaped wing is nestled with the base up against the back of the 1928 and 1956 wings, paralleling the facade but not visible from the east because of their roof heights and penthouse. The long shaft of the L-shaped addition is positioned between the north leg of the 1956 wing and the chapel wing, approximately mid-building. It extends to the west, abutting the sidewalk of Magnolia Street where it basically has a blank brick wall except for the two driveway openings that provided access to the basement level (at grade on Magnolia) parking under the building for doctors and ambulances. The walls on the north, south and west (except for the west elevation brick wall) are simple broad brick piers spanned by stucco panels above two aluminum slider windows, each with a large blind panel. Below each window unit is a rectangular vent opening. The basement level has simple brick walls where they are exposed. In a few bays on each of the three main elevations, there are some bays that do not have windows at all, consisting of stucco panels between the brick piers.

INTERIOR FEATURES

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While the interior seems to have been modernized over the years and the hospital has been mostly vacant since 1993, it still retains most of the historic interior partitions and wide central hallways with their tile and terrazzo floors (except for the 1973 wing which has linoleum floors in the halls). The building retains its original elevators and stairways in each wing, even the small elevator that served the chapel. Most staircases are functional, dogleg, concrete stairs, with half-wall railings (except for the pipe railings in the 1973 wing). Many of the walls are still the original plaster, but some rooms have glazed tile walls. While some of the original plaster ceilings remain, dropped acoustical ceilings have been added in many sections. In fact, because it has been vacant, some of the more recent and non-historic alterations have been removed, especially the dropped ceilings, exposing the original ceilings or walls above. Some doorways in the older wings (especially to patient rooms) have been modified or widened to accommodate hospital equipment, with steel framed metal doors installed.

In the original 1915 building, the decorative porcelain tile floor is retained in the lobby and stair hall that connect to the marble interior stairs spanning the entry hall at the vestibule. Much of the hallway in this section has beige marble baseboards. The original, elaborate iron balustrade with paneled metal newel posts and wooden railings is present. This staircase extends up to the third floor and down to the ground level (basement) with its paneled metal risers and marble treads. The original decorative porcelain tile landings are also intact.

Although the stained glass in the steel framed windows has been removed from the 1940 chapel (probably when the nuns ceased being administrators for the hospital) and a dropped ceiling installed at the transom height of the arched windows, from the balcony the original features of the chapel are still visible and intact. The original decorative pilaster capitals on either side of the windows and the top of the arched opening in front of the altar, as well as the decorative metal brackets mounted on the wall for the hanging light fixtures, are present. The terrazzo floor in the chapel is currently covered with carpet tiles, but the glazed tile wainscoting is intact on both sides of the chapel. The original wood paneled doors and trim for the priest's rooms are intact as is the round arched fanlight transom over the hallway entry to the chapel wing.

The 1956 addition retains many of the original details to the modernistic lobby and vestibule, including most of the aluminum framed enclosure and cylindrical pendant light of the vestibule with the grand staircase flanked by gray marble half-wall railings that are pierced with square openings in series below the wood cap.

ALTERATIONS AND INTEGRITY ISSUES

Unlike many hospitals, the placement of numerous additions does not obscure the facades and principal side elevations of the historic sections of the building. The front facade along Virginia Street remains basically unaltered, showing the progression down the street of each subsequent addition. The non-historic 1973 addition differs greatly in style and proportions from the rest of

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the hospital. It is nestled behind the earlier additions so that the facade, and to a lesser degree the north and south elevations, retain the appearance of a brick, three-story building with a raised basement. While most windows on the lower levels have been boarded over for security reasons, and some of the original wood sashed windows replaced with renovations in the 1960s and later, many of the original windows remain. Although the ambulance entry has been infilled with an anodized aluminum, commercial storefront system, the overhead door is still intact above the newer acoustical tile ceiling in the vestibule. The original slate roof is also intact.

On the interior, many original design features remain in good condition. These include the porcelain tile floors in the 1915 lobby, the original stairways and railings (especially the decorative iron railing in the 1915 section), the terrazzo floor hallways in most sections of the building, and many features of the 1940 chapel and the 1956 lobby. It retains the wide center-loaded hallways and wide doorways that identify it as a former hospital. It also retains many of the original room partitions, although additional partitions have been added over the years. While the doors and door trim have been changed in the older wings, the chapel wing retains most of its doors and doorways as does the 1956 wing.

Some ceilings have been lowered by dropped acoustical ceiling grids, but these have been partially removed, exposing the upper sections of finished walls and the original ceilings and heights. Lighting has been modernized over the years, but some original radiators remain in the oldest section of the building. Most damage to the building is due to its lack of use and deferred maintenance since 1993. There has been little vandalism, however, and the only evidence of water damage is limited to the basement. Because the community opted to build a completely new facility in 1993, this hospital complex lacks the numerous alterations that probably would have occurred during the past two decades, had it remained in use. St. Elizabeth Hospital generally retains much of its historic integrity from the period when the Sisters of St. Francis administered the hospital, 1915-1965.

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SUMMARY

St. Elizabeth Hospital, located at 109 Virginia Street in Hannibal, Missouri, is locally significant under Criterion A: Health and Medicine. Constructed in 1915, St. Elizabeth Hospital was the first private hospital in Hannibal. The second hospital constructed in Hannibal overall, St. Elizabeth is significant because it demonstrates the growth of the community and was on the cutting edge of medical developments, repeatedly expanding to add space for new departments and procedures as medical technology progressed. At the beginning of the 20th century, a public hospital existed in Hannibal but population growth had made it inadequate. The Sisters of St. Francis, an order of nuns dedicated to running hospitals, orphanages and schools, recognized the need for a new hospital and acquired land for construction purposes in 1913. After its construction in 1915, additions to St. Elizabeth in 1922, 1928, 1940, 1956, and 1973 demonstrate its ongoing efforts to keep pace with the growth of Hannibal as well as advances in medical care such as the creation of rooms for x-ray equipment, iron lungs and new operating theaters. St. Elizabeth Hospital increased Hannibal's prestige by providing a private hospital in an area which had often lacked adequate medical service. The dedication of its board and staff in providing the best care possible meant that the hospital continued to grow throughout its control by the Sisters of St. Francis, its period of significance, which lasted from the completion of construction in 1915 through the transfer of the hospital board to lay administrators in 1965. The hospital complex visually retains its architectural integrity on the exterior, showing the progression in construction of each section of the building from 1915 to 1973. Even though the 1973 addition was completed after the period of significance, it is positioned at the rear, leaving the façade much as it appeared in 1956. St. Elizabeth Hospital remained in use until a new hospital was built in 1993.

HISTORICAL DEVELOPMENT OF HANNIBAL

Although fur trappers and explorers, including Zebulon Montgomery Pike, visited the Hannibal area at the turn of the nineteenth century, the United States did not survey this portion of the Louisiana Purchase until 1818, and few white settlers braved the arduous venture up the Mississippi River from St. Louis to reach the Hannibal area. About 1819, Moses Bates founded and platted the new community of Hannibal, in the river valley created by the mouth of Bear Creek and the Mississippi River. Hannibal still did not grow rapidly beyond his original plat, which extended west six blocks from the river. The slow growth was due in part to the topography of the area surrounding this small valley with high hills and bluffs, as well as marshes at the mouth of the creek. Subsequent land speculation in the area and multiple claims on properties led to extended legal battles, clouding property titles and inhibiting growth until after the Civil War. By 1830, the official census only reported a population of 30 in the struggling community. By that time, however, some of the land disputes had been resolved and settlers began moving into the young community. By 1840, more than 1,000 additional people

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lived in Hannibal. By 1850, that population had doubled.¹

Hannibal was isolated early because of its topography except for poor roads that paralleled the river or led overland to Palmyra, the Marion County seat to the northwest, and to New London, the Ralls County seat to the southwest. A steamboat line established in 1825 proved to be a turning point in the survival of the community, because it provided the only reliable means of transportation for farmers to ship their produce down river to St. Louis, and allowed immigrants to land in Hannibal and re-supply before heading further west. Hannibal's growth and early economy were based upon this river trade. Local products such as agricultural produce, flour, and pork were shipped out via the steamboats, and virtually all other consumer products were imported in through Hannibal, to be sent farther west.²

By the mid-1850s, Hannibal's economy was undergoing a major transformation. Instead of simply shipping out the area's produce, the focus increasingly included the development of industries. In 1852, a plank road was completed to New London, significantly improving this farm-to-market route.³ In addition to the Port of Hannibal, construction of the Hannibal-St. Joseph Railroad "made the city attractive to industrial and business concerns who were eyeing the western trade."⁴ This development allowed a variety of new industries (including rope, soap, candle, matchworks, carriage manufacturing and pork packing) to become important in Hannibal during the 1850s. Hannibal's most significant late nineteenth century industry, lumber, also began in this decade when J. J. Cruikshank established a lumber mill. Log rafts could now be floated down the Mississippi River to Hannibal, where they were processed into building materials and shipped to points west and south using the railroad.⁵

As industries developed, the population grew and commercial and professional businesses also expanded. During the 1850s, Hannibal's population nearly tripled. The 1860 census recorded 6,505 residents, with most of this early development still concentrated near the river and in the original townsite. Although growth was stymied by the Civil War, the pace picked up quickly in the postwar years, with commercial development expanding along Main and Broadway, and industrial development extending south along the Mississippi River and the railroad, and west, near Bear Creek.

