

**United States Department of the Interior
National Park Service**

**National Register of Historic Places
Registration Form**

1. Name of Property

historic name St. Mary's Infirmary
other names/site number N/A

2. Location

street & number 1536-48 Papin Street [n/a] not for publication
city or town St. Louis [n/a] vicinity
state Missouri code MO county St. Louis (Ind. City) code 510 zip code 63103

3. State/Federal Agency Certification

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

Mark A. Miles FEBRUARY 27, 2007
Signature of certifying official/Title Mark A. Miles / Deputy SHPO Date

Missouri Department of Natural Resources
State or Federal agency and bureau

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

Signature of certifying official/Title

State or Federal agency and bureau

4. National Park Service Certification

	Signature of the Keeper	Date of Action
I hereby certify that the property is:		
<input type="checkbox"/> entered in the National Register See continuation sheet [].	_____	_____
<input type="checkbox"/> determined eligible for the National Register See continuation sheet [].	_____	_____
<input type="checkbox"/> determined not eligible for the National Register.	_____	_____
<input type="checkbox"/> removed from the National Register	_____	_____
<input type="checkbox"/> other, explain see continuation sheet [].	_____	_____

5. Classification

Ownership of Property	Category of Property	Number of Resources within Property	
		contributing	noncontributing
<input checked="" type="checkbox"/> private	<input checked="" type="checkbox"/> building(s)	5	0
<input type="checkbox"/> public-local	<input type="checkbox"/> district		building
<input type="checkbox"/> public-state	<input type="checkbox"/> site		sites
<input type="checkbox"/> public-Federal	<input type="checkbox"/> structure		structures
	<input type="checkbox"/> object		objects
		5	0
			total

Name of related multiple property listing.
 N/A

Number of contributing resources previously listed in the National Register. 0

6. Function or Use

Historic Function

HEALTH CARE/hospital
EDUCATION/school

Current Functions

VACANT

7. Description

Architectural Classification

LATE 19TH AND 20TH CENTURY
REVIVALS/Italianate
MODERN MOVEMENT

Materials

foundation limestone

 walls brick
limestone

 roof asphalt
 other _____

see continuation sheet [].

see continuation sheet [].

NARRATIVE DESCRIPTION
 See continuation sheet [x]

8. Statement of Significance

Applicable National Register Criteria

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

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

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

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

Criteria Considerations

Property is:

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

B removed from its original location.

C a birthplace or grave.

D a cemetery.

E a reconstructed building, object, or structure.

F a commemorative property.

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

Areas of Significance

HEALTH/MEDICINE

EDUCATION

ETHNIC HERITAGE/

Black

Periods of Significance

1889-1957

Significant Dates

N/A

Significant Person(s)

N/A

Cultural Affiliation

N/A

Architect/Builder

Gillick, Aloysius

Barnett, Haynes and Barnett

O'Meara, P.M., and Associates

Holly, Francis

Narrative Statement of Significance

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

9. Major Bibliographic References

Bibliography

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

Previous documentation on file (NPS):

preliminary determination of individual listing (36 CFR 67) has been requested

previously listed in the National Register

previously determined eligible by the National Register

designated a National Historic Landmark

recorded by Historic American Buildings Survey

recorded by Historic American Engineering Record

Primary location of additional data:

State Historic Preservation Office

Other State Agency

Federal Agency

Local Government

University

Other:

Name of repository: Landmarks Assoc. of St. Louis

USDI/NPS NRHP Registration Form

St. Mary's Infirmary
St. Louis, MO

10. Geographical Data

Acreage of Property less than one acre

UTM References

A. Zone 15	Easting 743 200	Northing 4278 360	B. Zone	Easting	Northing
C. Zone	Easting	Northing	D. Zone	Easting	Northing

[] See continuation sheet

Verbal Boundary Description

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

Boundary Justification

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

11. Form Prepared By

name/title Michael Allen/Researcher
organization Landmarks Association of St. Louis date September 1, 2006
street & number 917 Locust Street, 7th floor telephone 314-421-6474
city or town St. Louis state MO zip code 63101

Additional Documentation

Submit the following items with the completed form:

Continuation Sheets

Maps

- A **USGS map** (7.5 or 15 minute series) indicating the property's location.
- A **Sketch map** for historic districts and properties having large acreage or numerous resources.

Photographs

Representative **black and white photographs** of the property.

Additional Items

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

Property Owner

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

name St. Mary's Development LLC
street & number 1800 Lafayette Avenue Telephone _____
city or town St. Louis state MO zip code 63104

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**NATIONAL REGISTER OF HISTORIC PLACES
CONTINUATION SHEET**

Section 7 Page 1

St. Mary's Infirmery
St. Louis [Independent City], Missouri

Summary

The St. Mary's Infirmery, 1536-48 Papin St. in St. Louis, Missouri, consists of five brick hospital buildings constructed between 1887 and 1946. The oldest existing hospital building and its 1896 addition form a visually unified red brick building, and share an Italianate style with a 1900 kitchen addition. The 1906 east wing to the older hospital shares the same red brick and double-loaded corridor plan, but stylistically is starkly different with Georgian Revival characteristics. The 1940s additions are streamlined modern buildings that share a red-orange face brick. All of the nominated buildings are connected to each other above ground, except the Laundry and Boiler Room Building, which is connected by a now-sealed underground tunnel. The Infirmery and East Wing buildings have no basement.

The site is on the south end of downtown St. Louis and was first used for a hospital by the Sisters of St. Mary in 1877. That year, the order purchased a mansion and converted it to use as a hospital. The neighborhood surrounding the house was dense and residential, having been built up in the early and middle part of the nineteenth century with two and three story tenements, townhouses and storefront commercial buildings in popular vernacular styles. Later expansion led to the construction of the oldest of the nominated buildings, completed in 1889. Further expansion occurred as the neighborhood underwent rapid changes; in fact, the hospital's growth contributed to these changes as the hospital acquired residential buildings and demolished them to build additions. Currently, the neighborhood barely resembles its condition around the construction of the first of the existing buildings. Various light industrial buildings and storage yards surround St. Mary's Infirmery. Much of the rest of the hospital's city block is vacant land. Some of the ancillary hospital buildings, including the mansion that was the first hospital, were demolished in 1991.

Introduction

The St. Mary's Infirmery is located in the City of St. Louis, Missouri, just inside of the southern boundary of downtown St. Louis. The site encompasses five buildings at the western end of the block bounded by Papin Street, Seventeenth Street, Chouteau Avenue and Fourteenth Street. All buildings are contributing resources to the nomination:

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St. Mary's Infirmary
St. Louis [Independent City], Missouri

Infirmary Building (1889, 1896)
East Wing (1906)
Kitchen Building (1900)
Sacred Heart Hall (1945)
Laundry and Boiler Room Building (1946)

Integrity & Condition

Overall, the buildings at the hospital are in good structural condition but have endured deterioration brought on by abandonment. Demolition of the chapel, original hospital and ancillary buildings along alley line took place in the 1980s. Although not visible from the primary elevation, these buildings contributed to the density of the complex. Sacred Heart Hall and the Laundry and Boiler Room buildings were in use through 1994 and are in the best condition of all; in fact, they show few signs of major deterioration. The Laundry and Boiler Room building was recently opened as a grocery store, and the remodeling altered the appearance somewhat. The Kitchen Building was used until 1994, but shows evidence of heavy recent vandalism and decay. The main Infirmary building and its additions have been vacant since 1979 and bear the predictable signs of disuse: broken windows, rotting fascia and eaves, missing guttering, roof deterioration and some arbitrary destruction. Mostly, though, the entire group retains original interior and exterior appearance. Major alterations have included replacement of original windows with non-historic wooden replacement windows and glass block, filling in some windows with brick and the removal of some interior millwork to accommodate modern surgical facilities. However, most of the interior remains unaltered, with original millwork, doors and even tile flooring in place.

