NPS Form 10-900
United States Department of the Interior
National Park Service

OMB No. 1024-0018

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NAT. REGISTER OF HISTORIC PLACES
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 Shriners' Hospital for Crippled Children

Other names/site number St. Louis Unit

Name of related Multiple Property Listing N/A

2. Location

Street & number 700-728 South Euclid Avenue and 4565 Clayton Avenue | N/A | not for publication

City or town St. Louis | N/A | vicinity

State Missouri Code MO County Independent City Code 510 Zip code 63110

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

Applicable National Register Criteria: _X_ A ___ B ___ C ___ D

Toni M. Prawl 04/13/15
Signature of certifying official/Title Toni M. Prawl, Ph.D., 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:)

for Carson W. Beall 6.1.15
Signature of the Keeper Date of Action

5. Classification

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

X	private
	public - Local
	public - State
	public - Federal

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

X	building(s)
	district
	site
	structure
	object

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

Contributing	Noncontributing	
2		buildings
		sites
		structures
		objects
2		**Total**

Number of contributing resources previously listed in the National Register

N/A

6. Function or Use

Historic Functions
(Enter categories from instructions.)

HEALTH CARE/Hospital
HEALTH CARE/Hospital/Medical Research
HEALTH CARE/Clinic
EDUCATION/School
EDUCATION/Research Facility

Current Functions
(Enter categories from instructions.)

HEALTH CARE/Hospital
HEALTH CARE/Hospital/Medical Research
HEALTH CARE/Clinic

7. Description

Architectural Classification
(Enter categories from instructions.)

Late 19th and 20th Century Revivals

Materials
(Enter categories from instructions.)

foundation: Concrete
walls: Brick
Terra Cotta
roof: Ceramic Tile
other: Metal/Cast Iron

X **NARRATIVE DESCRIPTION ON CONTINUTATION PAGES**

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.)

[X] 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

1924-1963

Significant Dates

1924

1928

Significant Person

(Complete only if Criterion B is marked above.)

N/A

Cultural Affiliation

N/A

Architect/Builder

Ittner, William Butts /Architect

[X] **STATEMENT OF SIGNIFICANCE ON CONTINUTATION PAGES**

9. Major Bibliographical References

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

Previous documentation on file (NPS):

____preliminary determination of individual listing (36 CFR 67 has been requested)
____previously listed in the National Register
____previously determined eligible by the National Register
____designated a National Historic Landmark
____recorded by Historic American Buildings Survey #_____
____recorded by Historic American Engineering Record # _____
____recorded by Historic American Landscape Survey # _____

Primary location of additional data:

_X_State Historic Preservation Office
____Other State agency
____Federal agency
_X_Local government
_X_University
_X_Other
Name of repository: **Landmarks Association of St. Louis**

Historic Resources Survey Number (if assigned): N/A

10. Geographical Data

Acreage of Property 2.4 acres

Latitude/Longitude Coordinates
Datum if other than WGS84:_____
(enter coordinates to 6 decimal places)

	Latitude:	Longitude:		Latitude:	Longitude:
1	38.633474	-90.262924	3		
2			4		

UTM References
(Place additional UTM references on a continuation sheet.)
_____ NAD 1927 or _____ NAD 1983

	Zone	Easting	Northing		Zone	Easting	Northing
1				3			
2				4			

Verbal Boundary Description (On continuation sheet)

Boundary Justification (On continuation sheet)

11. Form Prepared By

name/title Matt Bivens/Historic Preservation Director
organization Lafser & Associates, Inc. date 8.1.14; 1.2.15; Fin 4.6.15
street & number 1215 Fern Ridge Pkwy., Suite 110 telephone 314-560-9903
city or town St. Louis state MO zip code 63141
e-mail msbivens@lafser.com

Additional Documentation

Submit the following items with the completed form:

- **Maps:**
  - A **USGS map** (7.5 or 15 minute series) indicating the property's location.
  - A **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
- **Continuation Sheets**
- **Photographs**
- **Owner Name and Contact Information**
- **Additional items:** (Check with the SHPO or FPO for any additional items.)

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.).
Estimated Burden Statement: Public reporting burden for this form is estimated to average 18 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management. U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.

Photographs

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

Photo Log:

Name of Property: Shriners' Hospital for Crippled Children

City or Vicinity: St. Louis

County: Independent City State: Missouri

Photographer: Matt Bivens

Date Photographed: 7-11-2014

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

1 of 23: Primary elevation facing west; camera facing northeast.
2 of 23: Primary elevation original entry facing west; camera facing northeast.
3 of 23: Primary elevation original entry detail facing west; camera facing northeast.
4 of 23: Primary elevation stair tower facing west; camera facing northeast.
5 of 23: Portion of Part 2 wing facing west; camera facing north.
6 of 23: Part 2 wing facing south; camera facing northwest.
7 of 23: Part 2 wing terra cotta detail; camera facing north.
8 of 23: Rear of Part 1; camera facing southwest.
9 of 23: Rear of Part 2; camera facing southwest.
10 of 23: Rear of Part 3; camera facing west.
11 of 23: Primary elevation of Part 4 at eastern-most portion of complex facing south; camera facing north.
12 of 23: Primary elevation of Part 5 loggia at northern-most portion of complex facing west; camera facing east.
13 of 23: Primary elevation (right) facing west and side elevation (left) facing north of Part 5; camera facing southeast.
14 of 23: Side elevation (right) facing north, rear elevation (left) facing east of Part 5; camera facing southwest.
15 of 23: Detail of Part 5 terra cotta from north wall; camera facing south.
16 of 23: South elevation of Part 5; camera facing northeast.
17 of 23: Interior 1st floor of Part 1; camera facing northwest.
18 of 23: Interior 1st floor of Part 1 stair detail; camera facing northwest.
19 of 23: Interior 2nd floor of Part 3 (typical detail for Part 2); camera facing north.
20 of 23: Interior of loggia at 2nd floor from Part 3; camera facing north.
21 of 23: Interior of Part 5 at 2nd floor (typical condition also of 1st); camera facing east.
22 of 23: Stair detail of Part 5; camera facing north.
23 of 23: Basement detail of Part 5 with underground access.

Figure Log:

Figure 1 (page 2): Historic Block Plan for Shriners' Hospital. Source: William B. Ittner original drawings, 1927. The "X" identifies buildings that have since been demolished.

Figure 2 (page 10): Basement Floor Plan of original building (Parts 1-3). The plan at right shows the original basement as designed in 1922; no as-built drawings were located so any deviations from the plan could be historic. Source: William B. Ittner "New Hospital Building," 1922 and revised 1927. The plan at left shows the existing conditions today. Source: The Lawrence Group. Existing Conditions, 2014.

Figure 3 (page 11): 1st Floor Plan of original building (Parts 1-3). The plan at right shows the original first floor as designed in 1922; no as-built drawings were located so any deviations from the plan could be historic. Source: William B. Ittner "New Hospital Building," 1922 and revised 1927. The plan at left shows the existing conditions today. Source: The Lawrence Group. Existing Conditions, 2014. Changes include closing of the original entry vestibule, office expansions, & framing in the hall at the reception. The 1928 classroom addition (Part 4) is at bottom.

Figure 4 (page 12): 2nd Floor Plan of original building (Parts 1-3). The top plan shows the original second floor as designed in 1922; no as-built drawings were located so any deviations from the plan could be historic. Source: William B. Ittner "New Hospital Building," 1922 and revised 1927. The plan below shows the existing conditions today. Source: The Lawrence Group. Existing Conditions, 2014. Changes include office expansions, & framing in the hall at the reception. The 1928 classroom addition roof (Part 4) is at far right.

Figure 5 (page 13): 3rd Floor and Roof Plan of original building (Parts 1-2). The plan at right shows the original 3rd floor as designed in 1922; no as-built drawings were located so any deviations from the plan could be historic. Source: William B. Ittner "New Hospital Building," 1922 and revised 1927. The plan at left shows the existing conditions today. Source: The Lawrence Group. Existing Conditions, 2014. Changes include removal of the operating room and general expansions. The 1928 classroom addition roof (Part 4) is at bottom.

Figure 6 (page 14): Floor Plan Classroom Addition (Part 4). The top plan shows the original 1928 addition floorplan as designed in 1927; no as-built drawings were located so any deviations from the plan could be historic. Source: William B. Ittner "Classroom Addition to the Shriners' Hospital," 1927. The plan at bottom shows the existing conditions today. Source: The Lawrence Group. Existing Conditions, 2014. Changes include division of classroom space into separate offices.

Figure 7 (page 15): Floor Plans Nurses' Home (Part 5). The top plan shows the original 1928 Nurses' Home first floor as designed in 1927; the bottom drawing is the second floor as designed in 1927. No as-built drawings were located. The original footprint of the building is the extant condition today. Source: William B. Ittner "Nurses' Home Addition to the Shriners' Hospital," 1927.

Figure 8 (page 23): List of Shriners Hospitals in Operation and dates of their openings.

Figure 9 (page 24): Hospital illustration. Source: *Greater St. Louis*, April 1923, page 13.

Figure 10 (page 25)**:** William B. Ittner, Architect. Drawing illustrates the ornamental design of the façade-intact today. Source: Drawing for "New Hospital Building at Kingshighway Blvd. and Clayton Ave, St. Louis, Mo., for the Board of Trustees, Shriners Hospitals for Crippled Children." June 15, 1922.

Figure 11 (page 26): William B. Ittner, Architect. Source: Site Plan for "New Hospital Building at Kingshighway Blvd. and Clayton Ave, St. Louis, Mo., for the Board of Trustees, Shriners Hospitals for Crippled Children." June 15, 1922.

Figure 12 (page 28): William B. Ittner, Architect. Source: Site Plan for "Additions to the Shriners' Hospital for Crippled Children." December 1927.

Figure 13 (page 29): Completed Hospital Unit. Source: Nobles of the Mystic Shrine. "Shriners' Hospitals for Crippled Children." St. Louis Unit pamphlet, no date.

Figure 14 (page 30): Hospital photograph taken by W. C. Persons, photographer c. 1930. Source: Missouri Historical Society Archives.

Figure 15 (page 31): Shriners' Hospital visited by Roy Rogers; exact date unknown. Source: Missouri Historical Society Archives.

Figure 16 (page 37): "Shriners' Hospital for Crippled Children Boundary Map." Source: Google Earth and L&A.

Figure 17 (page 38): **Photo Key:** Existing Photographs, Matt Bivens.

ARCHITECTURAL DESCRIPTION

Summary

The Shriners' Hospital for Crippled Children located at 700-728 South Euclid Avenue and 4565 Clayton Avenue in St. Louis (Independent City), Missouri, includes two contributing buildings that form a functionally-related complex. The first contributing building is composed of three inter-connected wings and an addition; the second contributing building is a separate building connected to the first via a brick loggia. This complex has an irregular footprint and is comprised of a three and four-story central "administration" wing with flanking two-story ward wings completed in 1924; a one-story classroom addition and a separate two-story nurse's home (attached via a two-story loggia) completed the complex in 1928. Each building has a Spanish clay tile roof; the roofs of the two ward wings are bracketed and overhang. Each building is set above a concrete foundation with variegated buff brick, elaborate terra cotta ornamentation, and original fenestration including multi-light, wood windows with semi-circular arch transoms—many which are framed in terra cotta with pilasters. The terra cotta has been executed in a Moorish design motif which is unique in St. Louis. The complex has integrity of location, design, setting, materials, workmanship, feeling and association.

Site

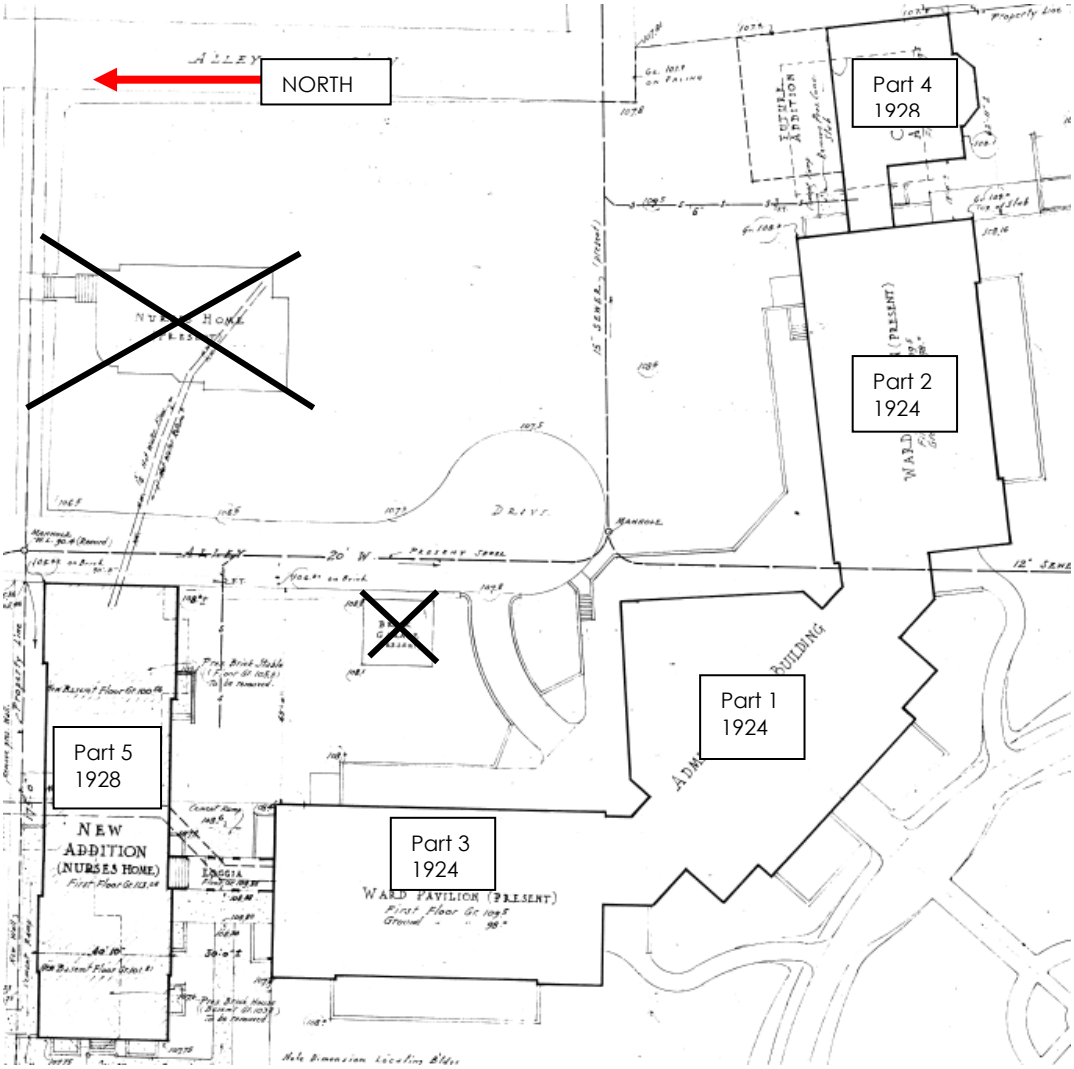
The city block containing the subject building is bound by McKinley Avenue to the north, South Euclid Avenue to the west, Clayton Avenue to the south and a parking lot and additional buildings to the east. The building complex is raised above the ground on a sloped lot which is at its highest point at the southwest corner. The Clayton and Euclid elevations are minimally landscaped and contain a circular drive way with parking (modified since construction as vehicular traffic changed); the McKinley elevation abuts a sidewalk and street which separates the complex from the larger medical complex to the north and at the east is a paved parking lot. The lot was originally a landscaped yard which was later converted to parking and is not considered part of the National Register property. Also at the south is another medical building being nominated to the National Register, the Central Institute for the Deaf Building located at 800 South Euclid Avenue.