¹ Karen Bode Baxter and Mandy Wagner, *Maple Avenue Historic District*, National Register of Historic Places Inventory-Nomination Form, Stored at Missouri Cultural Resources Inventory, Missouri Historic Preservation Program, Jefferson City, Missouri, August, 2002, 56.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

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While Hannibal owes its early growth to river trade, it later became an important rail center. The Hannibal-St. Joseph Railroad was organized in the 1850s, and by the late 1860s the railroad's shops at Hannibal were constructing much of the line's rolling stock. The Hannibal-St. Joseph Railroad also became one of the first contractors to build Pullman cars, using the Hannibal shops. As the railroad lines expanded, a railroad bridge was completed at Hannibal in 1871, and by 1873, the railroad became part of the Missouri, Kansas and Texas (Katy) line. By 1882, the Union Depot was completed in Hannibal, providing a direct connection between the town and the eastern and western markets and the increased means of transportation allowed the lumber industry to flourish. As early as the 1870s, a dozen different lumber companies reporting more than \$2 million in business annually were in operation in Hannibal. No trace of the lumbering industry exists there today, but Hannibal once was considered the fourth largest lumbering center in the U.S.⁶

By 1900, Hannibal's population on the eve of the Civil War had doubled, to 12,780. By this time, many of the accoutrements of late Victorian society had been acquired, including streetcars, telephone service, a water company and the municipal electric light and power plant. By the mid-1880s, the city had built a powerhouse, installed streetlights, and constructed 11 massive light towers which reportedly provided arc lighting for the entire city. A public school district was organized in 1866 and Central School was constructed in 1882. A free public library was established in 1889, by which time church congregations had built many of the edifices that still grace the Hannibal skyline.⁷ Hannibal's first hospital, the 26 bed Levering Hospital, was completed on land donated by Mr. and Mrs. A. R. Levering in 1901.⁸

During the first decades of the twentieth century, the industrial fabric of Hannibal completely changed. Shoe manufacturing was second to the lumbering industry in the late 1890s but it developed rapidly into a factory-based industry. By 1900, shoe manufacturing replaced lumbering as the community's primary industry. At about the same time, the Atlas Portland Cement Company opened operations in Hannibal. Encouraged by the success of the shoe and cement industries, Hannibal's other manufacturing interests expanded production in the early twentieth century. Unlike lumber and shoes, the cement industry remains a major employer in Hannibal today.⁹

This industrial prosperity encouraged rapid growth, extensive residential construction, and a surge in Hannibal's population (especially during the first decade of the new century, when the population increased nearly 50 percent to 18,341). After 1910, the pace of growth slowed

⁶ Ibid, 57.

⁷ Ibid.

⁸ Ibid.

⁹ Ibid. 58.

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considerably, peaking in 1930 at 22,761. The local economy was strong in the 1910s, especially with the expansion of the railroad business and shoe factories, and residential construction boomed. Hannibal also improved other aspects of its infrastructure: electrical and telephone service became commonplace; water lines were extended to most residences; the school system expanded with new and larger buildings; a new city hall was built; streetlights replaced the tall arc light towers; the 240 acre Riverview Park was created; and St. Elizabeth Hospital was constructed. Because of the economic crisis of the 1930s and World War II, construction slowed to a snail's pace by 1930, and the town had assumed the proportions it would retain until the next building boom in the 1950s.¹⁰ In 1950, the population was 20,444. By 1960, despite a building boom, Hannibal's population had decreased slightly to 20,028.¹¹

HOSPITAL HISTORY

Construction of St. Elizabeth Hospital started in 1913 according to plans from C. L. Monnot, an architect from Oklahoma City, and was completed in 1915. A Catholic hospital operated by the Sisters of St. Francis, St. Elizabeth had 30 patient rooms in addition to operating rooms, doctors' offices, living spaces for the nuns, and a small chapel. The three-story (plus basement) brick building was dedicated on July 18, 1915. Speakers at the opening ceremony included Mother Augustine (the head of the Order of St. Francis), the Right Reverend M. F. Burke of the St. Joseph Diocese, Reverend D. F. Sullivan, John K. Mills (the mayor of Hannibal), Dr. T.J. Downing, Father Graham, Dr. C. V. Martin of Maryville, and V. H. Whaley. The construction of a second hospital in Hannibal, one that was larger and more modern than the existing hospital (even though the existing Levering Hospital was only twelve years old) demonstrated the city's growth as it became a regional center not only for business and industry but also in health care in northeast Missouri.

St. Elizabeth Hospital was described in local reports as "one of the best appointed hospitals in the state... and equipped with every device and furnishing which go to make such an institution complete."¹² The hospital was lauded as "among the most modern in the country" while physicians declared "it excels any St. Louis institution of its kind in the way of equipment."¹³ The dedication of the hospital was well covered in local papers and was a source of pride for the community.

The growth of Hannibal continued through the 1920s and the medical needs of the city also increased. In 1922, a small addition was added on the south side to create sunrooms on each

¹⁰ Ibid.

¹¹ "Population of Towns with populations Over Ten Thousand," Census Bureau, 'Hannibal Population' [Website], Available at: <http://www.census.gov/population/cencounts/mo190090.txt>, Accessed 2 February 2012.

¹² "Hundreds Attend Dedication of New Catholic Hospital," *Hannibal Courier Post*, 8 July 1915, 1.

¹³ Ibid

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floor. In 1928, both hospitals expanded. The smaller and older Levering Hospital was able to add sixteen rooms while the more modern St. Elizabeth Hospital almost doubled in size with an \$85,000 addition that increased the 29,750 square foot building by 20,000 square feet.¹⁴ The addition, which was described as “of very great importance for this [city]”, extended to the north of the original hospital and was constructed by the contracting firm of Pilcher and Fitzgibbons, which built many of the hospitals for the Sisters of St. Francis.¹⁵ The addition added new operating rooms, an obstetrical department, a nursery and a children’s department. The addition helped to ease the conditions in St. Elizabeth Hospital which was described as “generally crowded and the new addition [allowed] the Sisters to take care of practically as many more patients as [then received] their attention in the institution.”¹⁶

Despite the fact that St. Elizabeth Hospital almost doubled its size with the 1928 addition, by the end of the 1930s—although the pace of Hannibal’s growth slowed—the hospital was becoming overcrowded again. In 1940, an addition extending to the west was completed by Pilcher and Fitzgibbons.¹⁷ The new addition was constructed to house a new chapel and new living quarters for the Sisters of St. Francis while freeing more space for patient care in the earlier portions of the building. The growth of the hospital helped make Hannibal an important city in the region and added to the prestige of the community.

Although Hannibal’s growth slowed after World War II, St. Elizabeth Hospital remained an important and expanding part of the economy. By 1956, the hospital was again facing crowding issues and a new 33,758 square foot addition was added to the building.¹⁸ This addition increased the size of the hospital to 170 beds and enabled it to meet the requirements for new medical equipment and procedures. The addition included new surgical and laboratory rooms, new reception rooms, patient lounges, recovery rooms, a children’s playroom and surgical recovery rooms.¹⁹ After this addition, St. Elizabeth Hospital was described by the local press as “one of the most modernly equipped hospitals in the Midwest.”²⁰ Procedures to facilitate patient care were improved as the hospital established a new doctor’s register that quickly showed staff and patients which doctors were on call. A new and more modern radiology department with a

¹⁴ Hagood, J. Hurley, and Hagood, Robert (Roland). *The Story of Hannibal a Bicentennial History*. (Hannibal, MO: Standard Printing Company, 1976),170; “Plan Addition to Hospital Here: St. Elizabeth’s to Double Capacity at Cost of \$85,000,” *Hannibal Courier Post*, 27 March 1928, 1.

¹⁵ “Plan Addition to Hospital Here: St. Elizabeth’s to Double Capacity at Cost of \$85,000”.

¹⁶ Ibid.

¹⁷ “Addition to St. Elizabeth Hospital Completed: Open House to be Held Next Tuesday, February 6,” *Hannibal Courier Post (Evening Addition)*, 3 February 1940.

¹⁸ “Hospital Improvements Cost \$2,000,000; Built in 1915,” *Hannibal Courier Post*, 16 November 1956, 18 (Special Section).

¹⁹ Ibid.

²⁰ Ibid.

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new darkroom for processing x-rays, a new cystoscopic room dedicated to kidney disease, and new orthopedic surgery rooms and new iron lung equipment were among the improvements.²¹

By the 1970s, despite multiple additions St. Elizabeth Hospital was again considered inadequate for meeting the needs of the community. As a result, a new six-story addition was added to the back side of the hospital. This addition allowed for larger patient rooms with individual bathrooms, better lighting and new facilities for physical therapy, new coronary care units, new x-ray rooms, new geriatric units, new children's departments, and additional operating rooms.²² The new addition coincided with changes in procedures and systems for patient records, admissions, and pharmacy services and included two floors that were not put into immediate use but were planned for future expansion of the hospital.

The completed complex continued providing medical care for residents of the Hannibal area until 1987. The following year, St Elizabeth Hospital became part of Hannibal Regional Healthcare System in conjunction with Levering Hospital, although the facility continued to be used until 1993 when the complex was closed and the hospital moved to the newly constructed Hannibal Regional Hospital on Highway 36.²³

ST. ELIZABETH HOSPITAL'S ROLE IN THE COMMUNITY

St. Elizabeth Hospital was an important part of the community in Hannibal both because of its direct role in treating the medical problems of the people of Hannibal and as a source of community pride brought about by the existence of a large, modern, and respected hospital that

²¹ "Doctors' Register at St. Elizabeth Hospital is Novel," *Hannibal Courier Post*, 16 November 1956, 19 (Special Section); "Radiology Department at St. Elizabeth Hospital Modern," *Hannibal Courier Post*, 16 November 1956, 20 (Special Section); "Cystoscopic Room Modern Addition for Hospital," *Hannibal Courier Post*, 16 November 1956, 20 (Special Section); "Children's Playroom a Hospital Feature," *Hannibal Courier Post*, 16 November 1956, 22 (Special Section); "Best Equipment for Orthopedic Surgery Here," *Hannibal Courier Post*, 16 November 1956, 22 (Special Section).