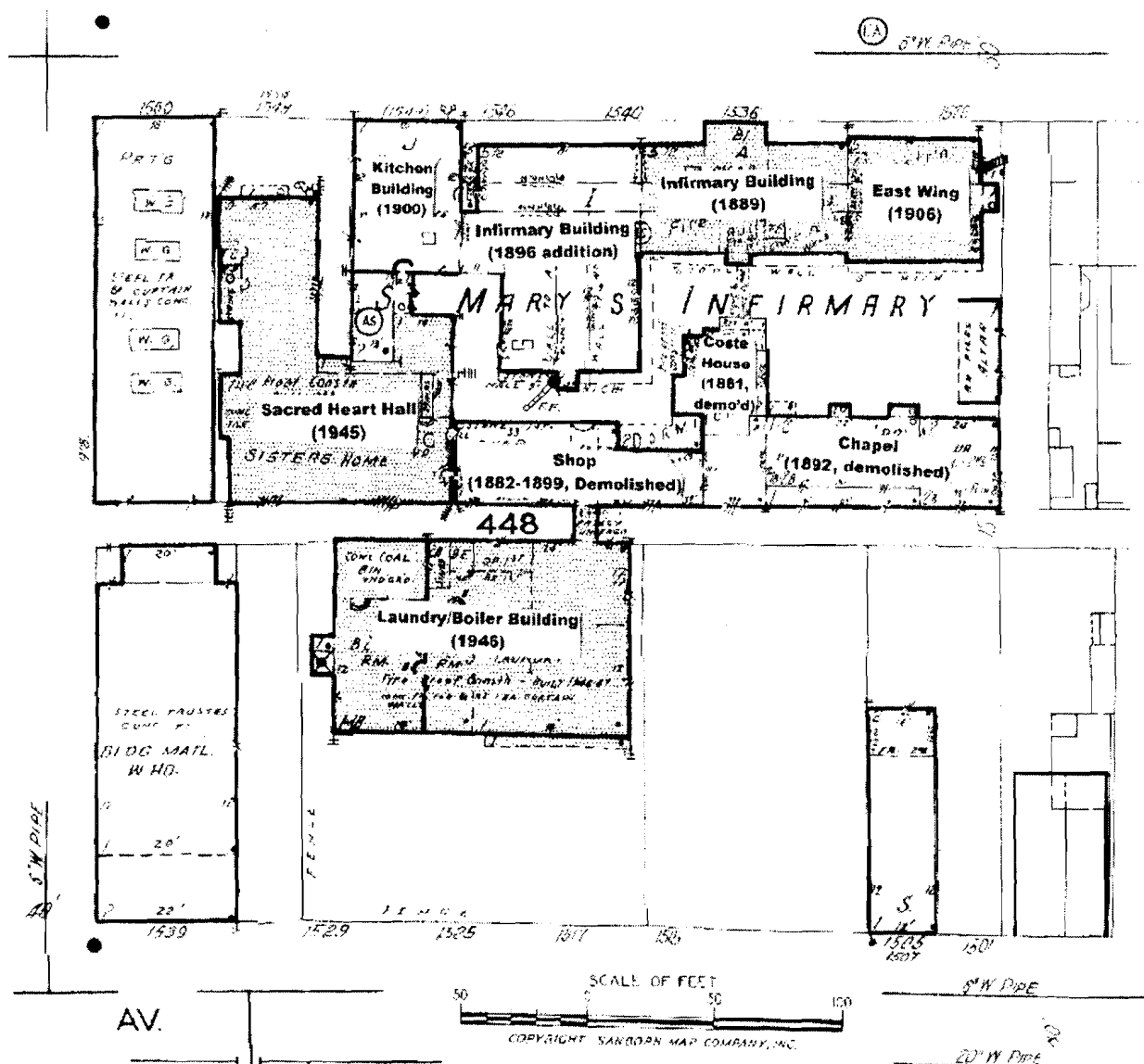
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Figure #1: Site plan showing the evolution of St. Mary's Infirmary. (Source: Sanborn Fire Insurance Map, c. 1968 with annotation by the preparer.)



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Contributing Buildings

Infirmary Building

(Aloysius Gillick, 1889 and 1896)

The Infirmary building is part of an unrealized U-shaped main hospital building. The first section was the rectangular center section, and a later addition extends the front elevation with a seamless extension and creates a wing extending to the south. The East Wing that was built in 1906 departed from the realization of the original expansion plan, with a different style and plan than conceived in 1896. The flat-roofed building is six stories tall and built of load-bearing, stretcher-bond masonry walls with wooden structural members. The building has no basement, and the sixth floor is a low-ceiling attic. Floors are of wooden tongue-and-groove boards.

The primary elevation consists of twelve bays, including a projecting bay that defines the main entrance to the Infirmary. Three bays are on the left of the projecting bays while eight are on the right; the seven leftmost bays constitute the 1889 building. A water table of rusticated limestone blocks rises to a smooth, continuous course of limestone that forms the sills for the first floor windows. Each first floor window is topped with a stone lintel with descending corner blocks. Above the first floor is a belt course of limestone from which rises the projecting brick piers that divide each bay. The piers begin with a smooth limestone block base and bear decorative brick crosses that project between the second and third and the fourth and fifth floors as well as at the mid point of the sixth floor. The lower and upper crosses resembles the cross of the medical profession while the middle cross resembles a Christian cross. Each window opening on the second through fifth floors has a segmental arch with a sill that runs across each recessed bay past the edges of each opening. All original two-over-two wooden double-hung windows are replaced by windows like those found on Sacred Heart Hall.

Stringcourses of limestone run continuously across the façade (except on the projecting bay) above the second and fourth floors. The second floor course follows the recesses created by the piers while the fifth floor course runs above corbelling on the plane of the piers. Between the stringcourse and the sills of the third floor windows are recesses in

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which the brick is laid with a diagonal bond. Above the fifth floor stringcourse, the sixth floor bays are divided into arcades of three arches, with the outer arches being blind and the center arches carrying wooden hinged windows that fit the openings. Brick corbelling supports a projecting ogee copper cornice that is largely missing. Above the two rightmost bays, the corbelling supports a triangular pediment decorated with a recessed blind rosette.

The projecting bay carries the central staircase, so its fenestration does not carry the floor lines of the building. The water table here is smooth limestone, and the east and west sides of the bay carry one narrow one-over-one wooden window at the first level. The north elevation is framed by projecting brick piers that carry a decorative projecting form above the first floor line, and an inset limestone Christian cross above. The first-floor doorway is flanked by projecting brick columns with limestone bases and capitals. They support a cast-iron gabled cornice that originally supported a cross. The doorway arch is segmental arched with a limestone keystone. Inside the recessed doorway, two limestone columns with Corinthian capitals support a wooden arch with decorative flourishes at its apogee. The doorway consists of two set of double doors forming a foyer. Above the first set is an arched, stained glass transom window divided by a central trefoil and other tracery. Above the doorway is a stringcourse that forms the sill for two centered, arched window openings. A second stringcourse runs three-quarters of the height of these windows but bends to form lintels for the window openings. Above this set is a matching second set. Above this pair is a stringcourse forming the sill for large arched window in a recess formed by a curved brick edge and a modest archivolt. Above this, a rosette window opening with archivolt bears its original wooden four-paned window. Decorative corbelling frames the gable, which is topped by the copper cornice line that runs across the entire building. A limestone cross once stood at the top of the gable. The gable's original stamped tin roof is visible under asphalt roofing paper. Unfortunately, all window openings on this elevation has been filled in with glass block with aluminum casement window inserts.

The southern elevation consists of eight bays to the right of a projecting wing. Each window bay consists of centered window openings, with five openings similar in size to those on the front elevation under a small sixth-floor window. The window openings carry replacement windows like those on the primary elevation. The eastern wall of the projecting wing contains five window bays; the only difference between the articulation

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of the bays on the wing and on the original portion is that the sixth-floor windows here are jack-arched and flat. The symmetrical southern elevation of the western wing consists of five bays; the center bay features large window openings while the outer bays are articulated as the other bays on the secondary elevations. A fire escape once was attached to the center bay, with each opening consisting of a paired doorway and window. A limestone stringcourse runs continuously under the sixth floor windows, forming their sills and wrapping around to the western elevation.