Site Plan and Building Portions

This irregular-shaped complex is comprised of five parts which radiate outward from part one which is a central mass. This central mass corresponds to the original administration building which was completed in 1924 and is identified on the drawing below as Part 1 (Figure 1). Connected at the north and east elevations of the

administration building are the original 1924 ward pavilions identified as Parts 2 and 3 below (Figure 1); the small two-story connectors in between these and Part 1 are included as portions of Parts 2 and 3 and were constructed in 1924. In 1928 a new classroom addition was completed at the east elevation of Part 2 and is identified as Part 4 below (Figure 1). A Nurses' Home was constructed also in 1928 as a separate building and attached via a two-story loggia to the north elevation of Part 3; the Nurses' Home is identified as Part 5 below (Figure 1). For clarification the number of buildings eligible for listing is two and correspond to the primary four-part complex constructed between 1924 and 1928 (Parts 1-4) and the 1928 Nurses' Home (Part 5). Figure 1 below illustrates the building portions and periods of construction.

Figure 1: Historic Block Plan for Shriners' Hospital. Source: William B. Ittner original drawings, 1927. The "X" identifies buildings that have since been demolished.



Exterior

1924 Building Complex (3 primary parts)

Part 1 of the complex (constructed 1924) is composed of a principal mass facing southwest at the corner of Clayton and Euclid Avenues; it has a pair of interconnected wings which face south and west and are attached to the central portion of Part 1 adjacent a four-story tower via a two-story connector (wings are identified as Parts 2 and 3). Part 1 is a three-story brick block with centralized entry bay at ground level (Photo 1); the bay corresponds to the original entry but now contains a recent infill including a paired, single light, metal window assembly with transom above, brick sill below, and set above a brick knee wall (Photo 2). A highly ornate, multi-colored, terra cotta surround with free-standing columns supporting a Moorish arch accents the bay (Photo 3); Arabic script in addition to "SHRINE" is set within block capitals. To the left side of the bay is the building cornerstone which is set within the north-west face of the building; it is inscribed "SHRINERS HOSPITALS FOR CRIPPLED CHILDREN" and "A. D. 1922." The Shriner's symbol which formerly was set in the stone is missing but signs of its location and design are clearly evident.[1]

At the right side of the former entry are two paired, one-over-one, historic, double-hung wood windows with boarded transoms above and a wide center mullion (Photo 1); one transom contains a vent. At the left side, the windows are similar in configuration but contain single sash metal replacement windows without meeting rails (Photo 1); transoms are also boarded and one contains a vent. A brick water table is set below the window sills. Above the entry at the second floor is a pair of multi-light, historic wood doors with metal balcony framed with terra cotta pilasters with a multi-colored, semi-circular, double arch set above. The terra cotta is Moorish in design and highly ornate. Flanking the center bay are two sets of paired original wood windows with center mullions and double-hung sash with transoms; half of the transoms are boarded and the other half contain air conditioning units. A multi-colored, ornamental terra cotta sill course supports seven third-story, flat head, one-over-one metal replacement windows with transoms which are framed with elaborate terra cotta, semi-circular arch headers that are supported on terra cotta pilasters. The upper story has a flush diaper brick detail (Photo 4). Above, at the parapet is an ornamental terra cotta cornice which projects from the building (Photo 4). A brick and terra cotta tile wall with stone cap at ground level projects outward from the building at either side of the former entry and provide light to the basement. A buff color brick band doubled in height is

[1] Based on a site visit by this author it appears that the original Shriners' emblem may have been re-installed at the Frontenac Shriners' Hospital on Lindberg Road.

set between eight courses of the variegated brick up to the sill course; above, a flush brick diaper pattern accents the façade (Photo 1).

Flanking the central mass of Part 1 are four-story stair towers which are slightly recessed back from the primary elevation. The towers contain a multi-light wood window with semi-circular arch head and terra cotta surround set on pilasters situated between the first and second floors (Photo 1). Above, is a paired, similar window bay with multi-light transoms set under the arches (Photo 4). A projecting, dark buff brick diaper pattern design above is set below a tripartite, semi-circular arch open window bay with terra cotta columns and arches (Photo 4). The tower is capped with a terra cotta cornice and Spanish clay tile roof. Elaborate brick and terra cotta detailing at the cornice area contains dentils, corbelling, arches, and small brackets. The return walls of the towers are similar to the primary elevation with the exception of containing either an entrance or a window at ground level. Above, a multi-light wood window with semi-circular arch head and terra cotta surround is situated between the first and second floors. Above again, a paired, multi-light wood window bay with transoms is set under terra cotta arches; a similar diaper pattern brick and a tripartite, semi-circular arch open window bay with terra cotta columns and arches is at the upper story. The cornice and ornamentation continues around the projecting tower; a tripartite window bay behind the tower at each side is set above a two-story building connector (Photo 5).

Connected to the towers of Part 1 at both sides (connected at the north and east elevations and facing generally southwest) is a two-story, angular brick addition with Spanish clay tile roof and two front-facing elevations (Parts 2 and 3 in Figure 1 and Photo 5). The present building entrance is located within the southern-most addition and addressed as 4565 Clayton and 724 South Euclid Avenues. Closest to the central mass (Part 1) in this portion is a pair of flat head, one-over-one, double-hung metal replacement windows on brick sills. Opposite, a semi-circular arch entry bay with newer doors framed with terra cotta pilasters contains an original, multi-light wood transom with elaborate terra cotta arch. The arch is set within an ornamental lattice comprised of terra cotta panels (Photo 5). The second connector at the north has an opposite fenestration pattern. The second story of each connector has a pair of semi-circular arch windows with terra cotta headers and belt course on both exposed elevations. The Spanish clay tile roof is bracketed and overhangs slightly (Photo 5).

Connected at the north and east walls of the aforementioned two-story connectors is a two-and-one-half-story, rectangular, brick block with low, bracketed and overhanging, side gable roof. The block is framed by slightly taller and projecting wings with a side

gable roof that flattens at the ends and has a dentilled brick cornice (Photo 6). The south and west-facing elevations (facing the main block, Part 1, of the building complex) are identical and contain a two-story, terra cotta-framed window and balcony bay. The first story is comprised of four multi-light, full height, wood windows with multi-light, semi-circular arch transoms each separated by a terra cotta pilaster (Photos 5 and 6); transom windows are painted. Above the first story windows is an ornamental terra cotta frieze; a similar but smaller frieze is located at the second floor (Photo 7). A small vent window with terra cotta surround is under the gable apex. Turning the corner of each block, and facing west and south, is a similar window and balcony assembly at both ends with flush diaper brick above; a flat parapet is above (Photo 6). In between the wings are seven flat head, one-over-one, double-hung, wood windows on brick sills at two stories. First floor windows are set above a brick water table. All windows contain transoms (some boarded or inset with air conditioning units) at both the first and second floors. Similar windows without transoms are cut in the basement walls below ground; a wide, ornate window well built of brick, terra cotta, and limestone projects outward. The Spanish clay tile roof above is bracketed and overhanging (Photo 6).

At the north and east walls of Parts 2 and 3 is a two-story, terra cotta-framed (Photo 7), window and balcony bay comprised of four multi-light, full height original wood windows with multi-light, semi-circular arch transoms and an apex window similar to those already mentioned. Connected at the east wall of Part 2 is a one-story addition described later as Part 4. At the north wall of Part 3 is a separate structure which is a two-story and basement building attached via a two-story loggia with Spanish clay tile roof described later as Part 5.

The rear elevations of Part 1 (Photo 8), Part 2 (Photo 9), and Part 3 (Photo 10) are utilitarian in nature and comprised of unadorned single, doubled, and tripled window bays; a ramp which is set below ground allows access into the basement area; several windows have transoms.

1928 Class Room Addition: Building Part 4

This square-shaped, one-story brick building is attached to Part 2 via a small, one-story brick addition with central entry set under a terra cotta, semi-circular arch lintel; it is flanked by a small window at either side and has a flat parapet roof with diagonal and dog-tooth brick. This building, in addition to the portions described thus far, comprise the first contributing building. Below the ground and accessible from the street is a loading bay and garage entry (not pictured). Projecting from the square footprint of

Part 4 is a central oriel window bay with tripartite, multi-light, semi-circular arch, original wood windows framed with elaborate terra cotta arches and frieze which is set on pilasters (Photo 11). A stone sill course extends around the bay and supports a similar, single window at each side wall. Terra cotta arches above the windows contain elaborate terra cotta details. Adjacent the bay and along the south-facing elevation is a simpler, one-over-one, flat head wood window on brick sill with brick lintel above. The diagonal, dog-tooth brick continues around the façade. The eastern-most elevation (facing a residence next door) contains similar simple windows. The rear, north-facing elevation is unadorned and has a metal stair which allows access to a roof-top patio.

1928 Nurses' Home Addition: Part 5

The Shriners' Hospital is technically comprised of the inter-connected complex described above as building Parts 1-4. At the time Part 4 was being constructed a separate building for a Nurses' Home (Part 5) was completed in 1928 and connected to the main complex via a loggia in that year; this building counts as the second contributing building in the complex. This generally rectangular-shaped building features variegated buff color brick, elaborate terra cotta friezes and arches, pilasters, and original wood windows and shares the Moorish design motifs of the rest of the complex (Photos 12-16). Connected to the north elevation of Part 3 via a two-story loggia with Spanish clay tile roof completed in 1928 (Photo 12), the building blends seamlessly with the complex although technically it is a separate building. The primary elevation faces west at Euclid and contains a one-story, projecting entrance bay with recessed, central entry set under a semi-circular arch terra cotta surround (Photo 13). Newer metal double doors have an original multi-light, circular arch, wood transom above. Flanking the entry at either side is a pair of multi-light wood windows framed with similar terra cotta header ornamentation set on pilaster columns at the sides and in between the windows (Photo 13). A flat parapet with diagonal and dog-tooth brick is set under a terra cotta parapet cap. Behind the projecting one-story portion is a side-gabled, three-story mass which contains balcony doors that allow access on top of the entry projection. A small vertical vent window is set under the side gable roof apex.

The "I" shaped north-facing elevation contains a recessed central portion with three bays comprised of four openings each of various sized fenestration (Photos 13 and 14). The ground floor has a ramp set below grade that allows access to the basement; the basement entry has a large, boarded transom above. At the right side are three, one-over-one, original wood windows on brick sills. Adjacent to the entry and moving east

is a bricked-in window bay with vent, a paired window similar to those aforementioned, and a single similar window. The third bay has four similar windows. The second and third floors running from west to east match the fenestration patterns below with the exception that above the entry is a window at those floors. A boarded window at the second and third floors contains a vent in the upper sash (Photo 13). Above, the overhanging roof is bracketed. Flanking this mass are two slightly projecting wings with flat parapets accented with diagonal and dog-tooth brick (Photos 13 and 14). The ground floor contains an original wood tripartite window assembly similar to those on the elevation while the second and third floors contain a two-story window and balcony composed of three multi-light, historic wood windows with transoms set within semi-circular arch, decorative terra cotta surrounds (Photo 15). Pilaster columns are set in between as mullions and at the edges; a metal balcony is at the third story. Few windows are bricked in partially and may correspond to historic changes (Photo 13, right side in wing projection).

The east-facing elevation is similar to the west façade but with a three-story exposure containing three bays per floor and a small terra cotta framed window under a gable roof which flattens at the building edges (Photo 14). Turning the corner, the south elevation contains the projecting mass and has an entry with a pair of small windows at ground level. Above are two additional windows per floor set under a flat parapet roof with diagonal and dog-tooth brick. A third window is set above the entrance. Adjacent the projecting wing is the slightly recessed central portion which has single and paired similar windows at the first and second floors (Photo 16). A glass-enclosed wall is above at the third floor set under the projecting roof (Photo 16). The two-story loggia is adjacent with an entry bay set at the first and second floors; the second floor of the loggia is enclosed with glass. Closest to the primary elevation are three small basement windows, three additional above and a tripartite, semi-circular arch, terra-cotta framed balcony bay with recessed glass wall behind. The one-story entrance projection contains a similar, paired window assembly with a wide vent window set below.

Interiors

Based upon a comparison of the original drawings to those of the existing conditions (Figures 2 through 7), the interior spaces of the complex have changed very little since construction—this is especially true in the 1928 Nurses' Home (Figure 7). However, due to advancing technology in the decades following the 1920s, the hierarchy and use of the interior spaces changed to adapt (as evidenced in Figures 2 through 6). Without an as-built original set of drawings after construction, it is difficult to determine what

interior design elements are non-historic. It is assumed that the primary circulation corridor at the first floor (Figure 3) for instance had a formal appearance based on the original concept drawings; a reception flanked the hall.