²² "Faithful Service to Humanity: St. Elizabeth's Hospital," *Hannibal Courier Post*, 6 July 1973, 1 (Special Section); "New Addition Stands High on Hannibal Horizon," *Hannibal Courier Post*, 6 July 1973, 2 (Special Section); "Building Reflects 58 Years of Hospital Growth, Service," *Hannibal Courier Post*, 6 July 1973, 2 (Special Section); "New Unit Welcomes Arrivals," *Hannibal Courier Post*, 6 July 1973, 3 (Special Section); Luipersbeck, Sandra. "Dietary Staff Knows Food Important to Patients," *Hannibal Courier Post*, 6 July 1973, 3 (Special Section); Brasier, Deborah. "Brum's Job Has Many Facets," *Hannibal Courier Post*, 6 July 1973, 4 (Special Section); Luipersbeck, Sandra. "Sisters Serve Hospital in Many Capacities," *Hannibal Courier Post*, 6 July 1973, 4 (Special Section); "Staff Has Number of Familiar Faces," *Hannibal Courier Post*, 6 July 1973, 4 (Special Section); "Records Unit Traces Past Admissions," *Hannibal Courier Post*, 6 July 1973, 5 (Special Section); "Hospital Dedication Climaxes Weekend," *Hannibal Courier Post*, 8 July 1973, 1, 10 (A).

²³ 1987 *Hannibal Missouri City Directory*. (St. Louis: R. L. Polk and Co. Publishers:1987) 307; 1988 *Hannibal Missouri City Directory*. (St. Louis: R. L. Polk and Co. Publishers:1988) 126; 1989 *Hannibal Missouri City Directory*. (St. Louis: R. L. Polk and Co. Publishers:1989) 121; 1991 *Hannibal Missouri City Directory*. (St. Louis: R. L. Polk and Co. Publishers:1991) 36; *Polk 1992-93 Hannibal Missouri City Directory*. (St. Louis: R. L. Polk and Co. Publishers:1992-93) 42; *Polk 1994 Hannibal Missouri City Directory*. (St. Louis: R. L. Polk and Co. Publishers:1994) N.P.

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drew patients from throughout northeast Missouri. The direct importance of the hospital in providing medical care can be seen in the growth in admissions at the hospital. When the hospital first opened in 1915, there were a total of 412 admissions for the year but by 1929, the first full year after completion of the second addition, there were 1,420 admissions.²⁴ While the population of Hannibal doubled during this period, the admissions at the hospital more than tripled. The hospital continued to expand and by the time of the 1940 addition, admissions had reached 2,110. By 1952, the number of admissions per year had increased to 5,606, and the hospital began planning for the addition that was completed in 1956, by which time the hospital was averaging 550 admissions a month.²⁵

Throughout its history, St. Elizabeth Hospital expanded to meet the growing medical needs of the community. With each addition, the hospital added not only new patient rooms, but also new medical equipment and departments. When it was first completed in 1915, the hospital was like many hospitals of the time, consisting mainly of patient rooms, an operating room and offices. As early as the first addition in 1922, St. Elizabeth Hospital was making improvements that allowed for new medical and technological advances. These included the “most improved electrical devices for the signaling of nurses” in addition to new operating rooms, a new obstetrics department and a new children’s department in order to make St. Elizabeth Hospital “one of the largest, if not the largest institution of its kind in North Missouri.”²⁶ The importance that contemporary newspaper accounts give to the new departments, but also to features such as the call buttons and the “terrazzo floors resembling Italian marble” demonstrate the importance of the hospital to the community, as a source of civic pride as well as to the health of the citizens of Hannibal, an approach that continued with each addition to the hospital.²⁷ Newspaper accounts of the 1940 addition not only talked about the hospital’s increased capacity and medical advances, they also described the various colors and types of marble used in the chapel, the gold leaf inlays in paneling, and the terrazzo floors.²⁸

Of even greater importance than the physical characteristics of St. Elizabeth Hospital as it grew was the development of medical technology. In 1956, the *Hannibal Courier-Post* featured a special section about the dedication of the new addition, covering everything from the history of the hospital to the new laundry facilities as well as the new medical equipment and new departments added during expansion. The pride the community expressed in the hospital is also apparent. Many of the prominent businesses in Hannibal offered congratulations to the Sisters of St. Francis and the staff of St. Elizabeth Hospital. Congratulations were offered by concrete,

²⁴ “Building Reflects 58 Years of Hospital Growth, Service”; “Hospital Improvements Cost \$2,000,000; Built in 1915”; Hagood, *The Story of Hannibal*, pp. 76, 99, 104.

²⁵ Ibid.

²⁶ “Plan Addition to Hospital Here: St. Elizabeth’s to Double Capacity at Cost of \$85,000.”

²⁷ “Plan Addition to Hospital Here: St. Elizabeth’s to Double Capacity at Cost of \$85,000.”

²⁸ “Addition to St. Elizabeth Hospital Completed: Open House to be Held Next Tuesday, February 6.”

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plumbing, roofing and construction companies that worked on the addition as well as companies as varied as the Hannibal National Bank, the Mark Twain Hotel, movie theaters, clothing stores, gas stations, the Hannibal Dental Society, monument companies and appliance stores.²⁹ The outpouring of goodwill demonstrates the importance of St. Elizabeth Hospital to the community not only for its role in providing medical care to the people of Hannibal, but also its role as a major employer and source of pride for the community.

Although the 1973 addition was completed after the administration of the hospital had transferred to lay administrators in 1965 and is outside the period of significance for this nomination, the importance of St. Elizabeth Hospital to the community continued and at the time of the 1973 addition was specifically addressed at its dedication ceremonies. During the ceremony, Ninth District Congressman William Hungate described the hospital as “one of the most important industries in the surrounding area” while noting that “there is no better hospital of its size within a radius of many hundreds of miles.”³⁰ Obviously the success and basic physical plant built between 1915 and 1965 meant that the hospital was well positioned for its last addition and to continue serving the community until a completely new complex was built elsewhere in town in 1993.

²⁹ “Faithful Service to Humanity: Official Opening and Dedication Ceremonies of the New Addition of St. Elizabeth Hospital.”

³⁰ “Hospital Dedication Climaxes Weekend,” *Hannibal Courier Post*, 8 July 1973, 1, 10 (A).

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**St. Elizabeth Hospital
Marion County, MO**

VERBAL BOUNDARY DESCRIPTION

The property is bounded by Virginia Street on the east, the Broadway Extension on the south, Magnolia Avenue on the west, and a parking lot with a northern border 396 feet north of the Broadway Extension.

BOUNDARY JUSTIFICATION

These boundaries incorporate all of the property that has been historically associated with the hospital, except for the non-historic parking lot across Virginia Street to the east.

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**St. Elizabeth Hospital
Marion County, MO**

Photo Log

Photographer: Sheila Findall

January 2012

Negatives with Karen Bode Baxter, 5811 Delor Street, St. Louis, MO 63109

Photo #1: Exterior, looking northwest at south elevations and east façade

Photo #2: Exterior, looking southwest at 1915 original hospital building east façade entry

Photo #3: Exterior, looking southwest at 1956 addition east façade entry

Photo #4: Exterior, looking northeast at building's south and west elevations

Photo #5: Exterior, looking southeast at building's north and west elevations

Photo #6: Interior, first floor, 1915 original hospital building entry lobby stairs, from east end looking west

Photo #7: Interior, second floor, 1915 original hospital building stairs, from northeast corner looking west

Photo #8: Interior, second floor, 1915 original hospital building north hall, from south end looking north

Photo #9: Interior, third floor, 1915 original hospital building north hall, from northeast corner looking southwest

Photo #10: Interior, third floor, 1922 addition west room, from northeast corner looking southwest

Photo #11: Interior, first floor, 1940 chapel addition stairs, from south looking northeast

Photo #12: Interior, second floor, 1940 chapel addition hall, from west end looking east

Photo #13: Interior, second floor, 1940 chapel addition top of chapel window and detail, taken from balcony looking southwest

Photo #14: Interior, third floor, 1940 chapel addition southwest room, from northeast corner looking southwest

Photo #15: Interior, first floor, 1956 addition lobby, from mid-west wall looking east

Photo #16: Interior, second floor, 1956 addition northeast stairs, from south looking north

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Marion County, MO**

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- Figure 1: Map of Hannibal, MO locating St. Elizabeth Hospital
- Figure 2: Fire Insurance Map 1924
- Figure 3: Fire Insurance Map 1924 revised through 1940
- Figure 4: Approximate construction dates of each addition
- Figure 5: Current Ground Floor Plan
- Figure 6: Current First Floor Plan
- Figure 7: Current Second Floor Plan
- Figure 8: Current Third Floor Plan
- Figure 9: Current Fourth Floor Plan
- Figure 10: Current Fifth Floor Plan
- Figure 12: Historic Photo ca. 1915
- Figure 13: Historic Photo ca. 1929
- Figure 14: Historic Photo ca. 1956
- Figure 15: Historic Photo ca. 1956