The western elevation is divided into three sections formed by a projecting bay and a the deep recess of the south part of the western wing of the building. The first floor is covered by a hallway addition connecting the Infirmary and Kitchen buildings. To the left of the projecting bay are four window bays behind a cast iron gallery porches and fire escape. Each bay carries a centered column of window openings except the third from left, which carries doorways that open onto the porches. The window openings have in the original configuration: a wooden, double-hung two-over-two window with a divided-pane transom above. The projecting bay carries similar window columns on each of its three sides; at the top, a projecting architrave supported by corbelling wraps around the bay with decorative recessed brickwork above. On the south side, a tall square chimney rises above the height of the bay. To the right of the projecting bay, the elevation is divided into five window bays articulated like the other secondary elevations. Some variation is seen: on the fifth floor, the openings if the third and fourth bays from left are bricked-in with a smaller window opening between them are filled; on the rightmost bay, at the second and third floors a small one-over-one window opening is to the left of the larger opening. This wall plane continues the architrave and corbelling found on the projecting bay along with the stringcourse under the sixth floor windows that wraps from the southern wall. A projecting brick course runs under this stringcourse.

The interior plan follows the traditional double-loaded corridor arrangement favored by architects of 19th century institutional buildings. One corridor runs laterally (east-west) and meets one that runs north-south in the wing, forming a T shape. Inside of the main entrance is a large lobby, with stairs located at the south end that rise to the second floor. To the left of the stairs is an elevator shaft added in the 1950s. Here, the central staircase begins, projecting from the north wall. The stair risers are cast iron and the treads are wooden; the cast iron balustrade is missing except for a few pieces near the sixth floor. The interior walls are plaster on lath and the original millwork is mostly intact. Original

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tile floors can be found in the lobby, most sections of the corridors and at each stairway landing. Many details, from historic glass light fixtures to original doors, give the interior a strong historic character.

East Wing

(Barnett, Haynes and Barnett, 1906)

The rectangular five-story East Wing projects somewhat from the plane of the Infirmary's primary elevation and overlaps the easternmost pier of the Infirmary Building. The symmetrical front elevation, of red brick on a water table of rusticated limestone block, consists of five window bays. The water table matches that of the Infirmary building and rises to smooth limestone stringcourse that forms a sill for the first floor windows. The first floor brick is rusticated with four continuous courses of recessed brick spaced evenly. A continuous limestone architrave runs across the head of each first-floor window, supporting a limestone cornice with a projecting frieze featuring a wave motif. A cap extends slightly outward over the frieze, and a flat course of limestone at the plane of the wall runs above that. Brick quoins wrap each corner of the elevation. Each window opening on the second through fifth floors features a smooth limestone sill and a limestone splayed lintel with keystone. The fifth floor window openings are roughly two-thirds the height of the others. A wrapped, projecting cornice of buff terra cotta caps the elevation. The cornice consists of an architrave under a dentil course that supports projecting brackets. Above the cornice is a flat brick parapet with terra cotta coping.

The windows in the openings of the three leftmost window bays are original wooden two-over-two, wooden, double-hung windows. The rightmost two bays were filled in with glass block with casement inserts around 1953. The glass block is recessed to match the plane of the original brick mold.

The side elevation is unadorned, consisting of three symmetrically distributed window bays with segmental-arch openings. Each outer bay bears one column of wooden double-hung two-over-two windows, while the center bay features a pairing of a window in the leftmost bay and a door opening in the rightmost bay. This bay is obscured by an original cast-iron fire escape onto which these door openings lead. From the water table up through the second story in the leftmost bay rises a curved 1953 addition built of cast

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concrete and sheathed in copper. The addition features two window openings bearing glass block with casement inserts. This addition was part of the construction of a new surgical ward in the building.

The plain rear elevation also features three symmetrically distributed window bays. Each outer bay bears one column of wooden double-hung two-over-two windows, while the center bay features paired windows of the same kind. There are no windows on the first story. The fifth floor windows are shorter than the others. At the first floor, the rightmost window opening in the center bay was altered in a remodeling. The opening was shortened and filled with glass block, and a second such window was added to its right between the historic bays. Otherwise, the windows on the rear elevation are likely original. The roof of the building is flat and pitched away from the primary elevation.

Like the Infirmary Building, the East Wing is built with load-bearing masonry walls. However, its trusses are steel and its floor plates are concrete slabs. Inside, the building continues the corridor plan of the older buildings, with a centered corridor running laterally double-loaded with rooms. The floors continue the tile pattern of the original building, although the millwork is less elaborate. Many original features were altered or removed in a 1953 remodeling during which an elevator and operating room were added. The fifth floor is heavily damaged by water infiltration.

Kitchen Building

(Francis Holly, 1900)

The Kitchen Building consists of a one-story rectangular body with a narrow two-story rear wing. The building is masonry construction with wooden trusses and floors. The primary elevation is symmetrical, with four window bays under a shaped parapet. A rusticated water table of limestone block is capped with a smooth limestone stringcourse. Each segmental-arch window opening sits in a recess that extends through the visible water table. The openings are filled in with brick, except for the leftmost bay that contains a small steel casement window, but the original limestone sills remain to define each opening. The west elevation features five segmental-arch window openings that have been partially bricked-in to accommodate newer windows like the one on the primary elevation.

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A narrow one-story hallway with a doorway opening to Papin Street connects the Kitchen Building to the Infirmary Building. An irregularly-shaped addition extends this hallway to Sacred Heart Hall, obscuring the first floor of the eastern wall of the two-story wing. Above the hallway, the second floor of the wing is divided into five irregularly-distributed window bays, each with a segmental arch and bearing original two-over-two wooden double-hung windows. The eastern wall features the same bay arrangement, with the second floor bearing the same type of window while the first floor openings are partially bricked-in to accommodate smaller, metal replacement windows. Inside, the main body is an open space with pantries and storage rooms located along the north wall. The entire kitchen was remodeled in 1959. The two-story rear section consists of a narrow hall connecting to the Dormitory Building with two rooms on each floor in a shotgun layout; no original features remain.

Sacred Heart Hall

(P.M. O'Meara & Associates, 1945)

Sacred Heart Hall is a five-story, flat-roofed streamlined brick building that is basically L-shaped in plan. The fireproof building's structure and floor plates are cast concrete while interior partitions are of structural clay tile covered in textured plaster. Inside, a center hall on each floor follows the L-shape of the building, and is double-loaded with dormitory and other rooms. The walls are of polychrome red brick, and window sills and coping tiles are made of smooth light-gray concrete.

The primary elevation is the narrow northern elevation, set back from Papin Street behind a fenced yard. The symmetrical façade is divided into three window bays. The outer bays' jack-arched openings carry paired wooden double-hung windows with each sash divided by one horizontal divider. Each window opening is the starting point for ten recessed courses that are spaced apart evenly and wrap around the corners of this elevation. The center bay features a doorway on the first floor with smaller window openings containing one-over-one units on the third and fourth floors. The recessed doorway bears wooden double-doors under a transom window; the corners of the wall creating the recess are curved. Above the doorway is a shallow projecting aluminum canopy that extends to the end of each window on the first floor. Above the canopy on the second floor is a projecting statue of Jesus Christ. Above the fifth floor centered on the building rises an elaborate cast concrete cross; five projecting curved shelves are

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echoed by the circle that surrounds the head of the cross. Below and between the shelves on each side are squares formed by the brickwork.

The eastern elevation and a second north-facing elevation continuously continue the pattern formed by the recessed courses and the formal articulation of the primary elevation. The eastern elevation is divided into six window bays, with the three leftmost being grouped closer together than the three rightmost. The first, third and fourth floors have regular fenestration and contain single wooden double-hung windows with their sashes divided by horizontal dividers. On the second and fifth floors, the leftmost bay contains a single window while all others are groups of three windows with one exception: on the second floor, the second and third bays from the left are combined into a window ribbon divided into four windows.

The northern elevation is divided into six bays, with the four rightmost carrying single windows like those on the eastern elevation. The leftmost bay bears centered steel-sash windows, and the bay to its right bears tall, narrow unglazed openings that correspond to an internal fire escape.