In general, much of the original footprint appears to be intact with some removal of interior room dividing walls (Figures 2-5) and relocation of the main entry (Figure 3). Smaller offices were enlarged but their hall walls appear to correspond to the original locations in most cases. Overall, the feeling of a hospital atmosphere is readily apparent (all Figures).

Reached via the side entry of Part 1, the interior has a composite floor, white painted plaster walls and a non-historic drop ceiling (Photo 17). Newer metal doors are set within openings. Much of the building is still actively used for hospital or research activities and contains sterile spaces with no access. The stair towers which flank the central mass contain the original curved concrete stair rails and steps have vinyl treads applied (Photo 18). Circulation hallways are intact and have offices/clinics/patient visiting rooms/meeting rooms/etc. flanking them (Photo 19); all floors are very similar. Access to Parts 2 and 3 were limited to the circulation halls (similar to Photo 19) with no access into individual rooms. Part 4 was off-limits at the time of the site visit (Figure 6).

The Nurses' Home (Part 5 in Figure 1 and Figure 7) accessed via the second floor of the loggia is a carpeted space with painted kneewalls which support fixed, single glass sash windows set within metal framing; a wooden ceiling is above (Photo 20). The first and second floors have narrow circulation halls with offices radiating at the north and south (Photo 21). An ornamental stair hall with wrought iron balusters, wood rail, and terrazzo floor (some carpeted) is situated nearest the west portion of the building (Photo 22). The basement features an underground tunnel which connects to the larger hospital complex across McKinley Avenue to the north (Photo 23 and Figure 2).

Integrity

The original exterior design intent and ornamental specifications of architect William B. Ittner are clearly evident and intact. All five components of the building complex are functionally related. The presence of original construction materials including elaborate terra cotta, variegated and buff brick, iron balconies, multi-light wood windows with semi-circular arch transoms, Spanish clay tile roofs, elaborate Moorish-inspired terra cotta panels and columns, pilasters, and other details enhance the integrity. Despite typical modifications within the interior spaces, an expected necessity to keep pace with changing technology and needs of the hospital field, the

overall character of a hospital complex is clearly evident. These changes include expansion of some of the smaller offices, a build out within the original 1928 classroom addition, and closure of the open receptions on the first and second floors at the circulation halls. Overall, the floorplans have generally retained their historic layout. Several windows and doors have been replaced but the original fenestration remains; recessed brick, boards or vents respect the original openings. The building retains sufficient integrity of location, design, setting, materials, workmanship, feeling and association.

Figure 2: Basement Floor Plan of original building (Parts 1-3). The plan at right shows the original basement as designed in 1922; no as-built drawings were located so any deviations from the plan could be historic. Source: William B. Ittner "New Hospital Building," 1922 and revised 1927. The plan at left shows the existing conditions today. Source: The Lawrence Group. Existing Conditions, 2014.

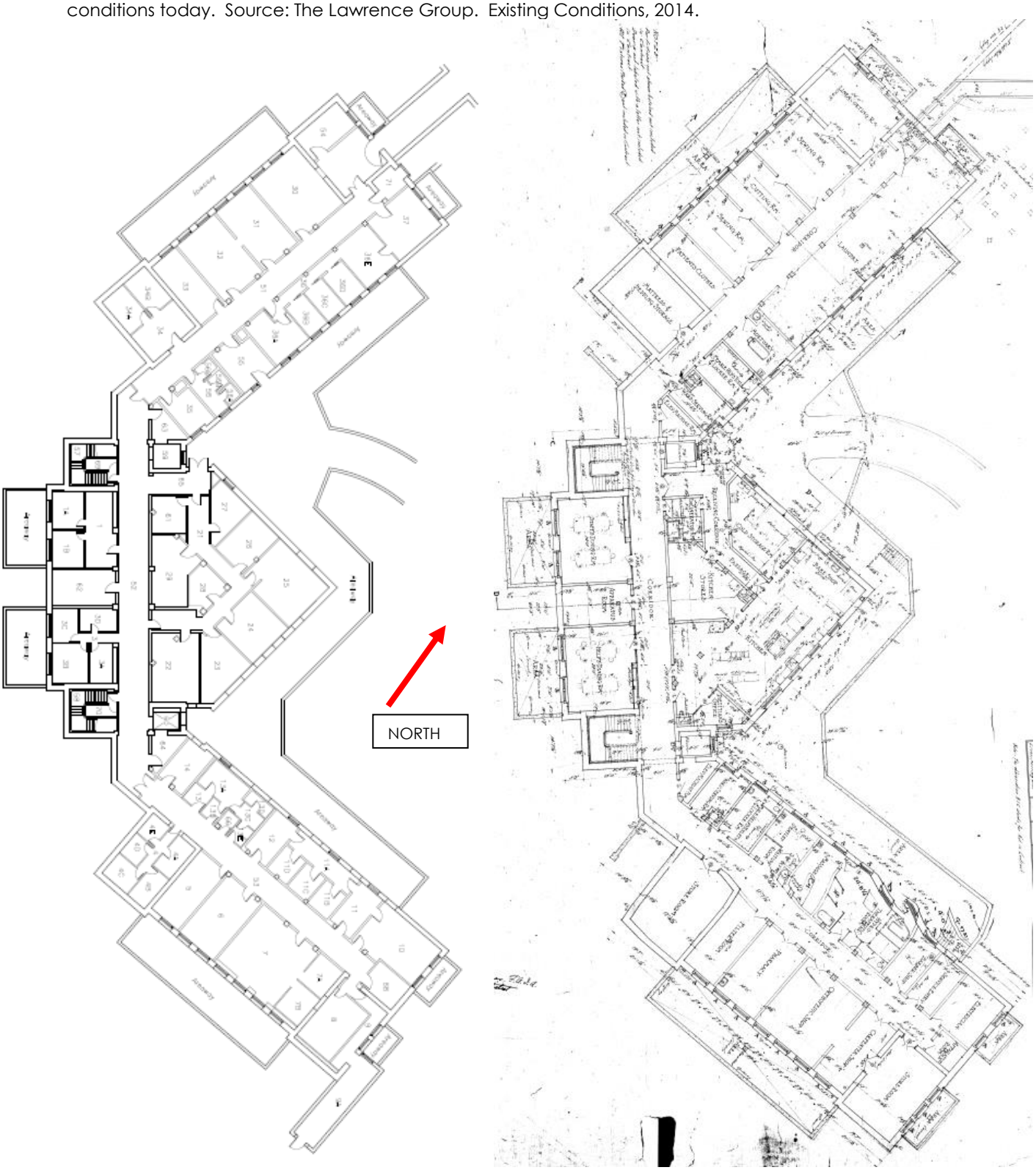


Figure 3: 1st Floor Plan of original building (Parts 1-3). The plan at right shows the original first floor as designed in 1922; no as-built drawings were located so any deviations from the plan could be historic. Source: William B. Ittner "New Hospital Building," 1922 and revised 1927. The plan at left shows the existing conditions today. Source: The Lawrence Group. Existing Conditions, 2014. Changes include closing of the original entry vestibule, office expansions, & framing in the hall at the reception. The 1928 classroom addition (Part 4) is at bottom.

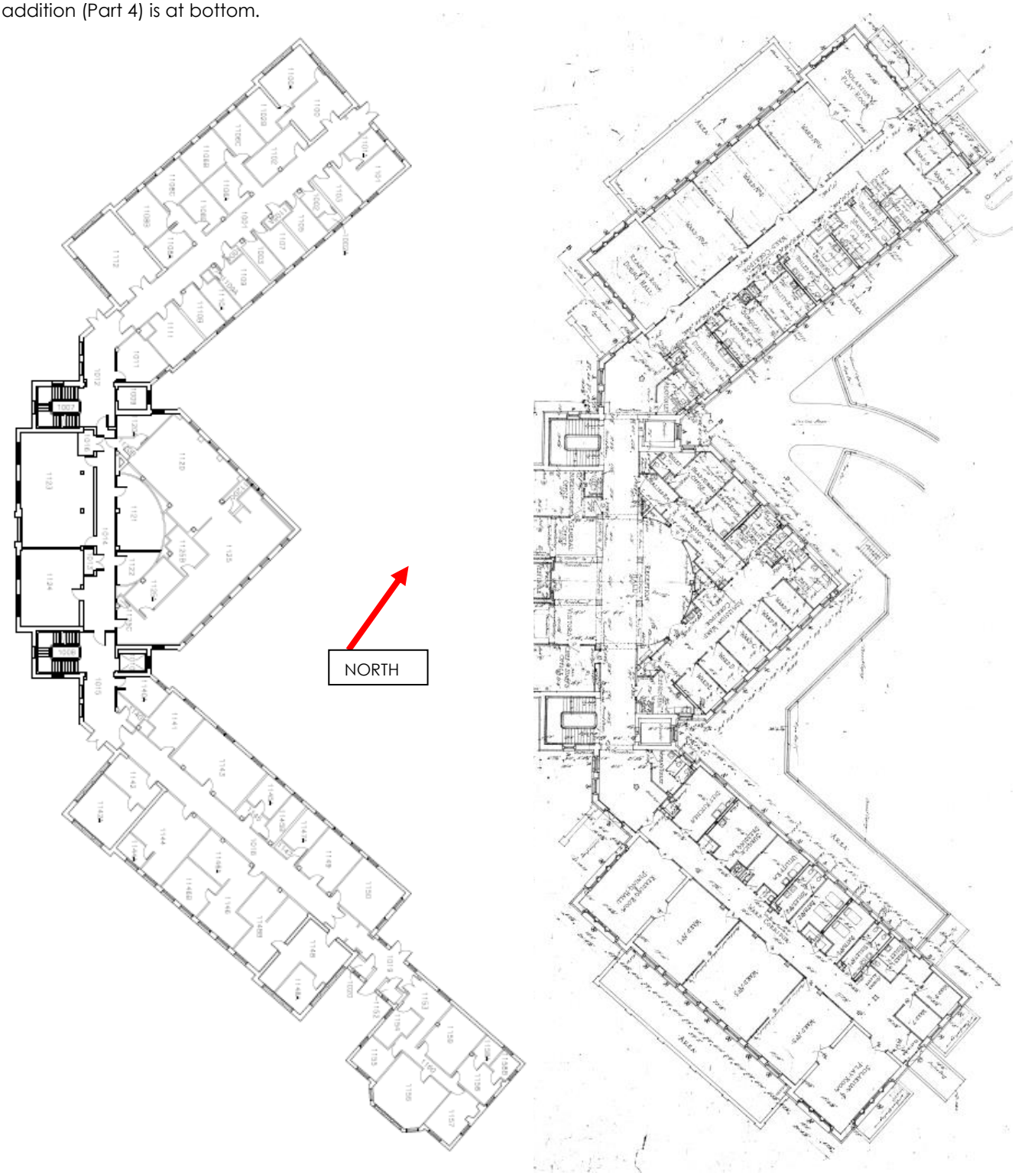
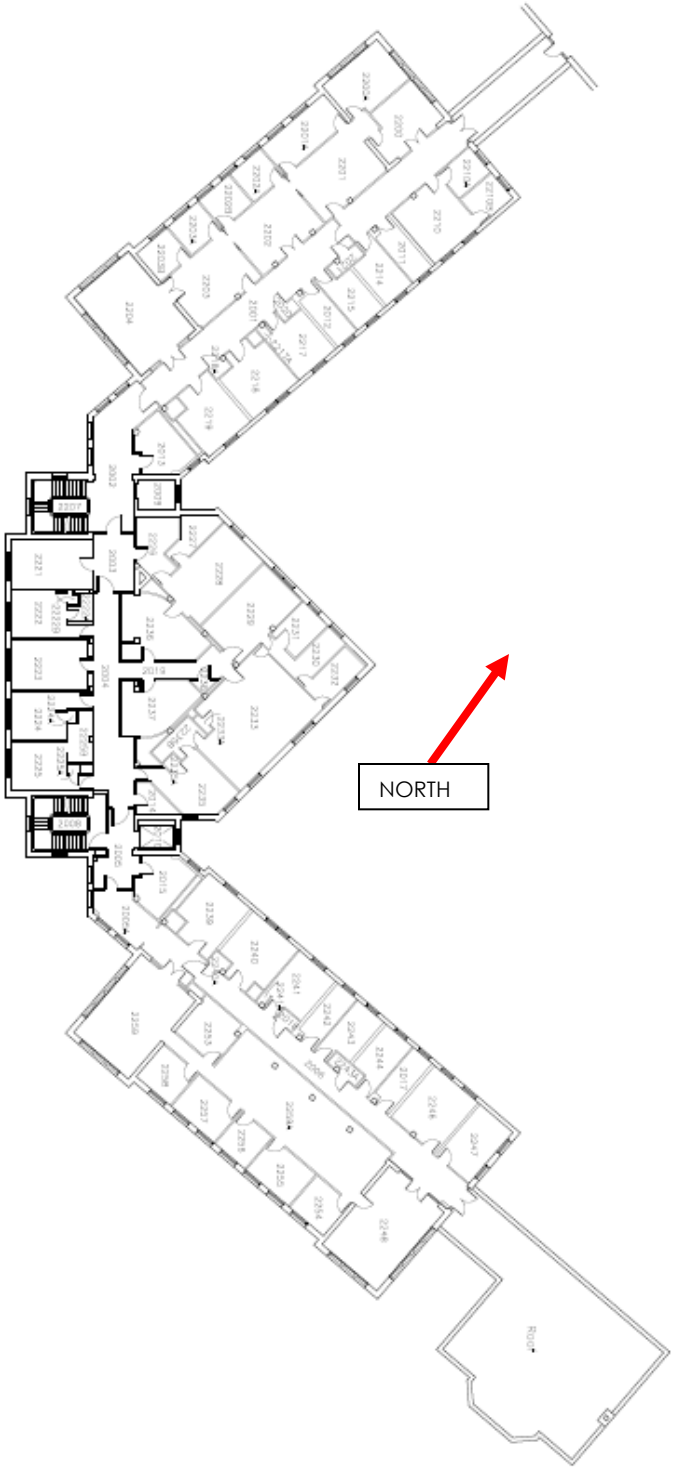


Figure 4: 2nd Floor Plan of original building (Parts 1-3). The top plan shows the original second floor as designed in 1922; no as-built drawings were located so any deviations from the plan could be historic. Source: William B. Ittner "New Hospital Building," 1922 and revised 1927. The plan below shows the existing conditions today. Source: The Lawrence Group. Existing Conditions, 2014. Changes include office expansions, & framing in the hall at the reception. The 1928 classroom addition roof (Part 4) is at far right.