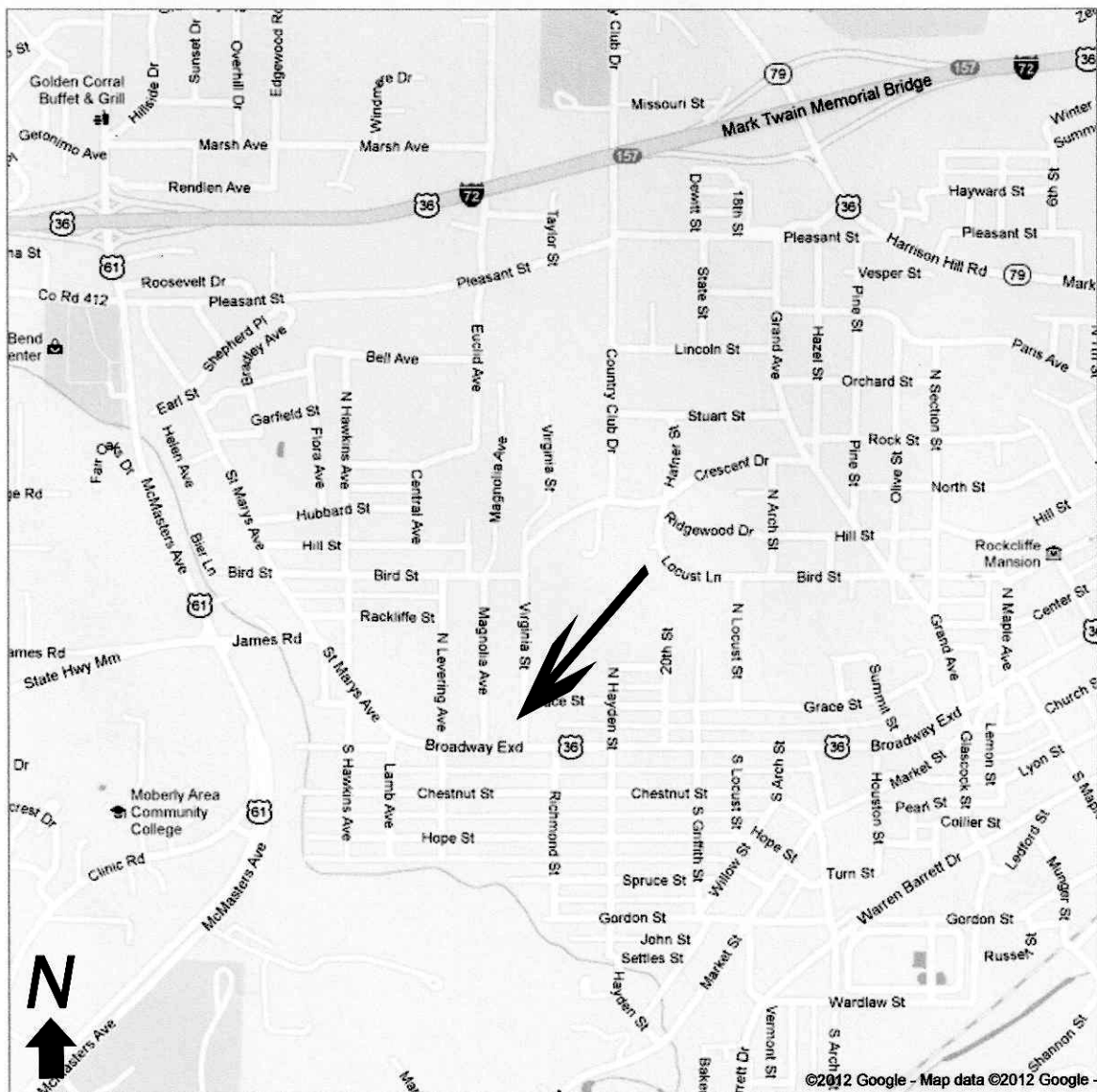
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St. Elizabeth Hospital
Marion County, MO

Figure 1: Map of Hannibal, MO locating St. Elizabeth Hospital



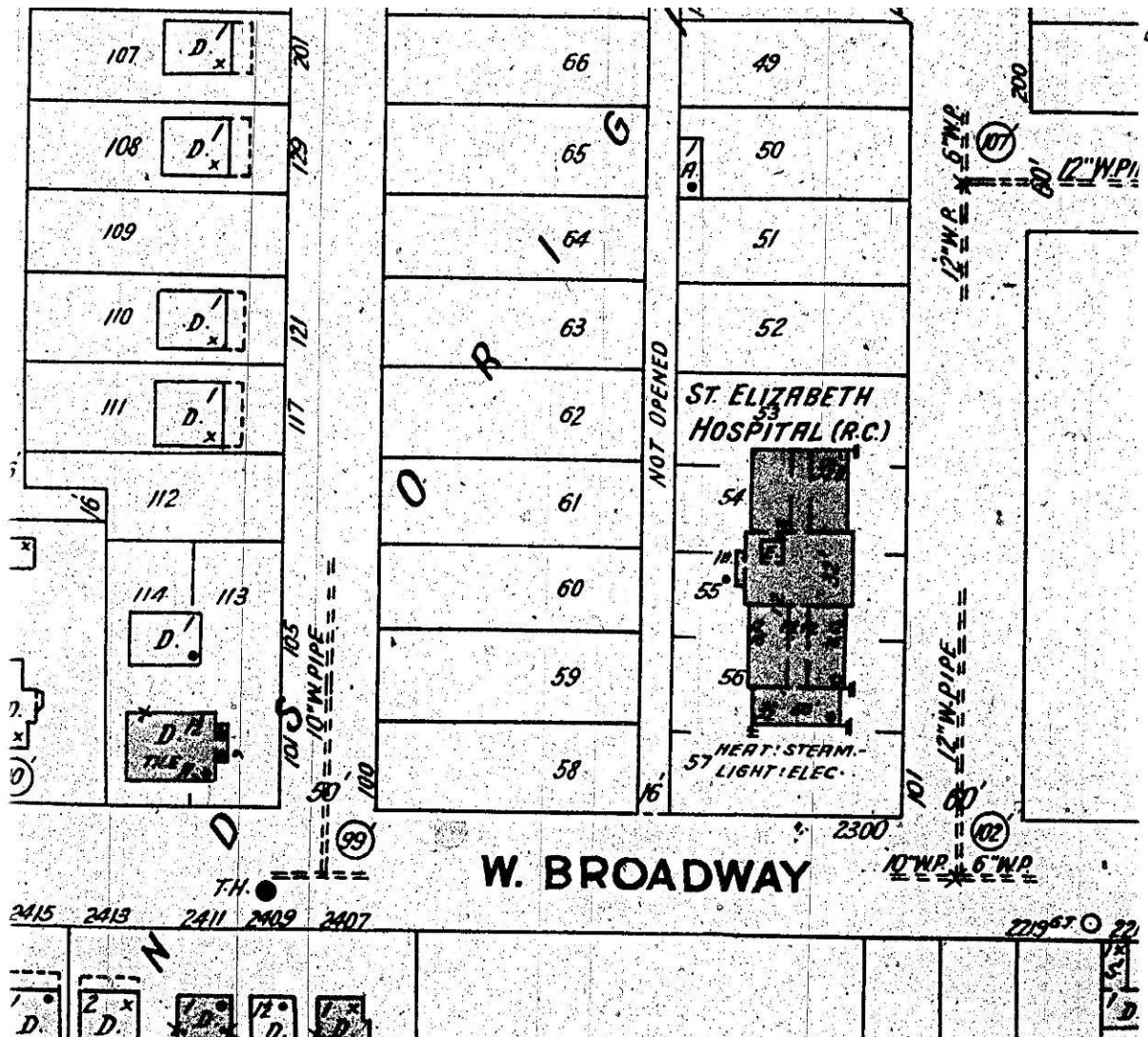
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**St. Elizabeth Hospital
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Figure 2: Fire Insurance Map 1924