The western wall elevation shows further deviation from a straightforward shape. A blank section at left meets the body of the elevator shaft and stairwell column, which rises one story above the building to accommodate elevator machinery and provide roof access. To the right of this column is a recess. The south wall of the stairwell column bears large steel-sash windows at each floor above the first, while the western wall of the building in the recess carries a bay of smaller windows. A second stairwell column projects outward to the right of this bay, rising only the height of the main body of the building. The south wall of this column bears small double-hung wooden windows, while to the right of the column on the western wall is one bay of wooden double-hung windows like those on the other elevations. The rest of the western wall is blank.

The rear wall is divided symmetrically into eight window bays. Each window opening above the first floor bears a wooden two-over-two double-hung window like those on the other elevations. Each opening has a concrete sill. The wall is flat with no decorative brickwork. The first floor is somewhat irregular, with groups of three windows alternating with single windows in each bay, along with two door openings. The eastern

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wall features one steel-sash window at the fifth floor centered on the wall; below is evidence of the side wall of another building now demolished.

The interior retains most original wooden doors and casements in addition to terrazzo floors. The floor plan remains unaltered.

Laundry and Boiler Room Building
(P.M. O'Meara & Associates, 1946)

The Laundry and Boiler Room Building is a rectangular, flat-roofed brick building that is internally divided into two sections: a one-story boiler room on the west end, and a laundry facility on the eastern end that has a second floor. A smokestack stands at the west end of the building. The frame is of reinforced concrete, and the building is clad in the same polychrome brick as Sacred Heart Hall. The building sits on the alley line, although its one-story primary elevation faces Chouteau. The primary elevation shows the internal division: three garage door openings, now filled in with concrete block and smaller doors, with a doorway between the two on the right, compose the left side (the boiler room), while a window ribbon interrupted by two brick piers forms the right side (the laundry facility). A doorway is part of the leftmost section of the window ribbon, and concrete rises from the foundation to under the concrete sills of the ribbon. Some of the ribbon is filled in with brick. A line of small vent openings runs above the window ribbon. The building is coped with concrete tiles. The second story begins partway back from the primary elevation, and it is visible from the street. The second story is divided symmetrically into eight window openings containing one-over-one aluminum windows. The same vent openings as on the first story are centered over the two leftmost, rightmost and center openings. The rear elevation of the laundry section has six window openings on the second floor over a large recessed loading dock on the first floor that has been filled-in with concrete block. The recessed rear elevation of the boiler room features two wide, blocked-in garage-style door openings.

In 2005, this building was converted into a grocery store. Although the front and side elevations of the building were painted red (an easily-reversed alteration), and some openings were filled in with cinder block, the basic appearance remains the same and the building retains integrity.

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St. Mary's Infirmery
St. Louis [Independent City], Missouri

Summary

St. Mary's Infirmery is locally significant under Criterion A in the areas of HEALTH/MEDICINE, EDUCATION and ETHNIC HERITAGE/Black. The Sisters of St. Mary of the Third Order of St. Francis opened a hospital in a house on the site in 1877, devoting the operation to charitable care of the sick and poor. This was the first permanent hospital opened by that Roman Catholic order. The Sisters of St. Mary went on to build many charitable hospitals in Missouri, Illinois, Wisconsin and South Carolina that now form the SSM Healthcare Network. The hospital saw constant expansion of its facility between 1889 and 1906. St. Mary's Infirmery was a model of efficiency, and in 1918 was one of only three St. Louis hospitals to gain rating as a Grade "A" hospital under the American College of Surgeons' new hospital rating system. The hospital entered an important new phase in 1933, when it became the city's second black hospital with the city's first-ever racially integrated medical staff. Later that year, the Sisters of St. Mary also opened a nursing school for black candidates, creating the city's second school of nursing open to blacks and the nation's first Catholic nursing school that admitted African-Americans. The period of significance begins in 1889, when the oldest existing building opened, and ends in 1957 reflecting an arbitrary 50-year cutoff. The Infirmery includes five buildings, all of which contribute to this nomination. Four of these buildings are connected above ground, and the fifth building once connected to the others by a now-demolished bridge. They are architecturally distinct despite these connections. The buildings exhibit historic character, with relatively few alterations for an urban hospital used for such a long period of time. Alterations include changes to window openings, demolition of ancillary structures and deterioration due to vacancy that began in 1979. Yet the buildings retain integrity and convey their appearance as a historic hospital complex. Though historically owned and operated by a Roman Catholic order, the property meets Criteria Consideration A because it derives its significance from its medical and ethnic significance rather than its religious affiliation.

Background

The order of the Sisters of St. Mary of the Third Order of St. Francis has its roots in the work of German nun Anna Katherine Berger (1823-1881), better known as Sister Mary Odilia Berger. Sister Mary Odilia entered religious service in 1857 through the Franciscan Congregation of Poor Franciscans, and performed charitable work in France and Germany for several years. Berger sought to raise alms for poor working German

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women living in France, and to this end established the Servants of the Sacred Heart in Paris in 1866. Some of the work of the Servants involved medical care and home nursing for indigent people. However, Berger's independence and devotion to her cause led to her split with the diocese that sponsored her mission in 1867. In 1870, the Prussian invasion of France caused the expulsion of Germans, and Berger and some followers moved to Germany. Then, in 1872, Chancellor Otto Bismarck ordered Catholic clergy and religious orders placed under state control; Bismarck and other European political leaders were reacting to a recent Vatican Council ruling that asserted the infallibility of the Pope. Sister Mary Odilia Berger decided to leave Europe for the United States, because "events had developed to an extent that nowhere in Europe could she expect complete religious freedom."¹ She sent a letter seeking a home from a German family now living in the United States who had been smallpox patients of hers. The head of the family, Gustave Wegman, replied with an invitation to join his family in their new home in St. Louis, Missouri. Berger and her followers accepted and left in October 1872.

Upon arriving in St. Louis, Sister Mary Odilia Berger and her followers met Reverend Henry Muehlsiepen, Vicar General of the St. Louis Archdiocese. He assigned them to the direction of Reverend William Faerber, pastor of St. Mary of Victories Church (NR 08/28/1980) at Third and Gratiot Streets on the near south side of the city. The sisters took up residence on the second floor of a tenement house on Second and Gratiot Streets near the church. Due to their proximity to the church, locals called the sisters "the Sisters of St. Mary" although they actually retained the name "Servants of the Divine Heart."² Sister Mary Odilia Berger accepted the name, the selection of which she saw as an act of the Virgin Mary. The Sisters went on to incorporate themselves in Missouri as the Sisters of St. Mary in 1874.

The Sisters arrived in St. Louis at the onset of a major smallpox outbreak, a crisis situation to which they which they brought some experience and ability. However, the sisters has not yet dealt with widespread and rapid disease outbreak, nor had they lived in such a crowded urban area. Many American cities experiencing rapid population growth at the time were undergoing similar crises. In St. Louis, the causes included rapid immigration by poor and unemployed people whose diets and hygiene were poor; overcrowding of the eastern end of the city, including the area around St. Mary of

¹ Sister Mary Gabriel Henninger, *Sisters of St. Mary and Their Healing Mission* (St. Louis: Sisters of St. Mary of the Third Order of St. Francis, 1979), p. 4.

² Henninger, p. 11.

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Victories church; polluted water supply; contaminated food; inadequate garbage collection and general problems related to urbanization without modern sanitary practices. Berger immediately began organizing an effort to nurse the poor, who were hardest hit by the crisis. Within one month of arriving, the Sisters had nursed 13 patients, 10 of whom were smallpox victims.³ By the end of 1872, 3,789 cases of smallpox had been reported in St. Louis; 1,591 of these cases were fatal. (The city's total population was around 270,000.) The sisters continued their efforts into the next year, garnering the nickname the "Smallpox Sisters."⁴ The congregation was quickly recognized within the archdiocese for its dedication and ability.