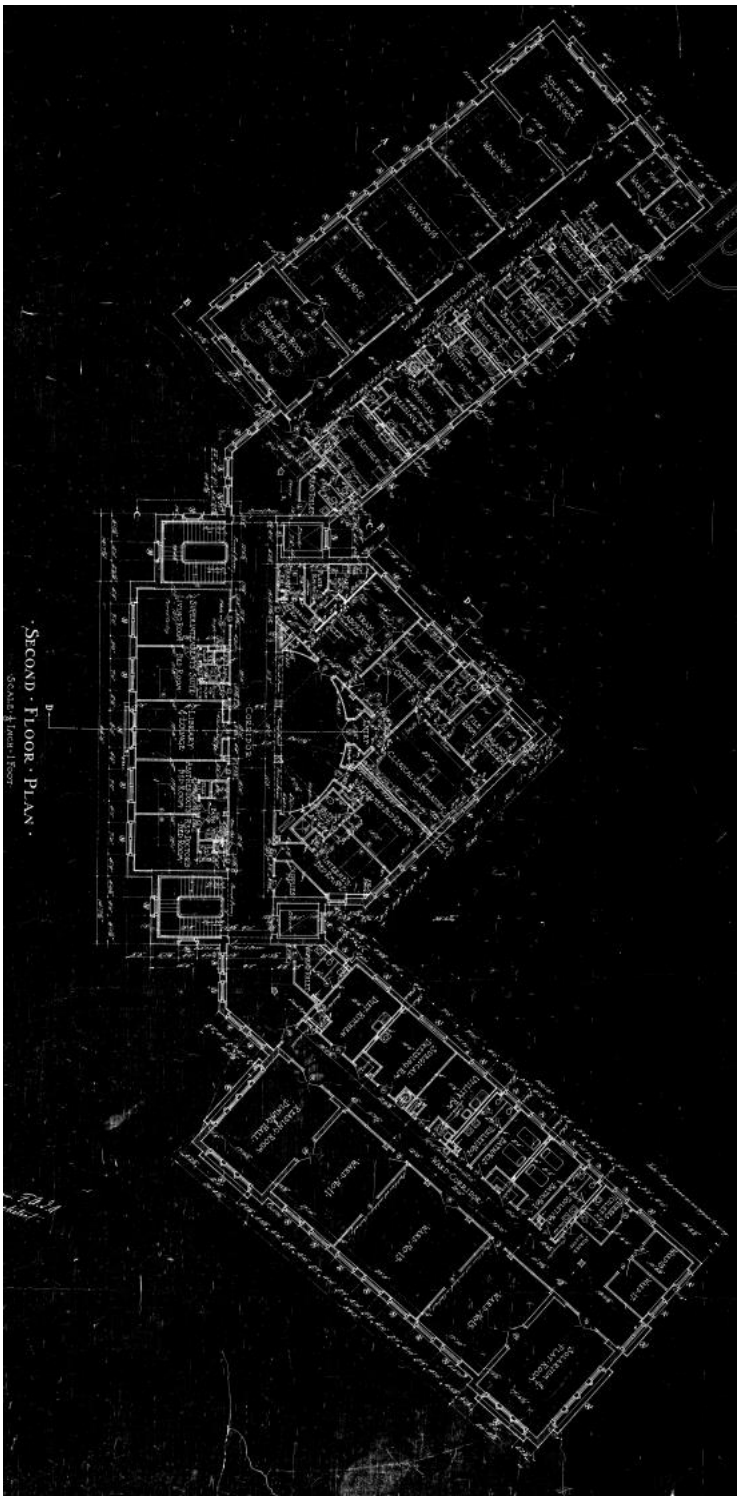


Figure 5: 3rd Floor and Roof Plan of original building (Parts 1-2). The plan at right shows the original 3rd floor as designed in 1922; no as-built drawings were located so any deviations from the plan could be historic. Source: William B. Ittner "New Hospital Building," 1922 and revised 1927. The plan at left shows the existing conditions today. Source: The Lawrence Group. Existing Conditions, 2014. Changes include removal of the operating room and general expansions. The 1928 classroom addition roof (Part 4) is at bottom.

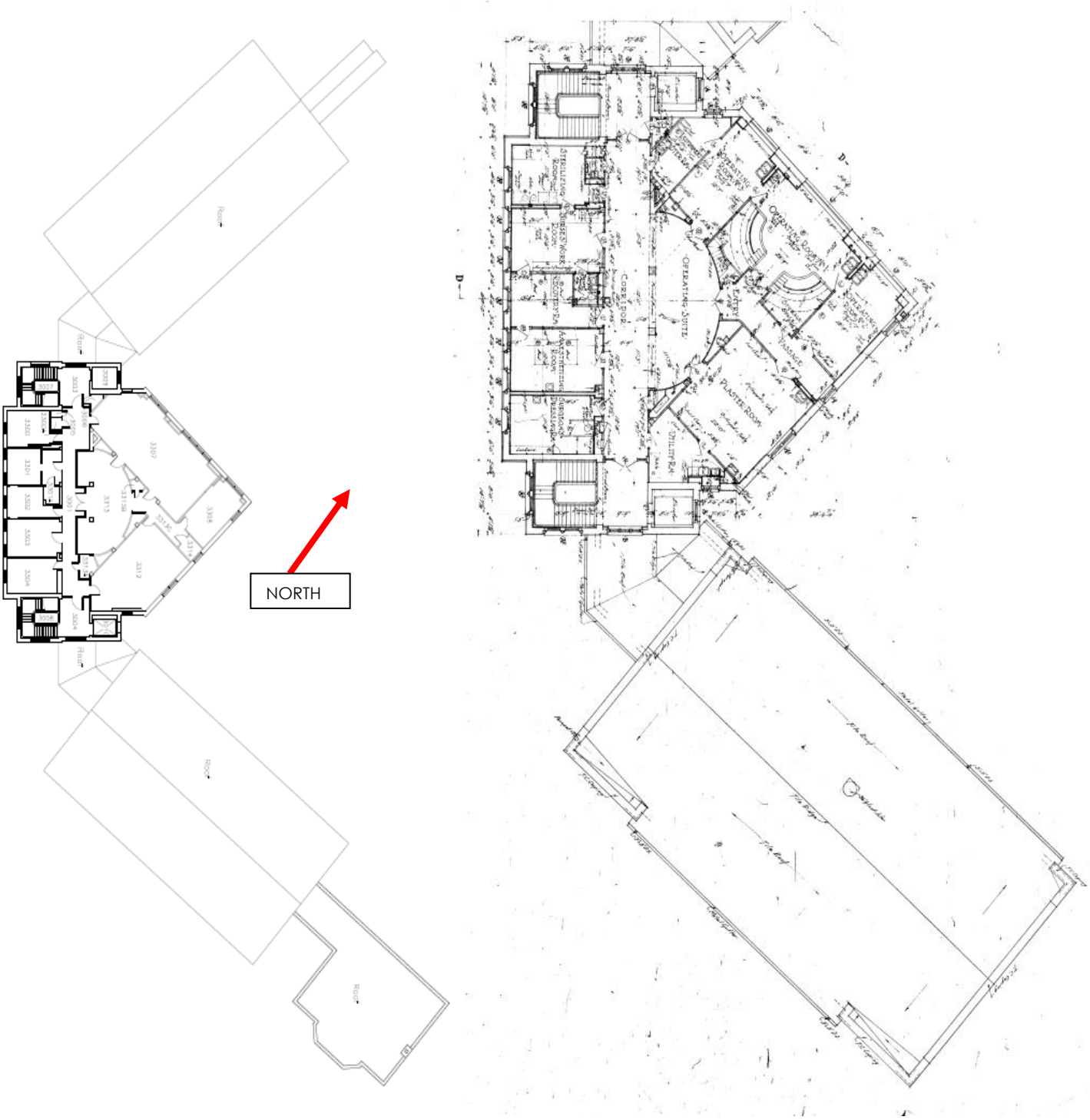
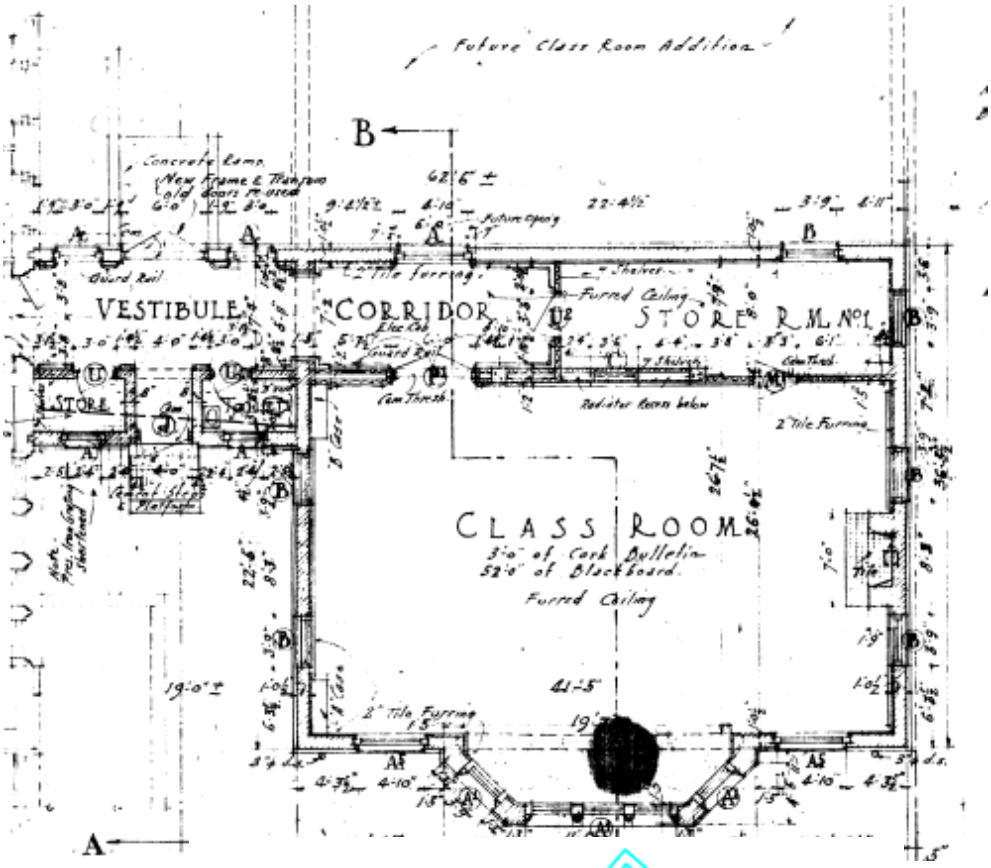


Figure 6: Floor Plan Classroom Addition (Part 4). The top plan shows the original 1928 addition floorplan as designed in 1927; no as-built drawings were located so any deviations from the plan could be historic. Source: William B. Ittner "Classroom Addition to the Shriners' Hospital," 1927. The plan at bottom shows the existing conditions today. Source: The Lawrence Group. Existing Conditions, 2014. Changes include division of classroom space into separate offices.