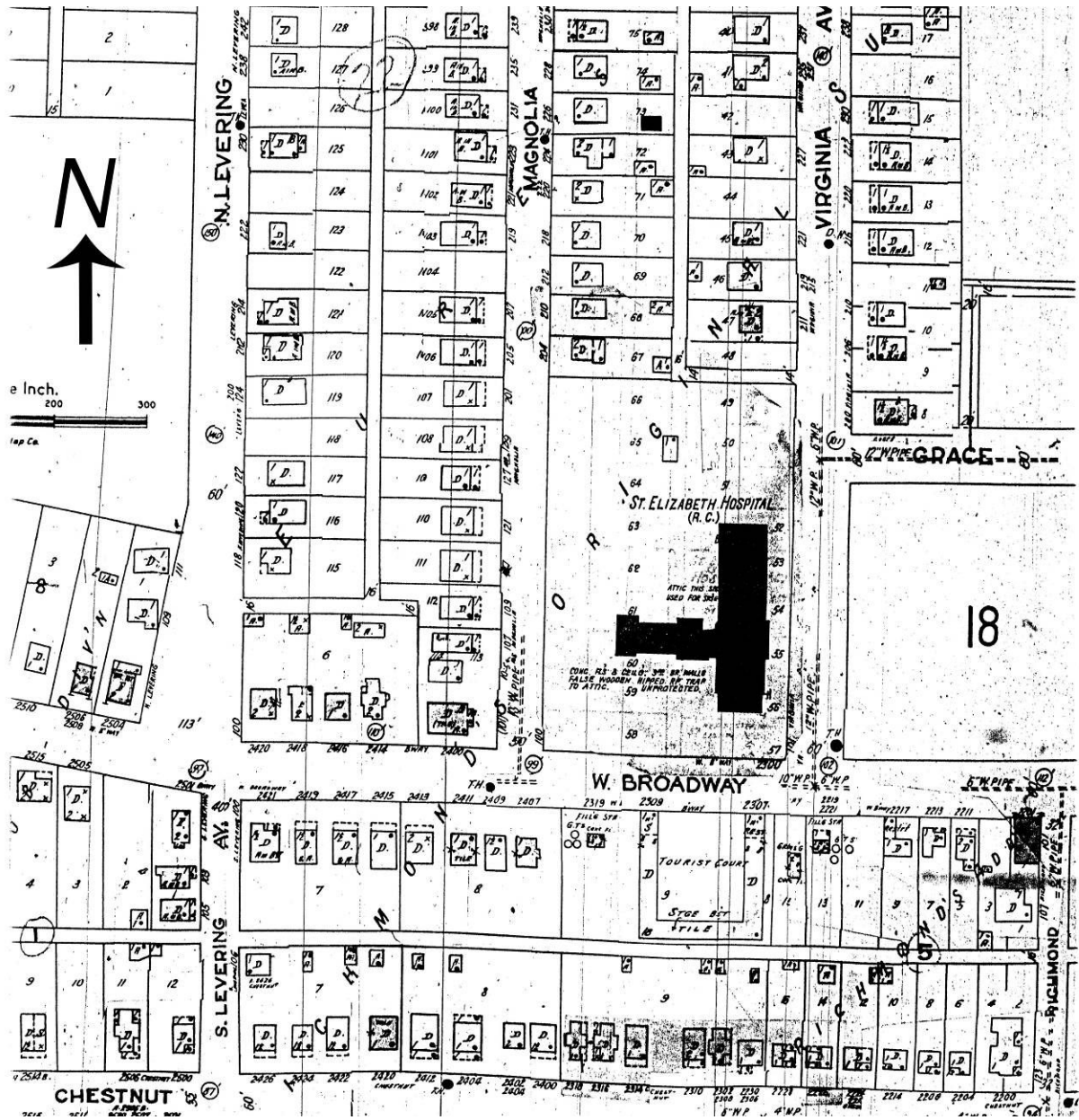
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Figure 3: Fire Insurance Map 1924 revised through 1940



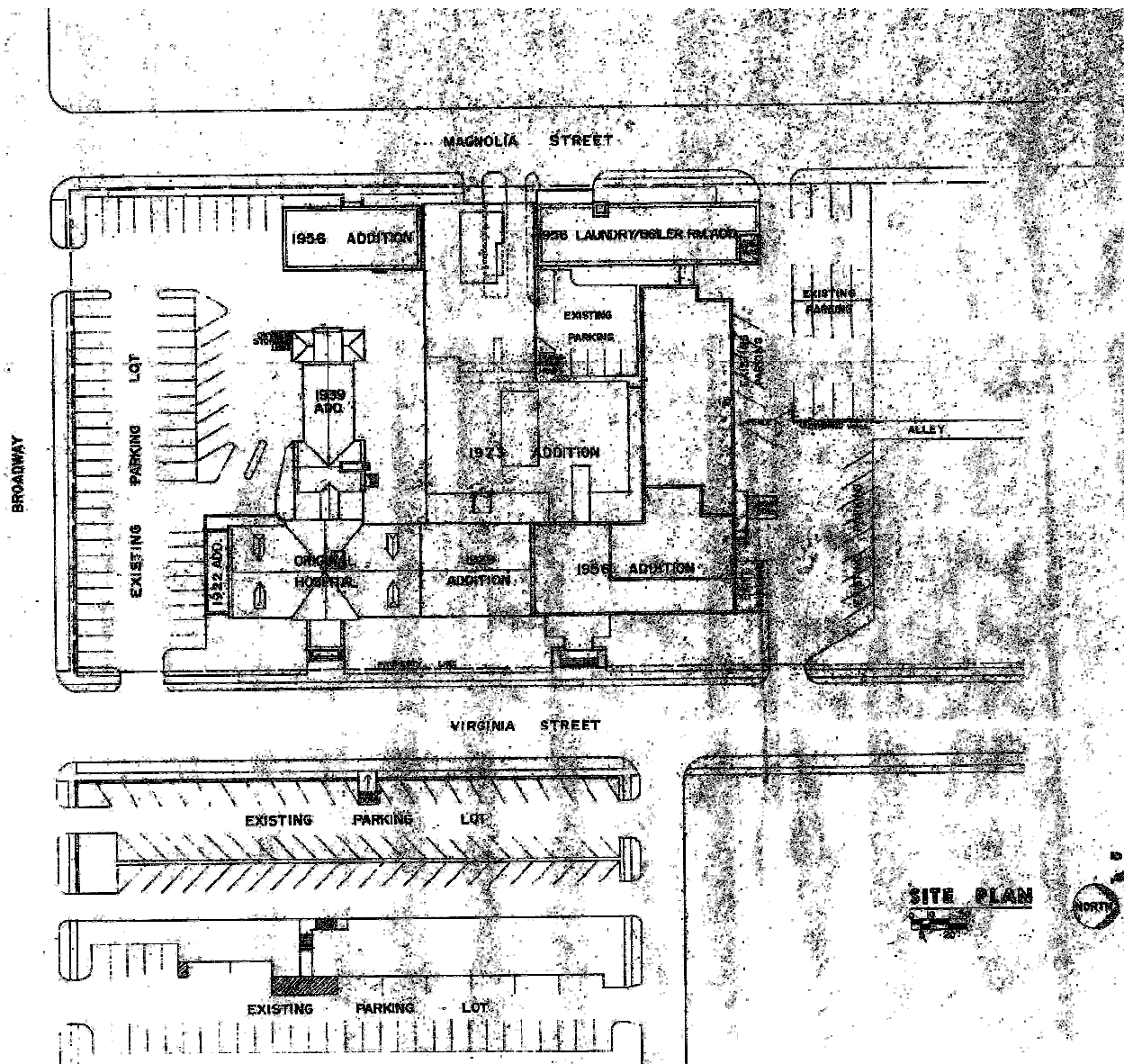
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Figure 4: Approximate construction dates of each addition
"1980 Site & Floor Layout – Z.R. Zachry"



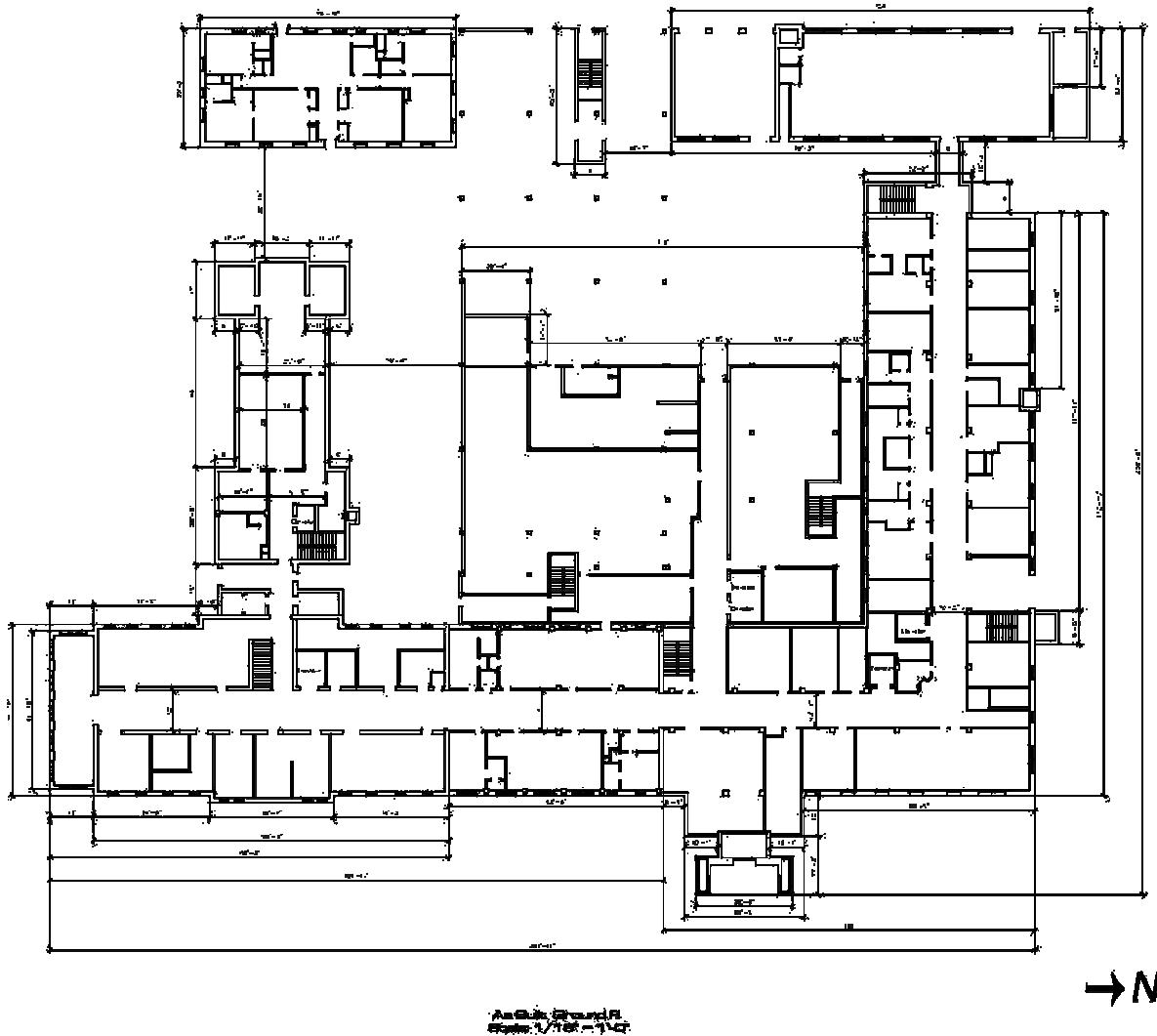
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Figure 5: Current Ground Floor Plan
Courtesy of Stock Design Architecture – Quincy, IL