In 1873, two new candidates applied for admission and were accepted along with a third woman who had traveled with the sisters from Germany. A new health crisis beset the city: a cholera epidemic that lasted from May to October. Again, the Sisters were unflinching in their willingness to respond to the crisis. They ministered to the sick and dying and distributed free medicine, linens and food. In addition, the Sisters took care of orphans and children of working mothers. Throughout the cholera epidemic, the Sisters began raising money for a new convent near the church, which was completed on September 19. The three-and-a-half story convent contained a chapel, sleeping rooms, a kitchen as well as an infirmary that would allow the sisters to provide limited medical care in a clean facility of their own. This operation would grow into St. Mary's Infirmary. By the end of 1874, the Sisters of St. Mary numbered 18 Sisters and 2 candidates.⁵ Two Sisters had relocated to aid St. Charles, Missouri with a smallpox outbreak, a move that initiated the expansion of the order outside of St. Louis.

The expanding nursing work of the Sisters of St. Mary led to their decision in 1876 to found their own hospital. The difficulties that they encountered in their care of the poor were many: needed supplies often were not available, home environments in which they aided patients were not clean, and free physicians' services were hard to find. The Sisters began looking for a building near St. Mary of Victories church, which was their home and reasonably close to the downtown area where people of many classes worked. The new hospital would serve people from all classes, with free care for the poorest. The search for a building led to the purchase of the mansion at 1536 Papin Street, which belonged to Felix Coste and had once been the home of US Senator Carl Schurz. The

³ Henninger, p. 7.

⁴ Ibid.

⁵ Ibid.

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three-story Italianate mansion was large enough to accommodate the small hospital as well as living space for some of the Sisters. The Sisters built a chapel behind the house, and opened the hospital to six patients in June 1877. Nine physicians agreed to serve patients. Dr. Charles Garcia trained some of the Sisters, who served as the nursing staff, as druggists to fill prescriptions. The new hospital was named St. Mary's Infirmary. By year's end, a clinic was opened at the hospital.

Within ten years, the house and chapel were inadequate for the growing hospital. In 1882, the Sisters decided to relocate the motherhouse to the Infirmary, in response to the central role the hospital played in the order's life. This move necessitated new construction. In 1887, the Sisters applied to George Leighton for loans totaling \$62,000 to build a new building. They decided to build a large new hospital building directly in front of the Coste house, which had set back from Papin Street (see figure #2). The Sisters engaged the services of Aloysius Gillick to design the new hospital. Gillick was born the grandson of a Irish immigrants in Carondelet, where his family engaged in various building trades and manufactured bricks.⁶ Little is known about his career, except that every built work of his was designed for a Roman Catholic women's religious order. Gillick's name did not even appear in any city directory until 1890, when he was listed as a draftsman.⁷ Later directories list Gillick as an architect. Gillick went on to design chapels for the Sisters of St. Joseph, both in 1896 at the Clemens House on Cass Avenue and in 1897 at their convent in Carondelet. The cornerstone was laid by Vicar General Muehlsiepen on July 11, 1887, and the building was dedicated by Reverend Faerber on February 12, 1889.⁸

For the "new" St. Mary's Infirmary, as the building would be called, Gillick designed an Italianate building with little ornament save striking masonry articulation. The six story red brick building was symmetrical, with a projecting center bay crowned by a front-sided gable and topped with a cross. This bay carried the center stairwell, marked by a large arched window at the top. The bays of the building were divided by projecting columns of brick into which were set at intervals both the Christian and medical crosses. The interior was divided into a central staircase flanked by double-loaded corridors where medical suites and patients' rooms were located. The offices and pharmacy were on the

⁶ http://stlcin.missouri.org/history/people/detail.cfm?Master_ID=758 (27 July 2006) *Mound City on the Mississippi: A St. Louis History; People: Aloysius Gillick.*

⁷ Landmarks Association File: Clemens House.

⁸ *History*, p. 4.

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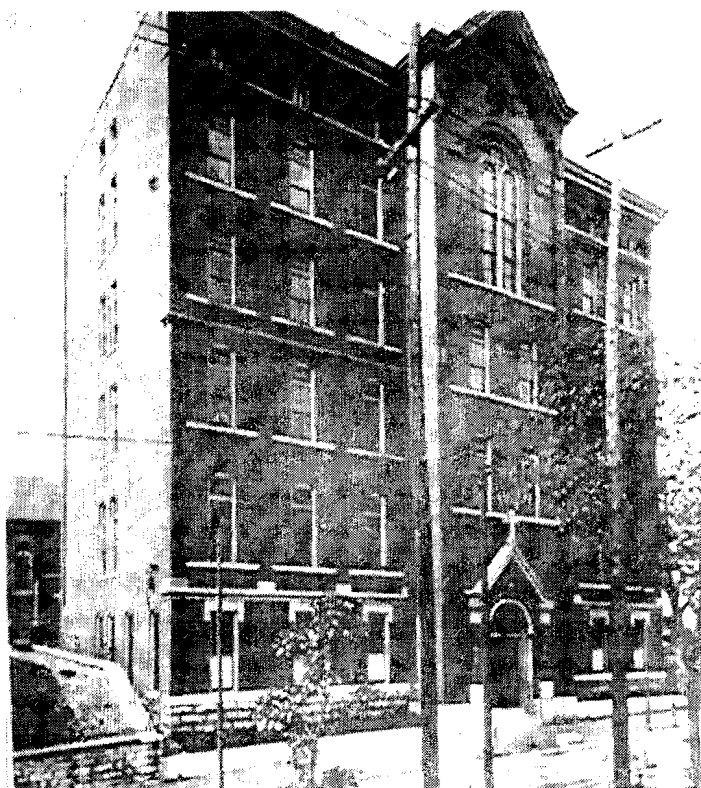
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first floor, and the Sisters continued to live in the house. The chapel was moved to the fifth floor of the hospital, since it had outgrown its existing space.

Figure # 2: A photograph of the hospital building after completion in 1889. (Source: Archive of the Sisters of St. Mary)



Gillick's design and later expansion plan, like the work of other hospital architects of this period, responded to the miasma theory of disease. The miasma theory emerged from the work of various 19th century British physicians, who studied cholera epidemics and concluded that maladies spread through crowded cities via "miasma," or foul air caused by pollution and overcrowding.⁹ Such a theory was medically flawed, although its central tenets certainly had some truth in light of the condition of a city such as St. Louis

⁹ <http://www.priory.com/homol/19c.htm> (28 August 2006) *The Influence of Somatic and Psychiatric Medical Theory on the Design of Nineteenth Century American Cities.*

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in the early 1880s. Hospital designers in the late 19th century and early 20th century attempted to create buildings that maximized natural light and ventilation as well as open space inside of the building, so that the hospital was a refuge from the condition of the city and thus a space conducive to healing its effects. With its wide corridor, tall windows and high ceilings, St. Mary's Infirmary, modern for its age, embodied the architectural principles spawned by the miasma theory.

The opening of the new building was but one part of the growth that the order experienced in the last two decades of the 19th century. In 1892, the sisters built a new chapel and converted the fifth floor space to an open ward. One year later, thirty candidates left the Sisters of St. Mary to form their own congregation, the Sisters of St. Francis of Maryville. These sisters exported the charitable work model of the Sisters of St. Mary to a city west of St. Louis. In 1895, after rejecting the suggestion of the archdiocese that they abandon their "slum" neighborhood and build a new hospital west of the inner city, the Sisters decided to greatly expand the hospital.¹⁰ Gillick developed a plan for expanding the 1889 building into a U-shaped building with two wings extending southward (see figure #3). The elevation along Papin Street would be extended to create a wide and imposing building, with secondary pediments at each end. Construction of the western wing began in October 1895 with William Hillebrand as the general contractor. The cyclone of 1896 heavily damaged the wing, but nonetheless was dedicated by Archbishop J.J. Kain on November 29, 1896. The wing continued the double-loaded plan and added new, much-needed surgical facilities.