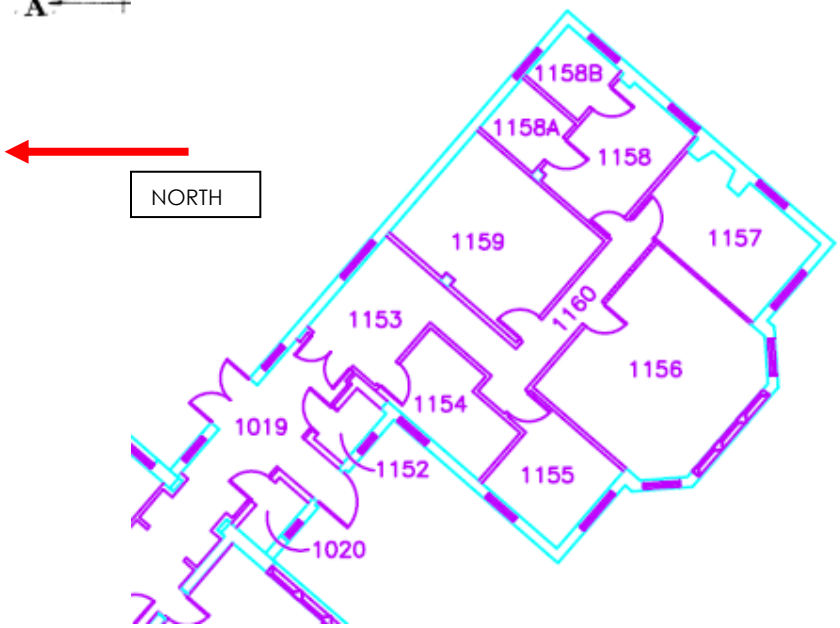
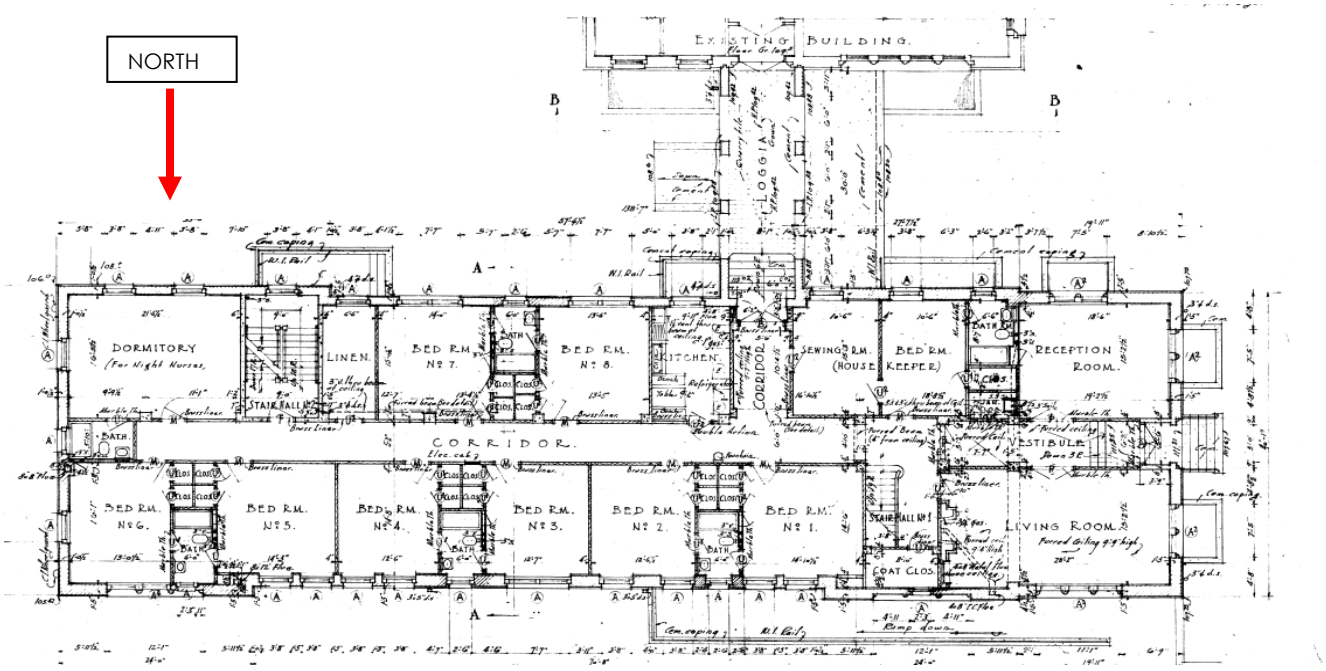
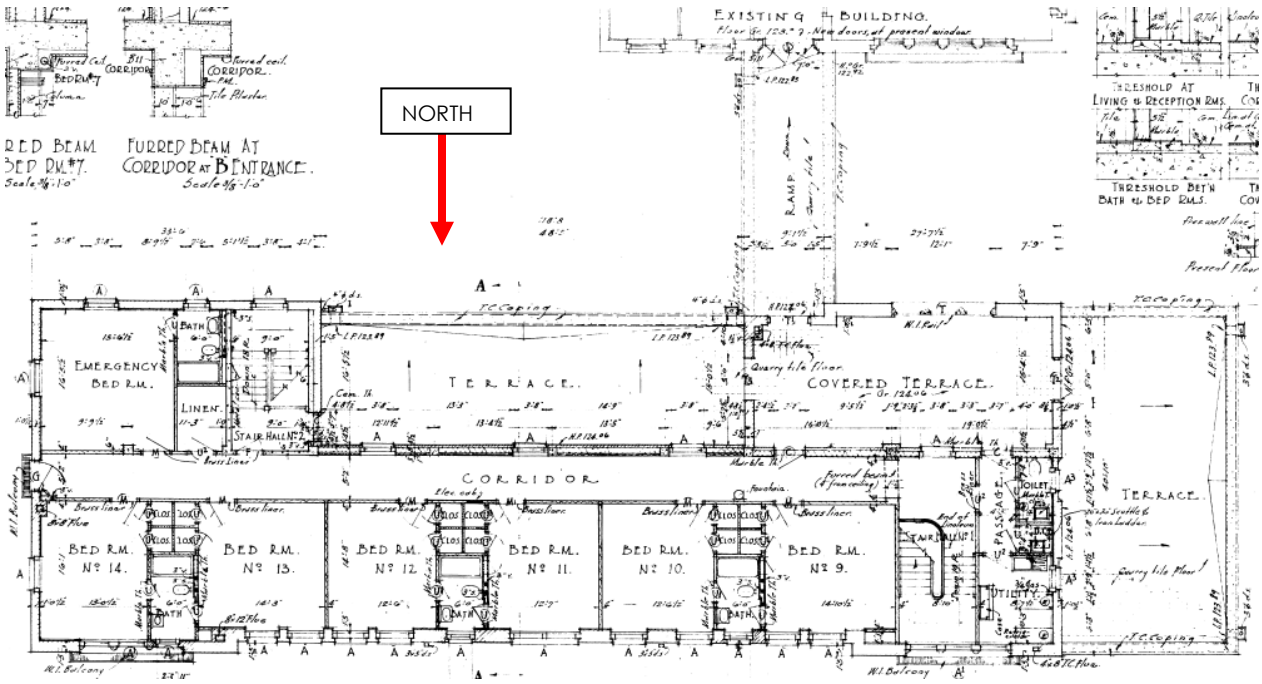


Figure 7: Floor Plans Nurses' Home (Part 5). The top plan shows the original 1928 Nurses' Home first floor as designed in 1927; the bottom drawing is the second floor as designed in 1927. No as-built drawings were located. The original footprint of the building is the extant condition today. Source: William B. Ittner "Nurses' Home Addition to the Shriners' Hospital," 1927.





STATEMENT OF SIGNIFICANCE

Summary

The Shriners' Hospital for Crippled Children located at 700-728 South Euclid and 4565 Clayton Avenues in St. Louis (Independent City), Missouri, is eligible for local listing in the National Register of Historic Places (NRHP) under Criterion A in HEALTH/MEDICINE. Constructed in 1924 as the first Shriners' Hospital in Missouri, one of seventeen such early hospitals in the country, the building was the largest and most centrally-located unit of the Shriners' Hospital system. Two subsequent buildings comprised of a separate nurses' home and a classroom addition completed the complex in 1928. The Shriners' was among the first specialized orthopedic hospitals where services were provided to children free of charge; the St. Louis location served as a major center for the study and research development in the treatment of physically challenged children. To further its cause, the hospital also provided education in the field to train nurses; a separate nurse's home provided on site occupancy. The research work and instruction for all of the Shriners' hospitals was conducted in the St. Louis hospital. Important medical advancements such as the first successful operation concerning the lengthening of a leg and the earliest attempt at skeletal traction to correct congenital dislocation of the hip were conducted in the hospital in 1924 and 1930 respectively. Revolutionary during the time, these efforts helped lay the foundation for surgical advancement concerning spinal injuries as well as effectively treating broken bones.

Constructed from designs of the prominent local architect William B. Ittner, the complex contains a very rare collection of highly ornate and multi-colored, Moorish-inspired, terra cotta detailing—meant to inspire children its palettes are as vibrant today as originally installed. The interior has been modified over time to keep pace with changing technologies in the medical field however more portions of the original interior design plans are intact than not and thus reflect its historic function as a hospital. The period of significance begins with the completion of the original hospital unit in 1924, includes the historic additions completed in 1928, and extends to 1963 when the hospital was closed and all patient care was transferred to the new (second) Shriners' Hospital on South Lindberg Boulevard in St. Louis County.

Background – From Traveling Doctors to Permanent Hospital Buildings

In a time dominated by doctors making home visits to patients in need of medical attention or to deliver a baby with the assistance of a midwife, complications of any sort could result in extreme, incurable pain and even worse, death. Rare diseases and deformities were generally left untreated and the presence of germs could make a healing patient take a turn for the worse at any moment. Hospitals provided a safer,

more sterile environment and by the mid-1920s in many larger cities, the rise of specialty hospitals allowed for more efficient and successful treatments. As a result, home visits drastically declined as doctors conducted more of their consultations in their offices and sent their patients to a specific hospital for acute and chronic illnesses.[2] Formerly conducted solely in the patient's home, child delivery was now more commonly implemented in a specialized ward of a hospital, as were surgical operations. Sanitary environments were more obtainable in hospitals; healing time drastically improved within germ-free environs; patients could be monitored by doctors and nurses. Accordingly, with such treatment came higher costs of care and as a result it has been said that it was the "middle and upper-class families (that) led the movement toward greater hospital dependency."[3]

The earliest hospitals had open ward plans with patients laying side-by-side, often separated only by a curtain. All of this would change in the 1920s as hospitals were designed with single or double rooms with lavatories in between. The improvement of x-ray technology during the 1930s, the introduction of radiation equipment, and pathological laboratories for the identification of germs situated within hospital facilities in the 1930s and 1940s led to the creation of specialized institutions for the treatment of specific ailments. Perhaps more significant were the changes in hospitals with the introduction of central air conditioning used in full force after the 1940s—which made hospital life endurable in the hot Missouri summers.[4]

St. Louis, identified as "a major medical center which attracted a large volume of non-resident patients," had a chronic shortage of hospital beds.[5] Announcing its impression of the building environment relative to hospital construction at the onset of the 1920s, *The Modern Hospital* tracked the cost per cubic foot from thirty cents in the 1910s to seventy cents in 1920, sixty cents in 1921, and predicted a final drop bottoming out at fifty cents in 1922. The importance of this study was a response to the demand for hospital beds as well as to encourage hospital boards to be prepared with plans and specifications for new facilities before the costs rise.[6] An official survey conducted in December of 1923 indicated that St. Louis' shortage was between 2,500 to 4,000 beds and except for urgent cases, it was nearly impossible to get a room in a private hospital

[2] John C. Crighton. "History of Health Services in Missouri." (Omaha, Nebraska: Barnhart Press, 1993), page 225.
[3] *Ibid*.
[4] *Ibid*.
[5] *Ibid*.
[6] *The Modern Hospital*. "A View of the Building Situation in 1921." (Chicago: The Modern Hospital Publishing Company, Inc). Volume XVIII, number 1, January 1922, page 41.

with less than a month's waiting time.[7] Private hospitals such as Barnes Hospital and Washington University, two of the largest medical complexes in the city, began to expand their facilities in response. As a competitor to private hospitals, a number of secular and religious groups answered the need by building their own hospitals.[8] The expertise found in St. Louis hospitals led, two decades later, to thirty local hospitals (including the nominated Shriners' Hospital for Crippled Children) receiving full approval by the American College of Surgeons in its 1945 hospital survey.

Background – Secular Effort to Provide Hospitals

One secular group, a fraternal organization known as the Ancient Arabic Order, Nobles of the Mystic Shrine (more popularly known as the Shriners), committed to sponsorship of a national system of FREE orthopedic hospitals for physically challenged children in 1920.[9] Financed by annual fees of two dollars per Shrine member—then totaling 600,000 members—an endowment of $1,200,000 was created to fund the system. Initially considering one large central hospital to serve the United States and Canada (and ultimately Mexico), the need for such hospitals was found by the Nobles of the Shriners to be more immense, and as a result several hospitals strategically placed across the country were planned. Meetings of the Shriners in early spring of 1921 were conducted with the intention of finding a location for a centrally-placed, Midwest regional hospital. St. Louis was an excellent candidate but its competitor, Rochester, Minnesota, was equally attractive because of its proximity to Canada—a territory the Shriners also wished to serve.

Great strides were taken in making St. Louis a more lucrative home for the Shriners. Efforts to tie the hospital to long-standing local institutions were made by business leaders of the city. Speaking on behalf of the significance of the potential for a "Shriners' Hospital for Crippled Children" to be built in St. Louis, Washington University President Robert S. Brookings stated that "the city would become the orthopedic surgery center of America" and that the Washington University medical group would be established "above question as the most important and progressive collection of institutions for the treatment and study of disease in the world."[10] At the same time Washington University was in the process of planning new structures in 1921 for the

[7] John C. Crighton, page 225.
[8] *Ibid*. For instance, a hospital for the Missouri Pacific Railroad was begun at Grand and Shaw Avenues in St. Louis city in September of 1921. Funded from contributions between 40 to 90 cents per 40,000 employees per month, the hospital offered care at no additional charge to its employees.
[9] *Ibid*.
[10] *St. Louis Post Dispatch*. "W. U. Head Points out Importance of New Hospital." April 7, 1921, page 23.

medical complex including hospitals for psychiatry (treatment of mental diseases), obstetrics (health science dealing with pregnancy, childbirth, and post-partum period), and those for the study of the eye, ear, nose, and throat. *Ultimately, the Central Institute for the Deaf (also nominated to the National Register), adjacent the campus in 1916, would construct a massive facility immediately south of Shriners in 1928*.

Washington University had already placed in service multiple buildings within the Barnes Hospital complex, including a Medical School, the St. Louis Children's Hospital, and the University Training School for Nurses. It provided hospital space in addition to school laboratories which ultimately enhanced the experience level and medical knowledge of students. Already classified as one of the most imposing "architectural piles" in the vicinity, Brookings touted that once the new Shriners' and specialty hospitals would be constructed that the Washington University Group would "more nearly approach perfection and completeness than anything of the sort ever actually planned by man!"[11]

Brookings expected that the value to the existing medical group with the inclusion of the new Shriners' Hospital would be immense.[12] Previously, the field of study pertaining to physically challenged children lacked scholarly study and diagnosis as well as actual treatment techniques but Brookings was sure that with the variety of cases coming from all around the United States and Canada that it would produce a plethora of original research materials in the field and those studies would be put into movement.[13]

In the professional *Journal of the American Medical Association*, Brookings' claims were substantiated in a section evaluating the educational facilities of the country as they pertained to the medical industry. Stating the fortunate circumstance that the two largest educational facilities of St. Louis also happened to have notable medical schools, the *Journal* touted Washington University's physical plant as one of the most noteworthy in the world.[14] Washington University's medical school staffed the St. Louis Children's Hospital and if awarded the contract, it would provide the same for the

[11] *St. Louis Post Dispatch*. April 7, 1921, page 23. The physical aspect of the collection would be further augmented by the completion of the $1,500,000 Jewish Hospital and nurses' home along Kingshighway bridging the gap between the Washington University group at the south and St. John's Hospital at the north.
[12] *Ibid*.
[13] *Ibid*.
[14] *Journal of the American Medical Association*. "The St. Louis Session." Volume 78, number 16, page 1247. The source also stated that the age and scholarly reputation of the St. Louis University School of Medicine needed "no mention to physicians."

completed Shriners' Hospital adjoining the medical campus. Noted as the central unit of the Shriners' effort to build similar hospitals throughout the country, the *Journal* exclaimed that the effort would add to the prestige of Washington University as a center for clinical work among children.[15]

Inclusion of the Shriners' facility within the Washington University medical campus did not happen out of chance or luck. Efforts of Robert Brookings in procuring a site and requesting the cooperation of his friend William K. Bixby (local philanthropist and founder of the American Car & Foundry Company) ultimately sealed the deal. In a personal letter from Brookings to Bixby, Brookings explained that the Shriners were contemplating building a large, new hospital to serve the physically challenged children of the region; to be centrally located between the U. S. and Canada, the Shriners were looking at Rochester, Minnesota with St. Louis as a strong competitor.[16] Brookings also explained that Dr. Nathaniel Allison (Dean of the Washington University Medical School and a Professor of Orthopedic Surgery there) attended a meeting in Chicago where the location of the new hospital was discussed and pleaded with Bixby that he needed to be in attendance at the next Shriners' meeting which was to be held in St. Louis during the month of March, 1921 in order to bear some influence. To make St. Louis more attractive, Brookings secured an option on a site south of the current medical campus and facing a park and he pushed as hard as he could. These efforts would lead to the construction of the very first free hospital for physically challenged children in St. Louis as well as in the state of Missouri.