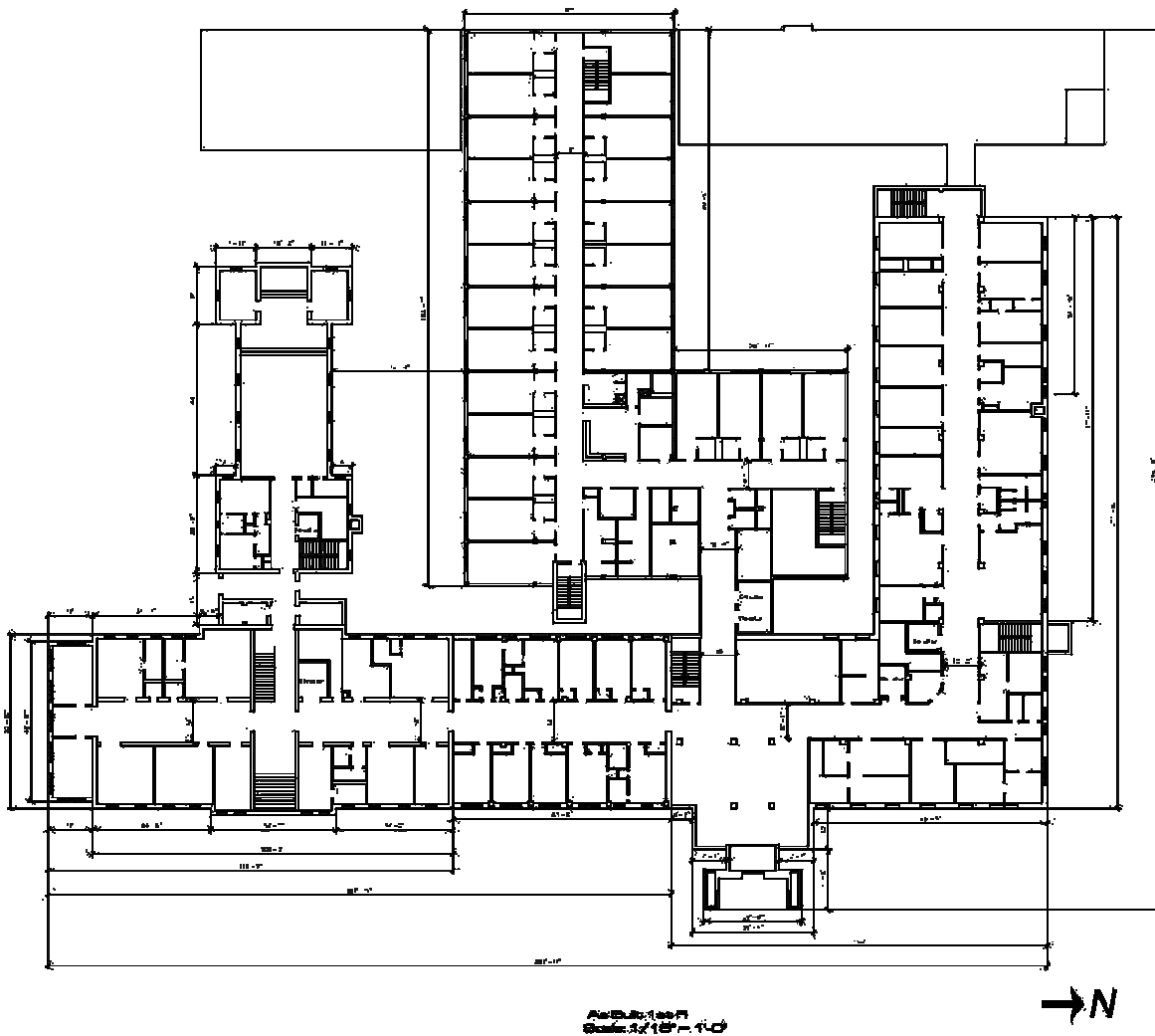
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Figure 6: Current First Floor Plan
Courtesy of Stock Design Architecture – Quincy, IL



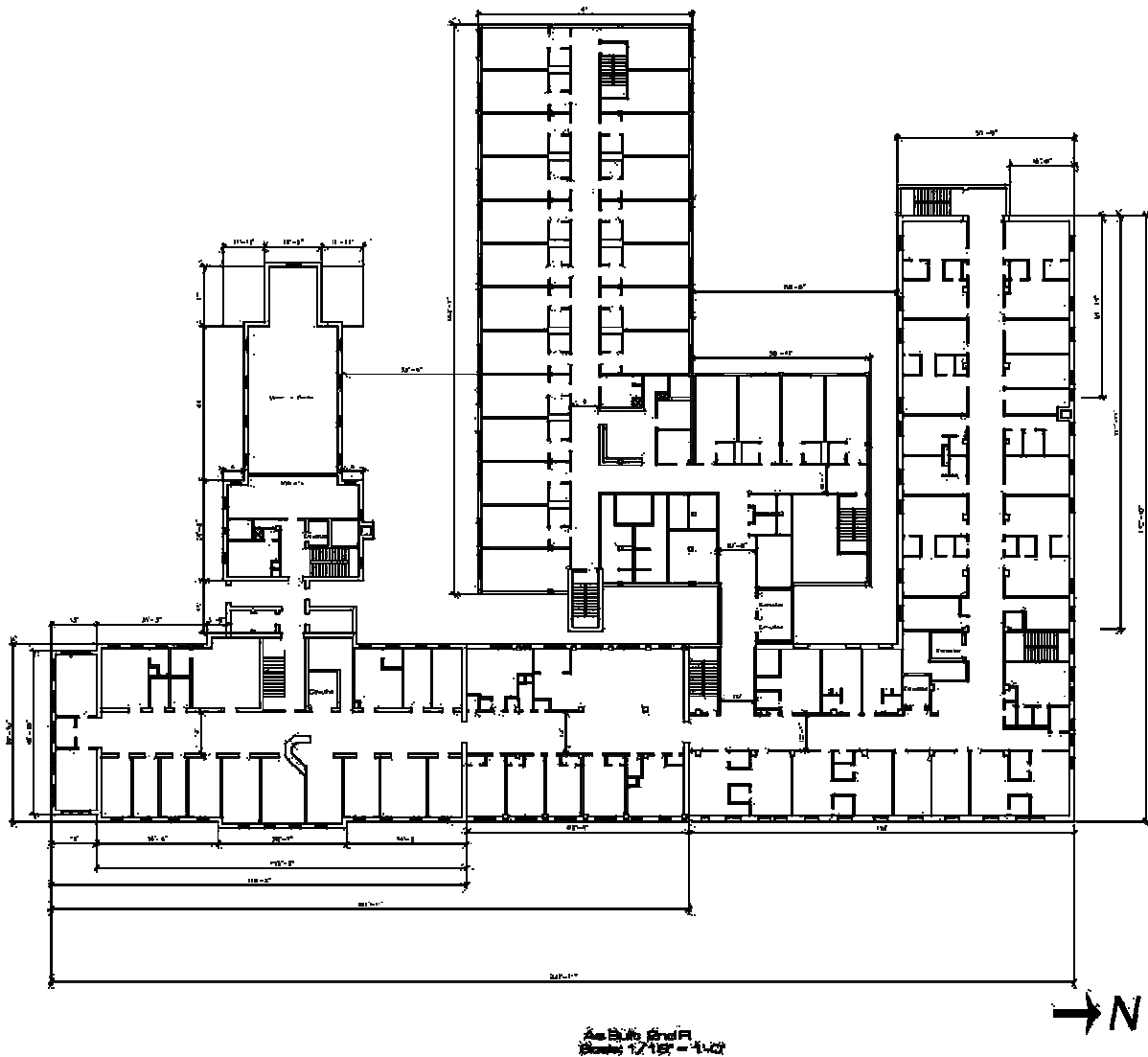
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Figure 7: Current Second Floor Plan
Courtesy of Stock Design Architecture – Quincy, IL