In 1896, the hospital's admissions had reached 1,310, of which were 785 charity cases. Thus, the Sisters were succeeding in their mission to provide charitable medical care to the poor while also providing a general hospital for middle-class people. The order had established four additional hospitals, and had 98 sisters and 39 candidates located across all five hospitals.¹¹ In 1902, the Terminal Railroad Association (TRRA) contracted with St. Mary's Infirmary to provide exclusive hospital care for its employees. This arrangement, with lasted until 1920, recognized the hospital's ability to provide efficient care and to expediently treat the ails of working-class patients. TRRA provided X-ray equipment for general hospital use, an innovation given that the invention of the X-ray

¹⁰ History 6-7

¹¹ Henninger 28-29

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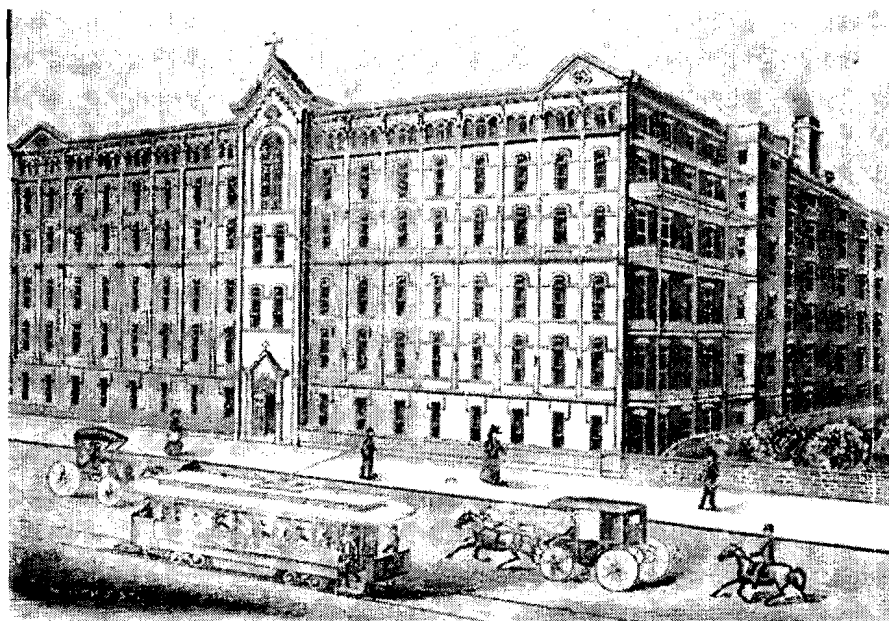
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machine has occurred only seven years prior, and funds for establishing its own ward on the third floor, including private beds.¹²

For some unknown reason, the Gillick expansion plan was dropped when the Sisters built the east wing. In May 1905, the Sisters hired Barnett, Haynes and Barnett to design the new wing and P.J. Moyrichan to be the general contractor. Rather than execute the completion of the U-shaped plan, Barnett, Haynes and Barnett came up with a \$60,000 addition neither stylistically nor spatially consistent with the previous plan. The East Wing was a symmetrical building in the fashionable Georgian Revival style (City Hospital to the south made use of the Georgian Revival style between 1905 and 1940). The East Wing also departed from the old timber-framed construction used on the Infirmary Building with a modern, fireproof structure of a steel skeleton with concrete floors. It added a modern X-ray room, additional surgical facilities and a rooftop garden for patients. After the East Wing opened, the hospital had a capacity of 150 beds.¹³

Figure #3: A rendering of the proposed expansion of St. Mary's Infirmary, 1895. (Source: Collection of the St. Louis Building Arts Foundation)



¹² *Ibid.*

¹³ *History*, p. 11.

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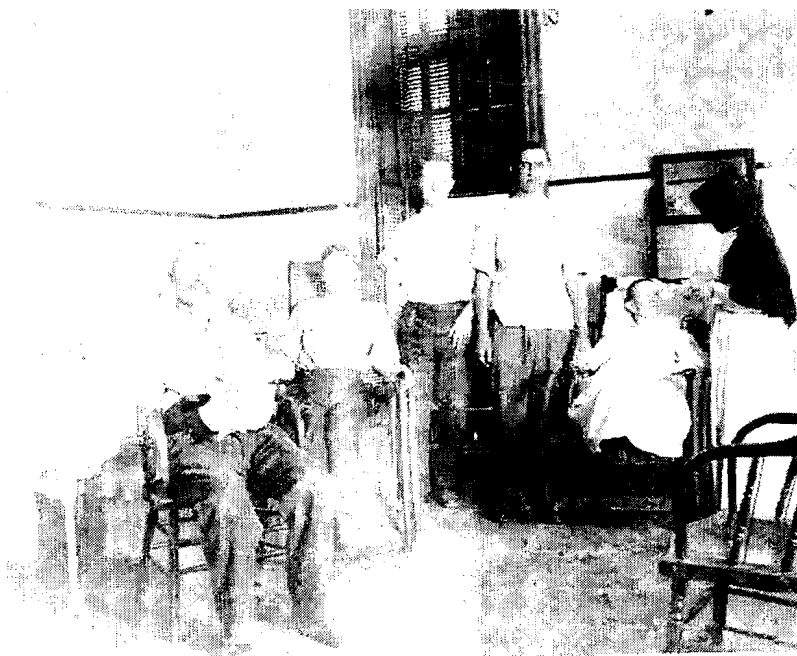
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Barnett, Haynes and Barnett was one of the city's most prominent architectural firms, and was engaging in an increasing amount of work for the St. Louis Archdiocese and local Roman Catholic orders. In fact, the firm was selected to design the new Cathedral Basilica, built between 1907 and 1914. Brothers George D. and Tom P. Barnett (sons of the famous St. Louis architect George I. Barnett) and John I. Haynes founded the firm in 1893, although it did not adopt its name until 1895. Their work included all types of buildings from single-family homes to large downtown office buildings. Most of the firm's early works were in neoclassical and revival styles, and the East Wing at St. Mary's Infirmary is consistent with their other works of the period. Among the styles Barnett, Haynes and Barnett often employed for houses around the turn of the century was the Georgian Revival style. The firm dissolved in 1911.

Figure #4: A group of patients at St. Mary's Infirmary, circa 1900. (Source: Archive of the Sisters of St. Mary)



At St. Mary's Infirmary in 1907, the Sisters of St. Mary established one of the first Catholic schools of nursing in the United States, and the first in Missouri. The order thought that proper training was necessary for the hospital to keep current with modern

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medical trends, and for the Sisters to be able to continue the nursing work that they had done since arriving in the United States. This move created difficulties, since reform in nursing licensure in Missouri had led to strict regulations regarding the time devoted to study and the salary of teachers. All of the teachers at the school at the Infirmary were Sisters who had taken the vow of poverty and could not accept pay. The State Board of Nursing did not feel training at the new school met its requirements, and the graduates of the school had to receive licenses through Wisconsin, which approved teaching fee waivers. However, the Sisters of St. Mary continued to contest the State of Missouri, and in 1916 Missouri allowed graduates to take the state nursing examination.¹⁴ Similarly, new regulations requiring pharmacists to be licensed led the Sisters to create a model teaching program overseen by a licensed professor of pharmacy.

One of the most outstanding achievements of the hospital came in 1918, when St. Mary's Hospital received the "A" grade by the American College of Surgeons. The College had become the official US hospital accrediting authority, and had conducted a survey of hospitals beginning in 1918 for grading. Of over 1,000 hospitals of 100 beds or more that were rated, only 89 in the nation met the standards for approval.¹⁵ Three hospitals in St. Louis received "A" grades, including St. Mary's Infirmary. In their official history of St. Mary's Infirmary, the Sisters of St. Mary credit this accomplishment to Dr. Louis Rassieur, one of the hospital's chief surgeons who had been trained at a teaching hospital in Vienna.¹⁶ Rassieur introduced the use of laboratory tests before diagnosis, which at the time was not common medical practice as it is today and very rare in St. Louis. The accomplishment prompted a big change, though. In 1924, the Sisters of St. Mary accepted a proposal from the medical school at St. Louis University that led to the construction of a new hospital on Clayton Road just west of the city limits in a suburban setting and the conversion of St. Mary's Infirmary into the university's teaching hospital. This arrangement continued until 1933, when St. Louis University relocated its teaching hospital to Firmin Desloge Hospital on Grand Avenue.