Elaboration – The Shriners Choose St. Louis

The 1921 *Masonic Directory* posted a section exclaiming "Shrine Holds out Hands to Crippled Children." Introduced as the most important civic enterprise ever attempted by the Imperial Council of the Ancient Arabic Order, Nobles of the Mystic Shrine, the concept of building a series of hospitals to help these children was launched at the June meeting in Des Moines, Iowa earlier that year by then Imperial Potentate W. Freeland Kendrick.[17] At this historic meeting a resolution was adopted thus authorizing

[15] *Ibid*. The Journal indicated that the University already held high rank in pediatrics and in orthopedic surgery in association with the Children's Hospital. The *Journal of the American Institute of Homeopathy* also touted the new hospital in the 1920s.

[16] Robert S. Brookings to William K. Bixby. Personal letter dated March 11, 1921. Missouri Historical Society Archives, Bixby Collection.

[17] *Detroit Masonic News*. "Masonic Directory." Volume 2, 1921, page 35. The *Quarterly Bulletin of the Grand Lodge of Iowa* (volume XXII, January 1921, page 20) announced the plans for the Shriners' Hospital in St. Louis stating "This, in our opinion, is a very commendable project and should meet with the hearty endorsement of every Temple in the country…here is an opportunity of doing a great good to many

the establishment of hospitals for "crippled children" and proposed they would be supported by the members of the Shrine. In order to make the dream a reality, Kendrick proposed an annual assessment of two dollars per member with the approval of additional funds to be levied upon the members as needed to maintain the structures.[18] Kendrick also formed a committee of seven who were to select the sites and secure the plans and specifications of the buildings. The *Modern Hospital* touted the Shriners' construction of additional hospitals in Montreal, San Francisco, the Twin Cities, Shreveport, Portland, Dallas, and other cities for the care of physically challenged children was a "noteworthy indication of the new trend of such organizations to turn large funds into a humanitarian channel."[19]

St. Louis was ultimately selected as the site for the main hospital which was then estimated to cost $750,000.[20] The central location of St. Louis coupled with the association to the existing Washington University medical group, allowed the new Shriners' Hospital to provide innovative materials for study and research by students at the campus. The *Masonic News* concluded that under the operational plans that treatment in all cases would be free to all children whose parents were not financially able to pay for services.[21] This free system would also be duplicated in the other hospitals built by the Shriners' as approved during the 1921 Imperial Council Session; the Board also was to help with the selection of the most skilled staffs for each.[22] The excitement of the new hospital as well as the improvement and expansion of the existing hospitals in St. Louis led to a report by the St. Louis Chamber of Commerce declaring that St. Louis was becoming a "Hospital City;" the report announced four new hospitals to be built here at a total cost of $4,500,000.[23]

crippled children and making the Shrine a worthwhile Institution." The Shrine of Iowa claimed to be the first in America to start a similar Institution.

[18] George M. Saunders. "World's Greatest Philanthropy-Shrine Hospital for Crippled Children and Burns Institute." In "1886-1976 History of the Moolah Temple: St. Louis Unit Shrine Hospital." (St. Louis: Ancient Arabic Order of the Nobles of the Mystic Shrine for North America, 1976).

[19] *The Modern Hospital*.

[20] *Detroit Masonic News*. "Masonic Directory."

[21] *Ibid*, page 36. Further, it was stated that only those cases which could not be cared for in the home cities, or nearby cities of the various Temples, will be sent to St. Louis.

[22] George M. Saunders, page 5. The initial Board of Trustees included Sam P. Cochran, W. Freeland Kendrick, Philip D. Gordon, Forrest Adair, Frederick W. Keator, Oscar M. Lanstrum, and John D. McGilvray.

[23] St. Louis Chamber of Commerce. "Greater St. Louis." Volume 2, number 10, June 1921, page 19.

Ground Breaking and Construction

The contract for the site of the Shriners' Hospital was closed by the Weisels-Gerhart Real Estate Company on July 16, 1921 at a price of $150,000.[24] With a frontage of 800 feet along Kingshighway (later Euclid), 344 feet along Clayton, and 325 feet at McKinley, the site was strategically located in immediate proximity of an imposing complex shared by the Washington University School of Medicine and the Barnes Hospital Group. Comprised of individual parcels belonging to both residential and commercial occupants, demolition of existing structures began almost immediately. Although the source indicated that final details of the plans were not yet ready for publication it did state that according to the property title holder—the St. Louis Union Trust Company—construction was scheduled to begin as early as September 15, 1921.[25]

The announcement of a $400,000 contract awarded to St. Louis construction firm and fellow Mason E. H. Steininger to build the hospital for the Shriners was made on September 7, 1922.[26] Touted as one of six such hospitals then proposed throughout the country, Secretary of the Board of Trustees Forest Adair reported that a total of $2,000,000 was available to fund the hospitals.[27] The Shriners (AKA the Ancient Arabic Order, Nobles of the Mystic Shrine) retained fellow St. Louis Mason and prominent St. Louis school board architect, William B. Ittner to ensure his designs were executed according to plan.

In late winter, an internal bulletin of the Shriners announced the progress of the St. Louis unit where it had explained that work was advancing steadily.[28] Working in tandem with the St. Louis effort, Shriners' hospitals in other parts of the country were at various

[24] *St. Louis Post Dispatch*. "Deal Closed for Site of Shriner Hospital." July 19, 1921, page 15.
[25] Ibid. "The title holder and trustee, the St. Louis Union Trust Company held the title "pending necessary legal procedure for the incorporation of the trustees of the Hospital Committee of the Shriners of North America."
[26] *Manufacturer's Record*. (Baltimore, Maryland). September 7, 1922, page 86. The building was specified on page 87 of the same as a "hospital at Kingshighway and Clay Street of various dimensions, reinforced concrete, brick and stone, fireproof." Volume 55, number 15 of *Engineering and Contracting* (page 38) announced the selection of St. Louis as the site for the National Shriners' Hospital with a cost of more than $1,000,000. W. G. Cornell Heating Company and Kupferle Hicks were awarded the mechanicals, C. O. Smith the plumbing, sewering and gas fitting contract, and E. A. Keoneman the electric.
[27] *Manufacturer's Record*.
[28] Board of Trustees, Shriners Hospitals for Crippled Children. "Bulletin number 3 to the Nobles of the Mystic Shrine of North America." Atlanta, Georgia, February 2, 1923.

stages of planning or completion in February of 1923.[29] To provide funding for the hospitals, Shriner Trustee Forrest Adair confirmed that $1,000,000 annually would be required to maintain the facilities and then announced an endowment fund that would support the St. Louis and other country-wide units—funds of which would be provided by members of the Shriners.[30] (Figure 8 includes a list of hospitals 1922-1952).

Figure 8: List of Shriners Hospitals in Operation and dates of their openings:

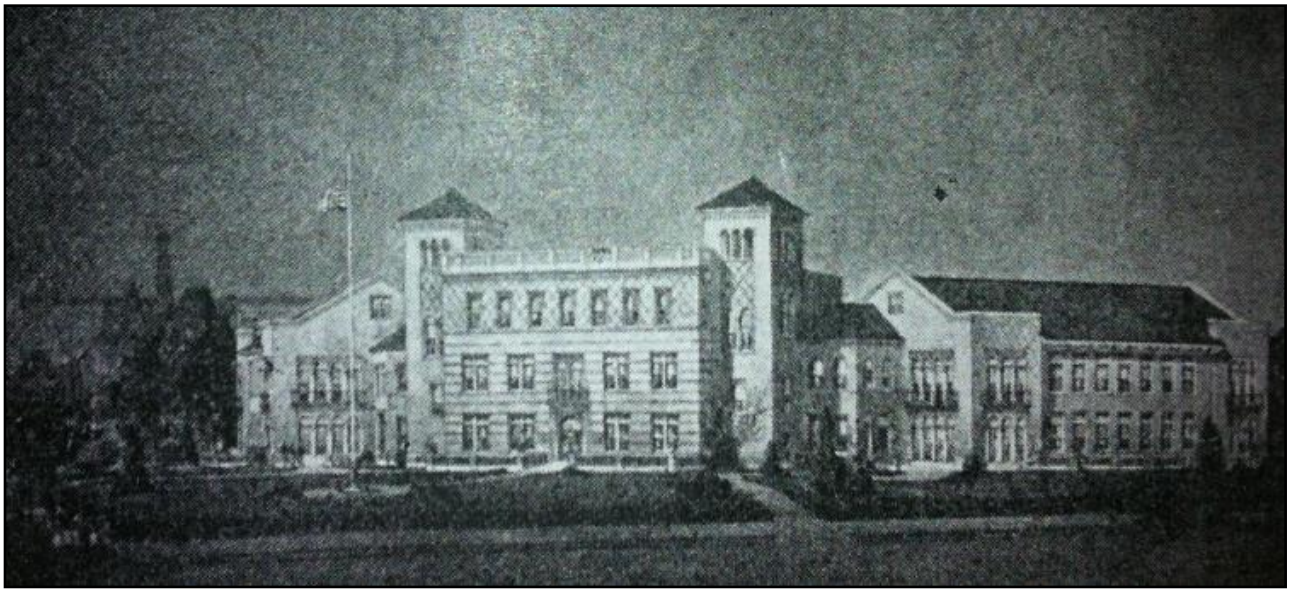
Shreveport Unit, Shreveport, Louisiana – September 16, 1922
Honolulu Unit, Honolulu, Hawaii – January 2, 1923
Twin Cities Unit, Minneapolis, Minnesota – March 12, 1923
San Francisco Unit, San Francisco, California – June 16, 1923
Portland Unit, Portland, Oregon – January 15, 1924
St. Louis Unit, St. Louis, Missouri – April 8, 1924
Spokane Unit, Spokane, Washington – November 15, 1924
Intermountain Unit, Salt Lake City, Utah – January 22, 1925
Montreal Unit, Montreal, Quebec, Canada – February 18, 1925
Springfield Unit, Springfield, Massachusetts – February 21, 1925
Winnipeg Unit, Winnipeg, Manitoba, Canada – March 16, 1925
Chicago Unit, Chicago, Illinois – March 20, 1926
Philadelphia Unit, Philadelphia, Pennsylvania – June 24, 1926
Lexington Unit, Lexington, Kentucky – November 1, 1926
Greenville Unit, Greenville, South Carolina – September 1, 1927
Mexico City Unit, Mexico City, Mexico – March 10, 1945
Los Angeles Unit, Los Angeles, California – March 1, 1952

The April 1923 edition of *Greater St. Louis* explained that the design of the Shriners' Hospital was a result of Architect William B. Ittner's consultation with Dr. Nathaniel Allison (discussed on page 27) in addition to the thorough study of similar institutions.[31] As planned, the building comprised a three-story Administration Building to be placed diagonally on the site; flanking this central section was to be a two-story ward, one facing west and the other south in order to provide considerable natural light and fresh

[29] *Ibid*. The San Francisco unit was under roof & receiving final interior finishes; the Twin Cities unit was to open at the end of the month; the Shreveport, Louisiana unit was at a temporary location; a site for the Montreal, Canada unit was purchased & a site for the Portland, Oregon unit was donated to the Shriners in early 1923; planning efforts were begun for units in Philadelphia, New England, Virginia, & Chicago. The Shriners even extended their efforts to Honolulu, Hawaii where they established a mobile unit composed of an orthopedic surgeon and nurse, an anesthetist, a physiotherapist and a brace maker that visited children on the islands until a permanent hospital could be built.
[30] *Ibid*.
[31] St. Louis Chamber of Commerce. "Greater St. Louis." "Shrine Crippled Children's Hospital to be Best in Nation." Volume 4, number 8, April 1923, page 13.

air (Figure 9). Although different in style from the existing campus buildings, great care was taken "that the new buildings should strike a harmonious note with the old;" the ornamental design and massing, "in carrying the Shrine tradition in architecture, was not only happy but fortunate, for it provided a decorative motif of romance and mystery so dear to the thoughts of childhood (Figure 10)."[32]

Figure 9: Hospital illustration. Source: *Greater St. Louis*, April 1923, page 13.