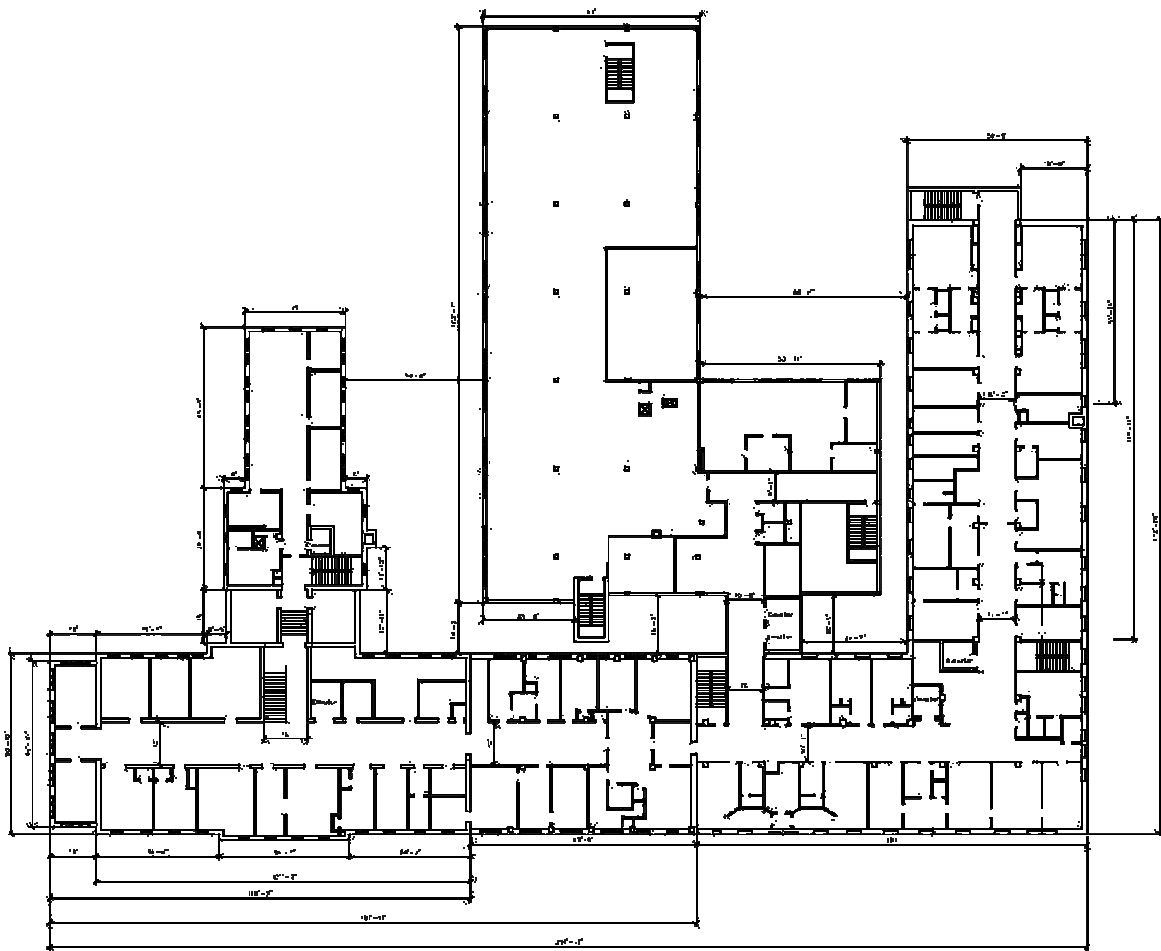
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Figure 8: Current Third Floor Plan
Courtesy of Stock Design Architecture – Quincy, IL



Architectural Drawing
Scale: 1/8" = 1'-0"

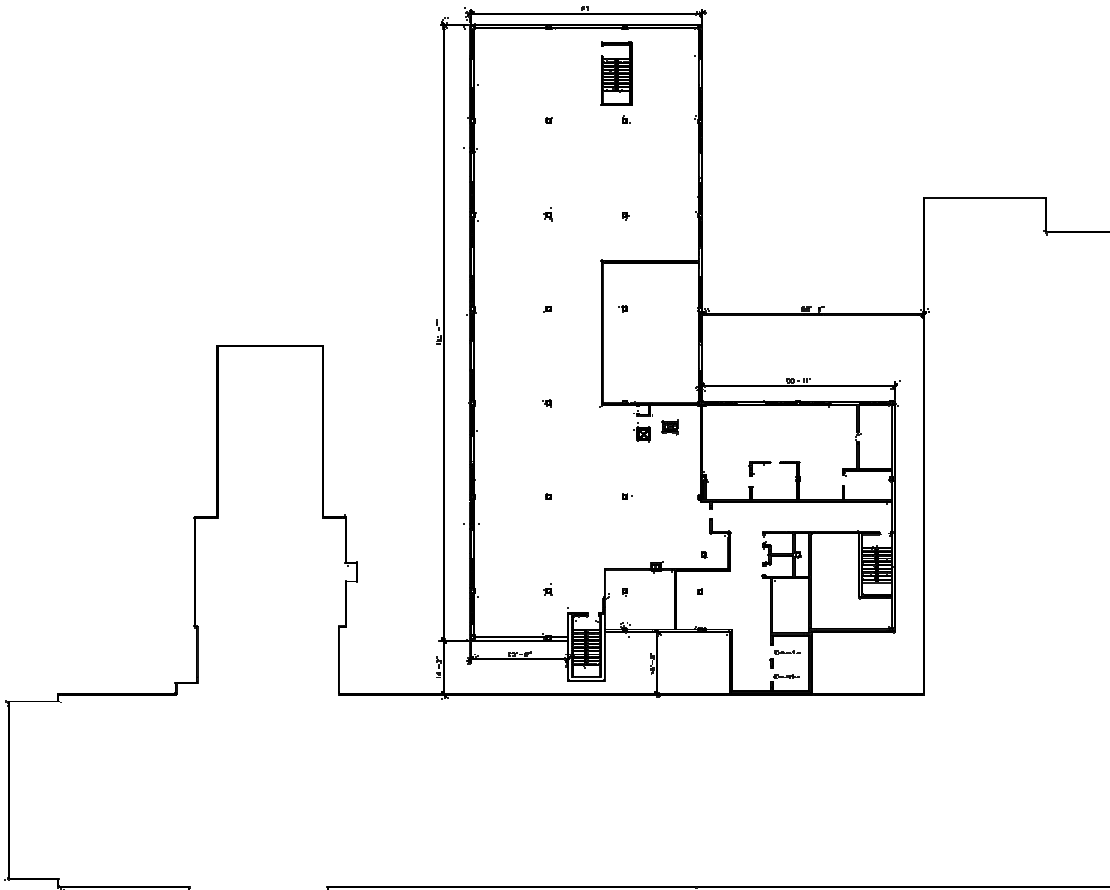
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Figure 9: Current Fourth Floor Plan
Courtesy of Stock Design Architecture – Quincy, IL



STOCK DESIGN ARCHITECTURE
2000 N. 1ST ST. QUINCY, IL 62450
PH: 618-242-1100 FAX: 618-242-1101

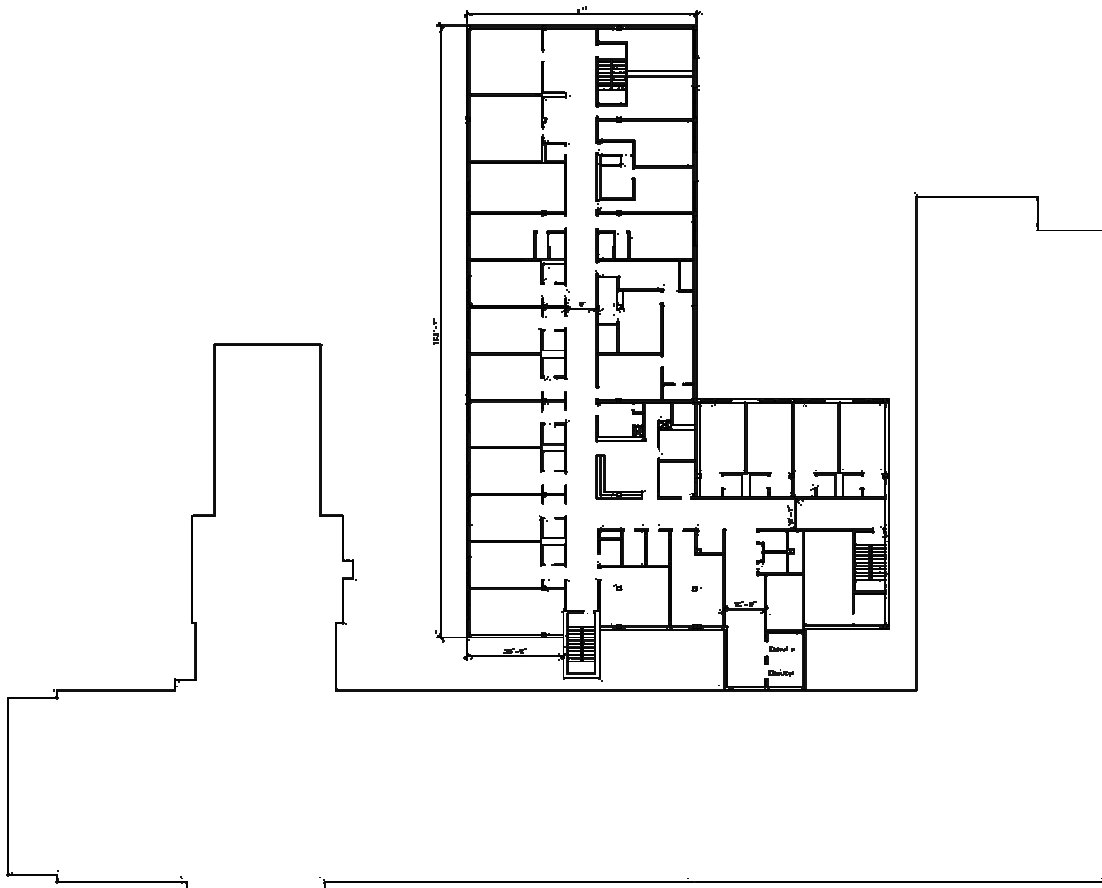
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Figure 10: Current Fifth Floor Plan
Courtesy of Stock Design Architecture – Quincy, IL