St. Mary's Infirmary then entered another important phase of its life: it became a private hospital for blacks, opening on February 3, 1933. In 1930, Reverend Mother Mary Concordia, the Superior of the Sisters of St. Mary, and Reverend Alphonse Schwitalla, dean of the St. Louis University Medical School, agreed that the hospital should be put to

¹⁴ *History*, p. 8.

¹⁵ Henninger, p. 35.

¹⁶ *History*, p. 18.

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use as a first-class hospital for blacks, which was truly needed while hospitals remained racially segregated and the care available to blacks at the municipal hospital was unreliable. The medical staff would be black, while the white sisters would serve as administrators and support staff. A nursing school for black candidates would be established for the new hospital. Reverend Schwitalla hoped that the rededicated St. Mary's Infirmary would foster better race relations in the city. In a newspaper article announcing the plans for the old hospital, he is quoted as saying, "[i]t is felt that the cause of inter-racial misunderstanding would be effectively promoted if a hospital for the colored were organized under the auspices of the white Sisters."¹⁷ While his attitude may be naïve, it certainly was understandable given that the city had not yet opened a hospital with a racially integrated professional staff. The new endeavor quickly gained support from the Mound City Medical Forum, the city's society of black doctors, and was affiliated with St. Louis University's Medical School.

Within months of the reopening, St. Louis Mayor Bernard Dickmann asked the management of St. Mary's Infirmary if they would accept the transfer of patients from the city's hospital for blacks, City Hospital #2. City Hospital #2 at the time was located in an overcrowded, outdated and understaffed facility at City Hospital #1, which only accepted white patients. Staff and administrators of St. Mary's Infirmary welcomed the transfer and made an agreement with the city. From the admission of the first transferred patient on May 23, 1933 until the opening of the new municipal hospital for blacks, Homer G. Phillips Hospital (NR 9/23/1982) in 1937, St. Mary's Infirmary was the city's *de facto* municipal hospital for blacks. Another noteworthy early endorsement of the reconstituted St. Mary's Infirmary was that the American College of Surgeons again bestowed an "A" grade on the hospital in 1933, a ranking that the city's other two black hospitals, City Hospital #2 and the People's Hospital (NR 6/20/2001), did not receive.

By the end of the year, the Sisters were able to open the St. Mary's Infirmary School for Nursing, the nation's first school of nursing affiliated with a Roman Catholic religious order. The school sponsored a three-year degree program that consisted of a rigorous regimen of classes and 50 hours of hospital work each week. The first black candidate to graduate from an American nursing school graduated in 1879, and subsequently nursing schools for blacks had been established in major cities across the United States. In St. Louis, however, only the Municipal School of Nursing admitted black candidates. There

¹⁷ "St. Mary's Infirmary Is to Be Converted Into Negro Hospital." *St. Louis Globe-Democrat*, 1 November 1930.

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was sufficient demand among black students for a Christian nursing education that the first year's class numbered twenty candidates. By 1939, the number rose to forty. The School of Nursing used the old Felix Coste House for classes and dormitory space, a building grossly inadequate for the purpose. The Sisters decided to build a new building for the nurses.

Figure #5: Classroom scene from the School of Nursing, 1936. (Source: Archive of the Sisters of St. Mary)



In 1944, St. Mary's Infirmary embarked upon a \$370,000 expansion plan consisting of a new five-story dormitory and classroom building for the nurses, called Sacred Heart Hall, and a modern laundry and boiler building on a lot south of the hospital fronting on Chouteau Avenue. The firm of P.M. O'Meara and Associates designed the new buildings, which were built in 1945 and 1946 (a large smokestack was added to the boiler room in 1947). P.M. O'Meara and Associates was founded by Patrick Marquette O'Meara (1890-1945) in 1939. O'Meara was born in Wisconsin and came to St. Louis in 1922, when he established the firm of O'Meara and Hills. The firm only undertook work for Roman Catholic religious orders in the Midwest, with most work in St. Louis. O'Meara's early work consisted of various revival-style buildings, but in the 1930s his

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work shows the influence of the Art Deco style. His 1932 DePaul Hospital (NR 3/29/1983), which received an American Institute of Architects certificate of merit, shows his deft employment of a revival style on a modern hospital complex. By the 1940s, O'Meara had established a new firm and was working in a streamlined idiom that drew heavily upon the Art Moderne movement. The designs of the dormitory and laundry/boiler buildings evince that tendency, with their angular lines, flat roofs and lack of ornament. The new dormitory allowed enrollment in the nursing school to reach 82 students in 1952.¹⁸ One of the students during this period was Sister Antona Ebo, who later became the first black nun to serve as a US hospital director.¹⁹

The expansion coincided with the formation of a new Negro Novitiate of the Sisters of St. Mary, which started in 1946 due to interest among the nursing students in joining the religious order itself. Nine novices were admitted between 1946 and 1950, when the novitiate ended.²⁰ The Novitiate seemed destined for a short run because racial integration had become a strong goal of the Archdiocese of St. Louis under Archbishop Joseph Ritter, who had integrated one of its high schools as early as 1947. The need for St. Mary's Infirmary also waned during the Civil Rights era. Hospitals in St. Louis began accepting black patients after the Supreme Court's famous 1954 *Brown vs. Board of Education of Topeka* decision that rendered racial segregation unconstitutional. Hospitals also integrated their medical staffs, and black doctors and nurses were no longer excluded from work at other hospitals that offered more competitive pay. St. Mary's Hospital on Clayton Road became integrated by the end of the 1950s. The Sisters of St. Mary declared that the arrangement of St. Mary's Infirmary among integrated hospitals was "no longer desirable nor was it needed."²¹ The School of Nursing closed in 1958, and the last patient at the Infirmary was discharged in October 1966. At this point, the work of the order extended across five states and over a dozen hospitals. Eventually, the order's network of hospitals was spun off into a non-profit corporation, the SSM Healthcare Network.

From November 1966 through November 1968, the third floor of the Infirmary Building was used for a Police Detoxification Center until the center was moved to the State

¹⁸ Heninger, p. 276.

¹⁹ Deb Peterson, "Sister Antona Ebo: First black nun to direct US hospital also had marched for civil rights." *St. Louis Post-Dispatch*, 15 August 2006.

²⁰ *History*, p. 40.

²¹ *History*, p. 41.

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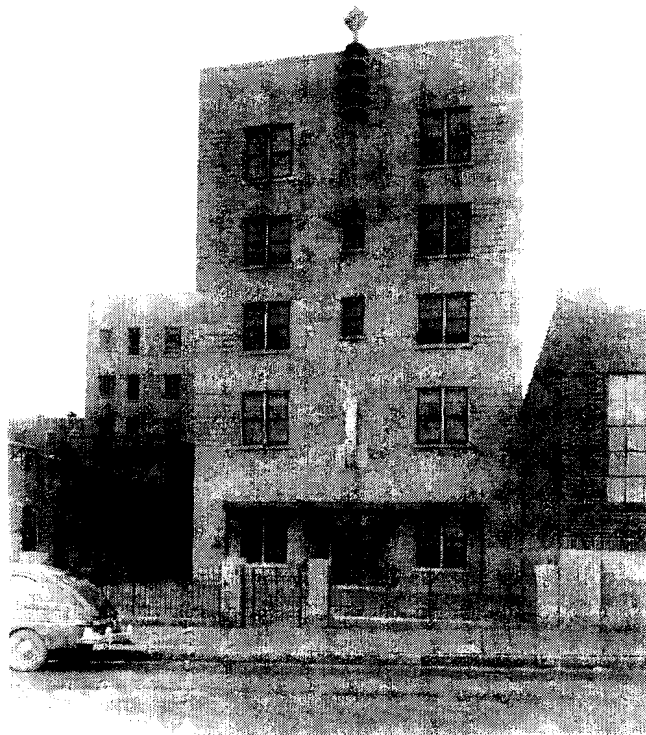
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Hospital. The hospital sat mostly vacant until 1974, when the Sisters of St. Mary sold the buildings to Samuel and Lela Scauzzo, who operated a residential care facility there until they ran afoul of state regulations.²² The facility closed and the Scauzzos leased the Dormitory Building, Kitchen Building and Laundry and Boiler Room Building to the Missouri Department of Corrections from 1979 to 1994. There, the state operated the St. Mary's Honor Center, a halfway house that eventually relocated to a new facility in the city. After sitting fully vacant for over a decade and going through another change in ownership, St. Mary's Infirmary sold to Gilded Age Development in June 2006. Gilded Age plans residential conversion similar to the project they are undertaking at the former City Hospital a few blocks to the south.