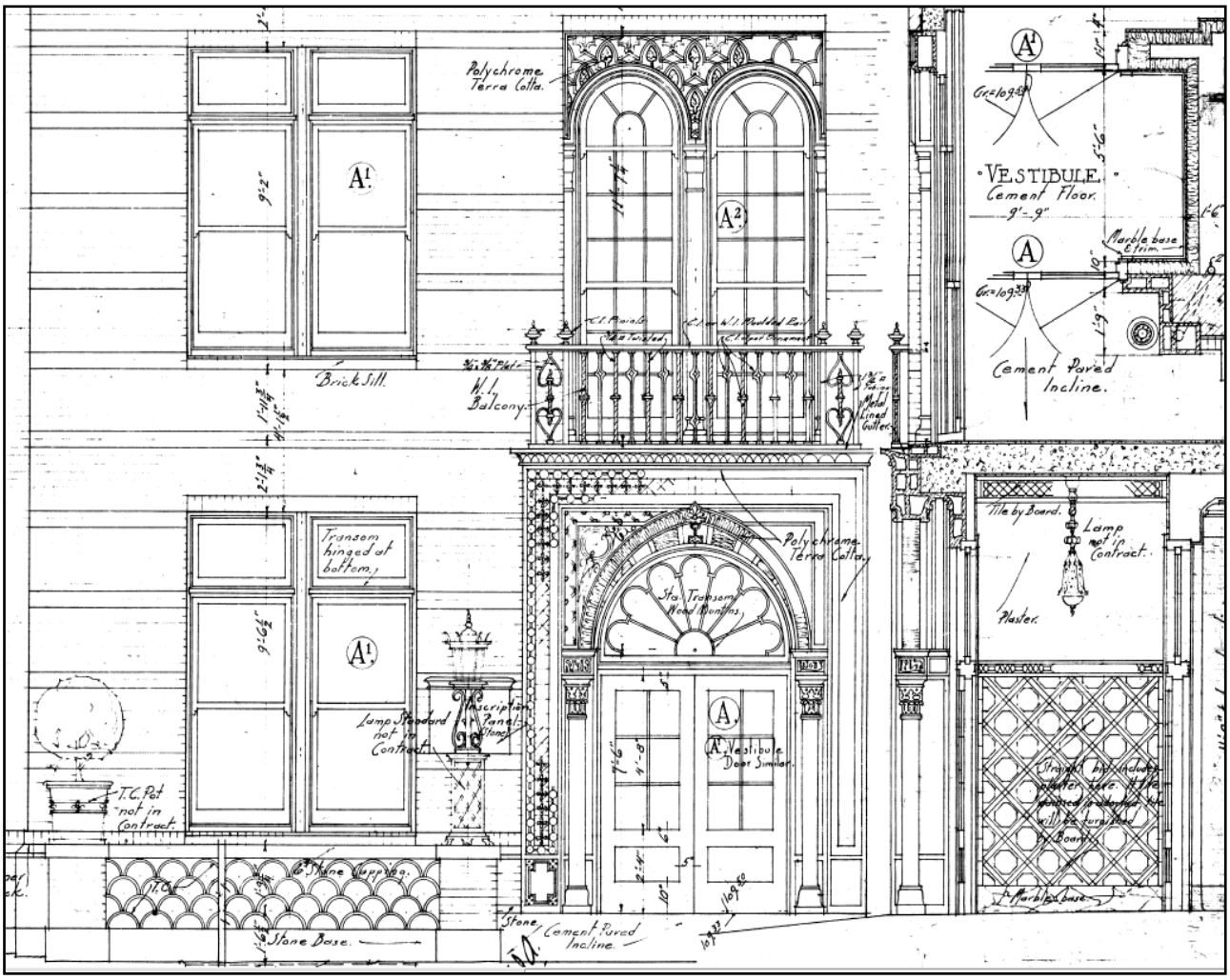
Contained within the Administrative Building was a first floor admitting ward with a series of patient waiting rooms, an examination room, a reception area, a room for the head nurse, and the utility rooms (Figure 3 on page 11). The main administrative offices were also located on the first floor. The second floor contained the clinical, X-Ray plant and "photo gallery" in addition to a supply room, file storage room, and staff rooms for the resident physician, two resident assistants and a pair of interns (Figure 4 on page 12). The Operating Suite was situated on the third floor; comprised of three individual operating rooms, one was equipped with a spectator's amphitheater (Figure 5 on page 13). In the basement was the main kitchen as well as dining room for staff (Figure 2 on page 10).

A stair and elevator tower were placed in between the Administrative Building at both wings; each of these wings contained wards providing 80 beds with 20 per floor, per side (Figures 3-4 on pages 11-12). Wards were divided by glass partitions into three cubicles. Adjoining the wards were sun rooms and dining areas; across from the dining

[32] *Ibid*.

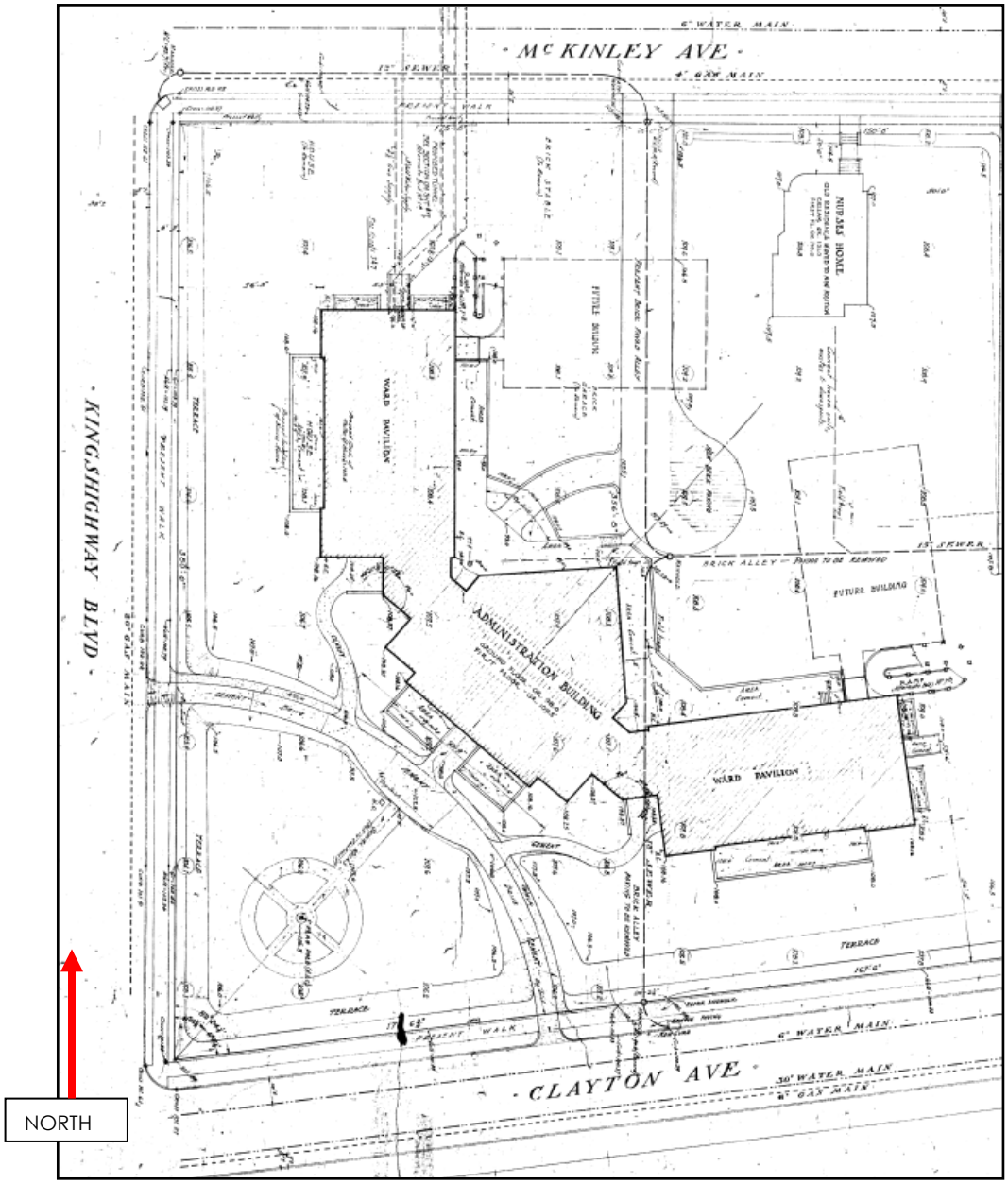
rooms were smaller diet kitchens. In the basement of the wings was a laundry room, sewing and cutting room, a mattress sterilizing room, a morgue, a drug store and massage room, general storage, and shops for carpentry, orthopedics, upholstery, and a barber (Figure 2 on page 10). The Chamber quoted the cost of the building to be approximately $425,000 completed and equipped.[33] The building officially was placed in service in 1924. Figure 11 shows the proposed complex as originally designed.

Figure 10: William B. Ittner, Architect. Drawing illustrates the ornamental design of the façade-intact today. Source: Drawing for "New Hospital Building at Kingshighway Blvd. and Clayton Ave, St. Louis, Mo., for the Board of Trustees, Shriners Hospitals for Crippled Children." June 15, 1922.



[33] *Ibid.*

Figure 11: William B. Ittner, Architect. Source: Site Plan for "New Hospital Building at Kingshighway Blvd. and Clayton Ave, St. Louis, Mo., for the Board of Trustees, Shriners Hospitals for Crippled Children." June 15, 1922.



Medical Significance and Contributors

Dr. Nathaniel Allison – First Director

Dr. Nathaniel Allison, Dean of the Washington University School of Medicine and a Professor of Orthopedic Surgery there, became the first administrative head of the Shriners' Hospital. Dr. Allison's credentials included a term as an army doctor during World War I after which he was recognized as a leader in orthopedic surgery in the United States.[34] A President of the American Association of Orthopedic Surgeons, Dr. Allison was former Senior Consultant of Orthopedic Surgery for the American Expeditionary Force and later represented the medical department of the U. S. Army on the inter-allied commission for the consideration of injuries and diseases resulting from World War I.[35] Upon appointment at the Shriners' Hospital, Dr. Allison requested that the Shriners' provide educational opportunities at the facility for those children entering the hospital. To ensure that the children would have a productive future as well as become self-reliant, Dr. Allison went as far as helping to organize a system of follow-up meetings and occupational training. In conjunction with fulfilling the aspirations of the Shriners' mission, Dr. Allison proposed that the hospital should contain laboratories for the development of apparatus and artificial limbs and appliances to aid "physical deformations."[36]

Dr. Allison was a colleague of Chief Surgeon Dr. Leroy C. Abbott at Washington University after World War I. Abbott, like Allison, practiced surgery during the war, the latter in both Edinburgh and London.[37] One of the earliest surgeries performed in the Shriners' Hospital by Dr. Abbott was also the first attempt in the field to attempt to lengthen a leg in which a destroyed growth center was involved; this surgery performed in 1924, would provide the foundation for continued surgical improvements.[38] Because the field of orthopedic surgery required specialized knowledge and techniques which both Abbott and Allison had, their combined efforts enabled Shriners' to provide unsurpassed care to its patients. Abbott ultimately left St. Louis to begin an Orthopedic Center at the University of California in San Francisco in 1930.[39]

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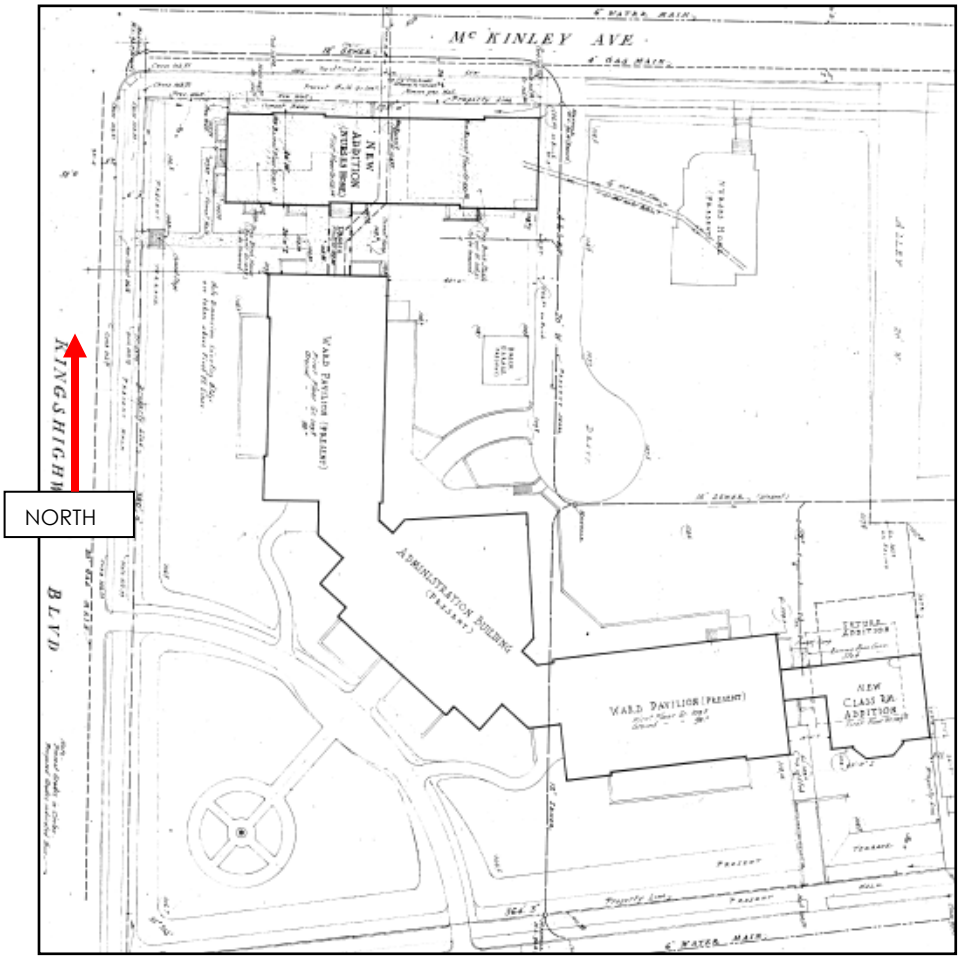
[34] *St. Louis Post Dispatch*."W. U. Head Points out Importance of New Hospital." April 7, 1921, page 24.
[35] *Ibid*. "W. U. The commission met in Rome.
[36] *Ibid*.
[37] History of UCSF Orthopaedic Surgery. Internet Source: http://orthosurg.ucsf.edu/home/about/history. Accessed 4-1-2015.
[38] Morton Mintz. "Crippled Children Get Finest Care." *St. Louis Globe-Democrat*." March 14, 1956.
[39] History of UCSF Orthopaedic Surgery.

Meanwhile, a new maternity hospital was added to the Washington University complex in 1927. The *St. Louis Globe-Democrat* exclaimed "St. Louis Becomes One of the World's Greatest Hospitalization Centers."[40] The Shriners' followed suite with expansions to the extant hospital. A new two-story plus basement building was planned as a nurse's home at the north end of the complex (Figure 7, page 15) with a new classroom addition at the south east (Figure 6, page 14). Attached to the west-facing ward via a covered walkway and loggia, the new Nurses' building would blend architecturally and functionally into the extant complex. At the eastern wall of the south-facing ward, a comparably-styled, one-story class room addition completed the complex. Both were placed in service in 1928 (Figure 12).