Architectural
Scale 1/4" = 1'-0"

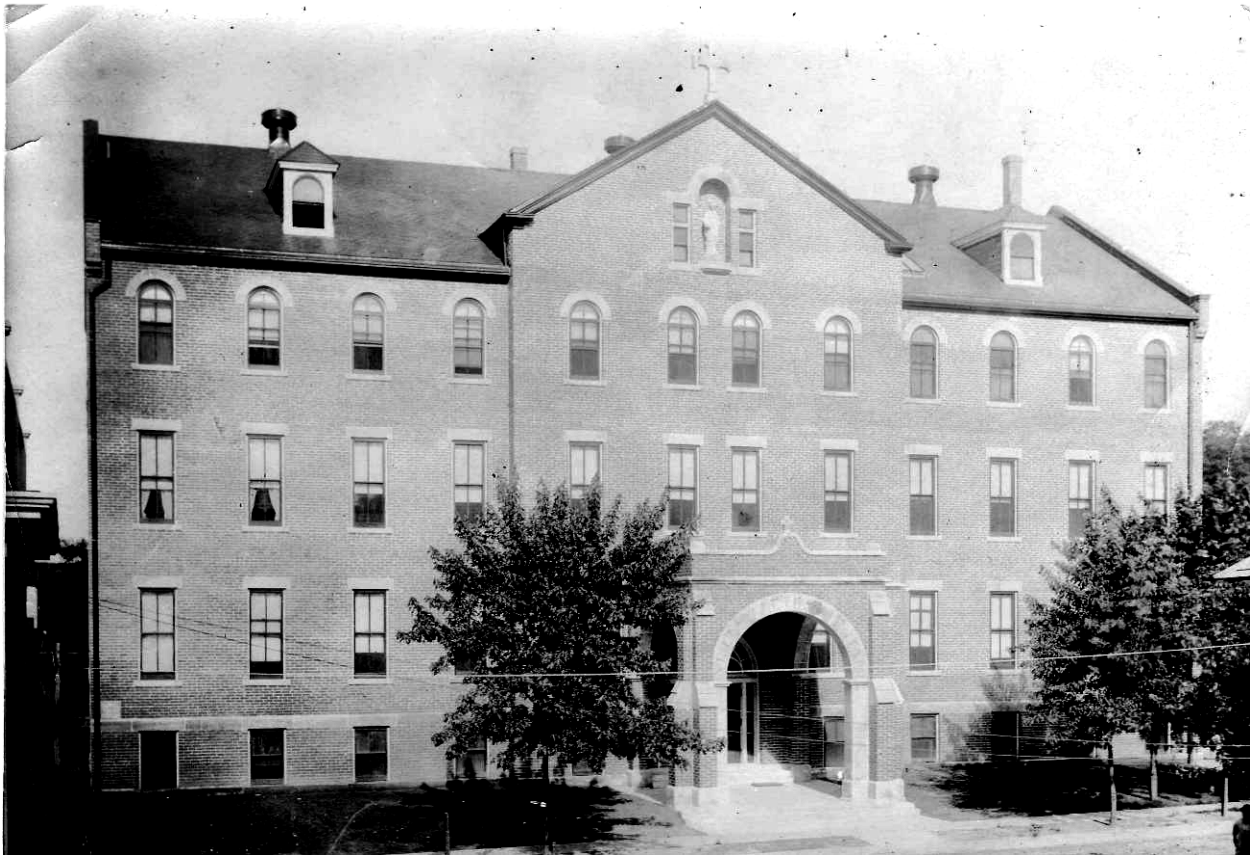
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Figure 11: Historic Photo ca. 1915
Courtesy of Hannibal Free Public Library
www.hannibal.lib.mo.us
Photo No. 560



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Figure 12: Historic Photo ca. 1915
Courtesy of Hannibal Free Public Library
www.hannibal.lib.mo.us
Photo No. 567



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Figure 13: Historic Photo ca. 1929
Courtesy of Hannibal Free Public Library
www.hannibal.lib.mo.us
Photo No. 265



ST. ELIZABETH HOSPITAL

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Figure 14: Historic Photo ca. 1956
1956 Addition Lobby
Courtesy of Hannibal Free Public Library
www.hannibal.lib.mo.us
Photo No. 2086



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Figure 15: Historic Photo ca. 1956
Iron Lung
Courtesy of Hannibal Free Public Library
www.hannibal.lib.mo.us
Photo No. 1509



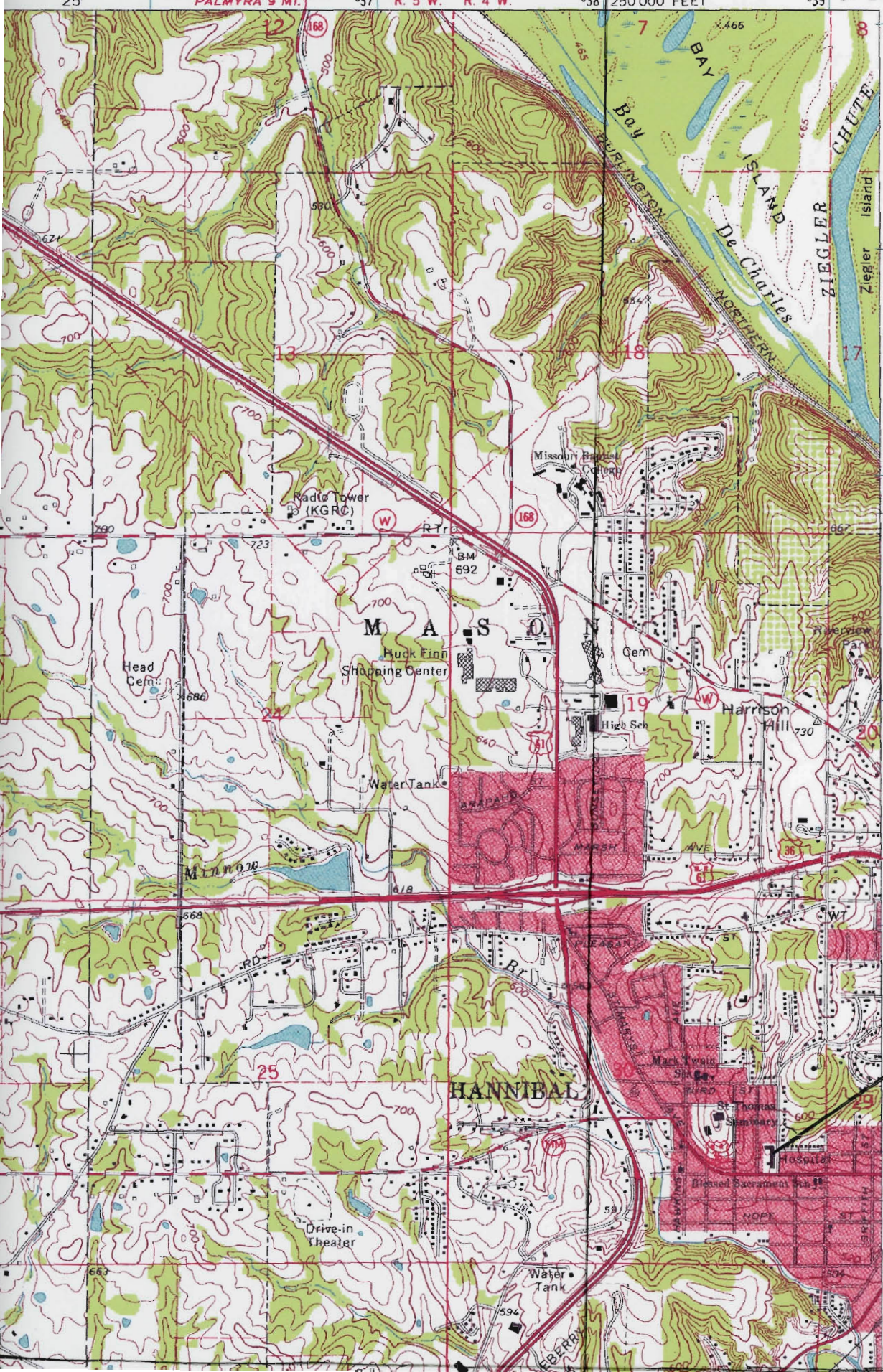
MISSOURI
7.5 MINUTE SERIES (TOPOGRAPHIC)

NW 44 HANNIBAL 15' QUADRANGLE

2763 IV
MARBLEHEAD

25' 637 R. 5 W. R. 4 W. 638 250 000 FEET 639 91° 22' 30" 39° 45'

PHILADELPHIA 23 MI.
PALMYRA 9 MI.



0.9 MI. TO MO. 79
PITTSFIELD, ILL. 36 MI.

ST. ELIZABETH
HOSPITAL
MARION COUNTY,
MISSOURI
UTM REFS:

15/038800/4395940

42' 30"



SPEED
LIMIT
30











→ South Elevator

North Tower
Second floor

Central Tower
Fourth floor





EXIT

STAIRWAY

RESTROOMS
←









STAIRWELL, NO-5



EXIT

EXIT

NO SMOKING
NO ALCOHOL
NO DRUGS