Figure #6: Sacred Heart Hall after construction, 1945. (Source: Archive of the Sisters of St. Mary)



²² Linda Eardley, "Home for the Aged Apparently Violating Missouri Laws And Injunction." *St. Louis Post-Dispatch*, 5 September 1976. A9.

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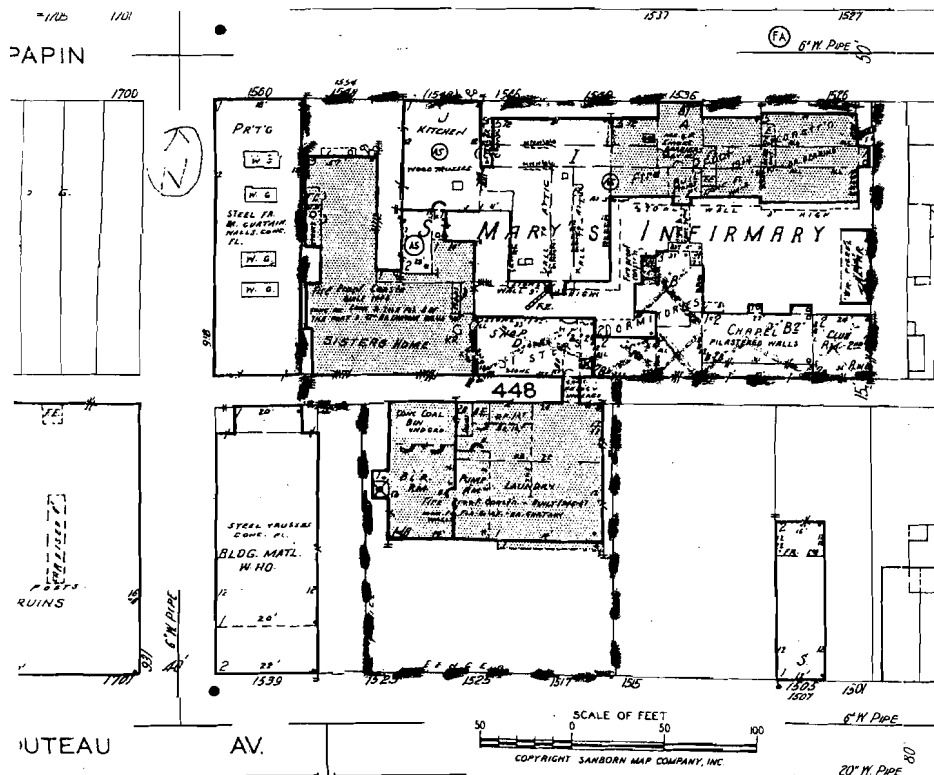
Boundary Description

The nominated parcels are located at 1536-48 Papin Street and 1525 Chouteau Avenue on City Block 448 in St. Louis, Missouri. The site is legally known by the assessor's office as parcel numbers 04480000200 and 04480002300. The property is part of the Railroad Addition to the city. The nominated property is indicated by a dashed line on the accompanying map entitled "St. Mary's Infirmary Boundary Map."

Boundary Justification

The nominated parcel includes the property historically associated with the St. Mary's Infirmary located between Papin Street and Chouteau Avenue on city block 448.

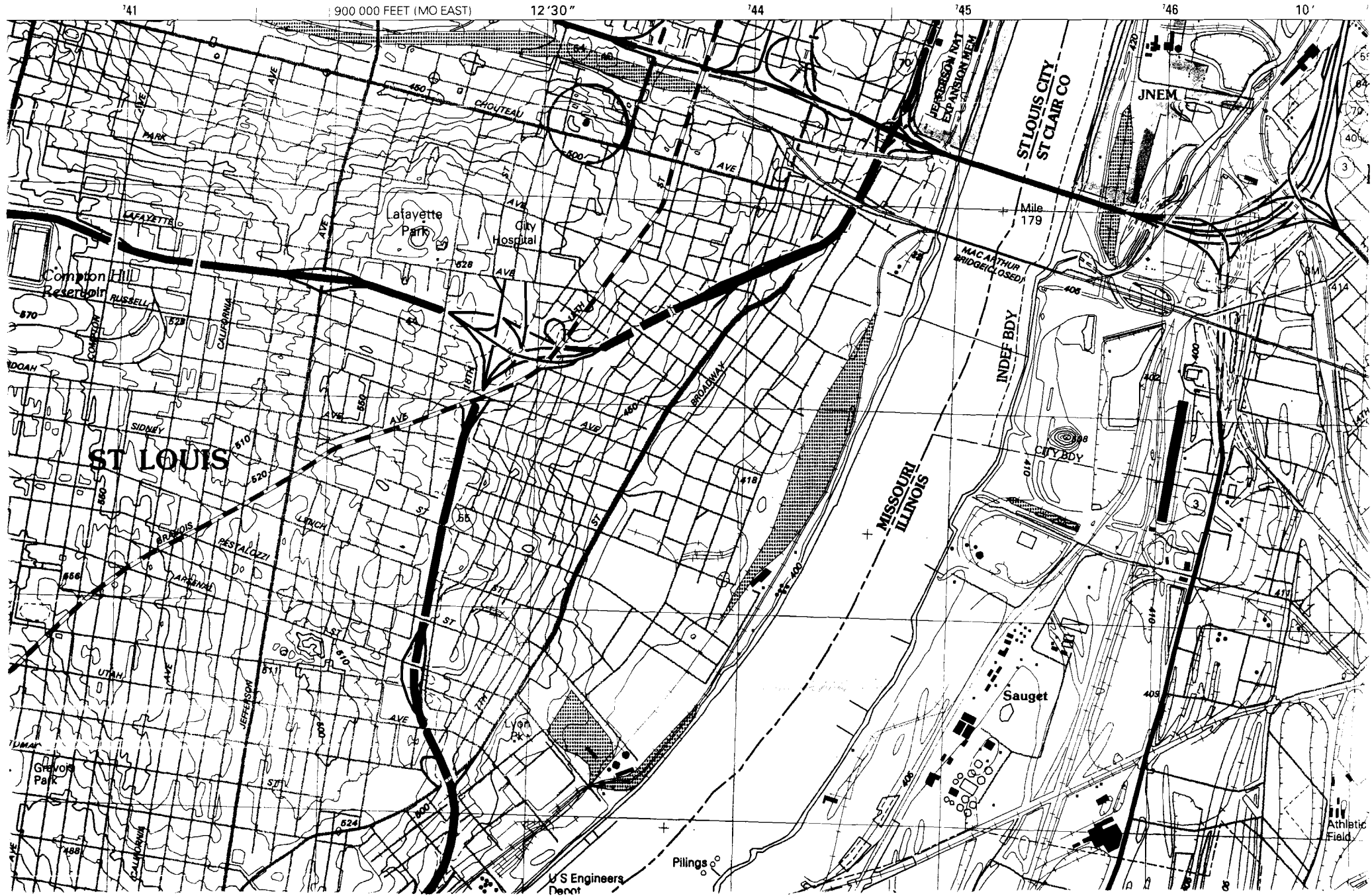
St. Mary's Infirmary Boundary Map
Source: Sanborn Fire Insurance Map, 1968.



U.S. DEPARTMENT OF THE INTERIOR
U.S. GEOLOGICAL SURVEY



St. Mary's Intimory
1526-48 Papin Street, 1525 Chouteau Avenue
St. Louis [Ind. City], MO
Zone: 15 Easting: 743 200 Northing: 4278







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CLARENCE
McCaskill
FOR U.S. SENATE
A leader on the Hill

McGillan
LICENSE COLLECTOR
NOV 1998

SALAMA SUPERMARKET

SUN CHINESE



MO STATE ALCOHOL AND DRUG REHAB



←
FIRE EXIT
NO SMOKING
AREA