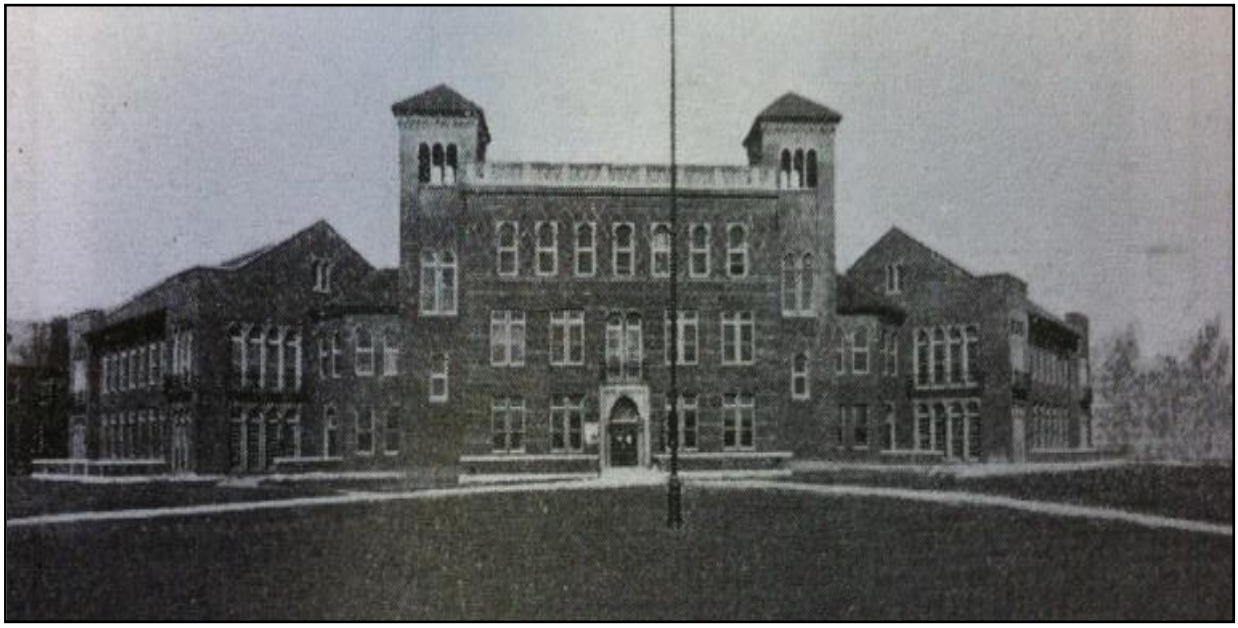
Figure 12: William B. Ittner, Architect. Source: Site Plan for "Additions to the Shriners' Hospital for Crippled Children." December 1927.



[40] *St. Louis Globe-Democrat*. "St. Louis Becomes One of the World's Greatest Hospitalization Centers." May 15, 1927, page 3.

The Shriners' mission to extend the "mercy of Orthopedic Surgery to any crippled child in North America, regardless of race, color or religion" was met by its central location in St. Louis (Figure 13 illustrates the completed complex; Figure 14 is a period photograph).[41] The St. Louis unit was able to serve a larger population than achieved previously in regional facilities located in Louisiana, Hawaii, Minnesota, California, and Oregon. Although the medical aid was provided pro bono, the service was not without some rules. For instance, the Shriners' stipulated that the parents of the physically challenged child must be financially unable to pay for treatment; other requirements included that the child must be of "normal mentality," that there would be a possibility of improving their condition through surgery, and that the child had to be no older than age 14.[42] Because of the number of cases seeking treatment, the age limit could be lifted by the head surgeon of each hospital given his opinion that the child patient might be cured.

Figure 13: Completed Hospital Unit. Source: Nobles of the Mystic Shrine. "Shriners' Hospitals for Crippled Children." St. Louis Unit pamphlet, no date.



[41] Nobles of the Mystic Shrine. "Shriners' Hospitals for Crippled Children." St. Louis Unit pamphlet, no date.
[42] Ibid.

Figure 14: Hospital photograph taken by W. C. Persons, photographer c. 1930. Source: Missouri Historical Society Archives.

In 1930, the successor to Chief Surgeon Abbott, Dr. C. H. Grego (also from Washington University) was awarded the Gold Medal of the American Academy of Orthopedic Surgeons for devising a new method for correcting congenital dislocation of the hip referred to as skeletal traction.[43] This method was first used at the Shriners' Hospital in St. Louis wherein it was subsequently perfected. Skeletal traction traditionally relieved pressure on the spine as well as provided a means to straighten broken bones but Grego's efforts showed that it could also serve other purposes. Research work and instruction implemented in St. Louis would be used as a model for all of the Shriners' national facilities.[44] As general orthopedic medicine advanced and infections and polio were virtually eliminated, Shriners' Hospitals began treating more complicated, specialized cases that could not be treated by local hospital facilities.[45]

By 1940 a total of 9,000 children were being treated in Shriners' Hospitals across the country with an additional 1,800 on waiting lists; the St. Louis hospital treated the largest numbers.[46] In order to improve upon their efforts to bring joy to children being cared for there, the Shriner's invited celebrities of the day to the St. Louis hospital including actor Mickey Rooney, Bob Hope, Hopalong Cassidy, "King of the Cowboys" Roy

[43] Morton Mintz. "Crippled Children Get Finest Care." *St. Louis Globe-Democrat*." March 14, 1956.
[44] John C. Crighton, page 225.
[45] "The Story of the Shriners." Shriners' pamphlet, no date. Collection of author.

Rodgers (himself a 33degree Illustrious Brother and Shriner Noble-Figure 15) and his horse Trigger during the 1940s and 1950s.[47] Treatment at the hospital continued in stride during those decades.

Figure 15: Shriners' Hospital visited by Roy Rogers; exact date unknown. Source: Missouri Historical Society Archives.

In a 1940 interview, former Philadelphia Mayor and head of the Shriner's Hospitals W. Freeland Kendrick explained to the *St. Louis Globe Democrat* the important service the hospital provided not only to the medical community but to those physically challenged children who had up to the construction of the first Shriners' Hospitals had been left untreated. He had stated "medical science, despite its many recent startling discoveries, has, so-far, been helpless in isolating the germ which causes infantile paralysis"- with the creation of the hospitals, and in particular the St. Louis Shriners' Hospital, this trend was reversed.[48] Kendrick recalled that the original concept of the hospital was to build one large facility in the center of the United States; that hospital was built in St. Louis but additional hospitals were desperately needed. In Kendrick's words "instead of bringing the child to the hospital, we brought the hospital to the child."[49] By 1940 the number of Shriners'' hospitals included fifteen with the bulk of twelve in the United States, two in Canada, and one in Hawaii.

[46] Morton Mintz.
[47] *Ibid*.
[48] *St. Louis Globe-Democrat*. "Tells How Shrine Hospital Bed Grew to $15,000,000 Institution." April 6, 1940.
[49] Ibid. *St. Louis Globe-Democrat*. April 6, 1940.

The St. Louis Shriners' Hospital was at that time (and during the entire period of significance between 1924 and 1963) one of the largest in the nation. When asked what gave him the idea of the hospital Kendrick replied:

> I have always loved children. I was always filled with pity when I saw them broken in body or health and, when, in the olden days, children were sent to hospitals for incurables, the very word incurable seemed unbearable to me. Why should children be incurable? I kept asking. I began to investigate and found they weren't incurable in many instances. So we finally managed to chisel a bed in a Philadelphia hospital, talked a surgeon into operating on a few cases for us and, as I had hoped, they weren't incurable. A cure was achieved in the first case and the next two showed decided improvements.[50]

1950s

The 1950s marked an important time in the history of the Shriners' hospital because up to that date they had provided cures for 12,847 children from the St. Louis unit; a total of 300,000 had been cared for in the 17 hospitals across the country.[51] It was reported that in 1955 alone the Shriners' Hospital admitted 308 children, performed 661 operations, supplied 17 artificial limbs and 441 braces as well as handled 2,719 out-patient clinic visits.[52] Shriners' also provided rehabilitation for its patients as surgery alone could not resolve issues surrounding impairments; together with the St. Louis Society for Crippled Children, the Shriners' were able to fulfill this mission. Research work and treatment continued in earnest through the 1950s and into the early 1960s and expansion as well as a new state-of-the-art facility would become a necessity.

1960s and 1970s

By 1963, a new Shriners' Hospital was built in St. Louis County and all patient care was subsequently transferred to the new facility. The old hospital was closed but was soon occupied by Washington University clinics requiring additional space. Care for children continued at the new facility over the subsequent decades. By 1976 it was reported that over 250,000 children who otherwise were "doomed to a life of disappointment, pain, and isolation" were "restored to health and well-being" with "happiness brought

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[50] George M. Saunders. "Worlds Greatest Philanthropy-Shrine Hospital for Crippled Children and Burns Institute." In "1886-1976 History of the Moolah Temple: St. Louis Unit Shrine Hospital." (St. Louis: Ancient Arabic Order of the Nobles of the Mystic Shrine for North America, 1976).
[51] Morton Mintz. "Crippled Children Get Finest Care." *St. Louis Globe-Democrat*." March 14, 1956.
[52] Ibid.

to many thousands of parents who otherwise would daily witness suffering and affliction of their little ones" since the first hospital opened in Shreveport, Louisiana in 1922.[53] The St. Louis County Shriners' Hospital continued to serve the needs of physically challenged children in the 1980s, 1990s, and into the 21st Century.

Today, a new Shriners' Hospital is nearing completion a few blocks east of the first Shriners' Hospital complex, just north of highway 40 in proximity to the original hospital. On Saturday, August 23, 2014 a 90th anniversary "hospital homecoming" was celebrated at the 2001 South Lindbergh Boulevard location.

Conclusion

The Shriners' Hospital is eligible for listing in the National Register for local significance under Criterion A in HEALTH/MEDICINE. Constructed in 1924 as the first Shriners' Hospital in Missouri, and one of seventeen such early hospitals in the country, the building was the largest and most centrally-located unit of the Shriners' Hospital system. Two subsequent buildings comprised of a separate nurse's home and a classroom addition completed the complex in 1928 as fulfillment of the Shriner mission to provide education and training to professionals that would move on to other Shriner facilities. Growth of that mission also expanded to include care to severely burned children. The complex served as a major center for the study and research development for the treatment of physically challenged children and provided resident nurses to care for such children. Important medical advancements such as the first successful operation concerning the lengthening of a leg in 1924 and the earliest attempt at skeletal traction to correct congenital dislocation of the hip in 1930 were conducted in the hospital. Doctors managing or practicing at Shriners including Drs. Abbott and Allison were leaders in their fields and highly decorated by the American Association of Orthopedic Surgeons. Shriners' hospitals and the St. Louis unit in particular were among the first specialized orthopedic hospitals in North America; many leading surgeons had part of their training at a Shriners Hospital. By the 1950s the St. Louis unit had cared for and cured 12,847 children. The building complex clearly reflects its period of significance as a significant local hospital beginning with the completion of the first buildings in 1924 and extends through the active and productive use of the hospital until 1963 when all of the patients were ultimately transferred to the St. Louis County location.

[53] George M. Saunders. "World's Greatest Philanthropy-Shrine Hospital for Crippled Children and Burns Institute." Page 5.

Bibliography

Board of Trustees, Shriners Hospitals for Crippled Children. "Bulletin number 3 to the Nobles of the Mystic Shrine of North America." Atlanta, Georgia, February 2, 1923.

Brookings, Robert S. to William K. Bixby. Personal letter dated March 11, 1921. Missouri Historical Society Archives, Bixby Collection.

Building Permits and Data Engineering Building Cards on file at the St. Louis Comptroller's Office. 1200 Market Street, Suite 1, St. Louis, Missouri, 63103.

Crighton, John C. "History of Health Services in Missouri." (Omaha, Nebraska: Barnhart Press, 1993).

City of St. Louis Assessor Office. Deed transcriptions. 1200 Market Street, Room 123, St. Louis, Missouri, 63103.

Detroit Masonic News. "Masonic Directory." Volume 2, 1921.

Engineering and Contracting. Volume 55, number 15.

Fire Insurance Maps of Saint Louis, MO. (New York: Sanborn Map Company, 1909, 1932, 1950, 1971).

Gould's St. Louis Directory and *Gould's Red-Blue Book*. (St. Louis: Polk-Gould Directory Company, various dates).

History of UCSF Orthopaedic Surgery. Internet Source: http://orthosurg.ucsf.edu/home/about/history. Accessed 4-1-2015.

Journal of the American Medical Association. "The St. Louis Session." Volume 78, number 16, page 1247.

Landmarks Association of St. Louis. Building and architects files: William B. Ittner; Hospitals; Shriners'.

Manufacturers Record. (Baltimore, Maryland). Volume 81, June 1, 1922; September 7, 1922.

Mintz, Morton. "Crippled Children Get Finest Care." *St. Louis Globe-Democrat*." March 14, 1956.

Missouri Historical Society Bulletin. Various issues.

Missouri Historical Society Collections Including unpublished:

1. Medical Scrapbook.
2. Necrologies Scrapbook.
3. Vertical File

Nobles of the Mystic Shrine. "Shriners' Hospitals for Crippled Children." St. Louis Unit pamphlet, no date.

Polk-Gould's St. Louis Directory. (St. Louis: Polk-Gould Directory Company, various dates).

Quarterly Bulletin of the Grand Lodge of Iowa. Volume XXII, January 1921.

Saunders, George M. "World's Greatest Philanthropy-Shrine Hospital for Crippled Children and Burns Institute." In "1886-1976 History of the Moolah Temple: St. Louis Unit Shrine Hospital." (St. Louis: Ancient Arabic Order of the Nobles of the Mystic Shrine for North America, 1976).

St. Louis Chamber of Commerce. "Greater St. Louis." Volume 2, number 10, June 1921.

_____. "Shrine Crippled Children's Hospital to be Best in Nation." Volume 4, number 8, April 1923.

St. Louis Daily Record, "Building News." Various dates.

St. Louis Globe-Democrat. "St. Louis Becomes One of the World's Greatest Hospitalization Centers." May 15, 1927, page 3.

_____. "Tells How Shrine Hospital Bed Grew to $15,000,000 Institution." April 6, 1940.

St. Louis Post Dispatch. "Deal Closed for Site of Shriner Hospital." July 19, 1921, page 15.

_____. "W. U. Head Points out Importance of New Hospital." April 7, 1921, page 23.

The Modern Hospital. "A View of the Building Situation in 1921." (Chicago: The Modern Hospital Publishing Company, Inc). Volume XVIII, number 1, January 1922.

"The Story of the Shriners." Shriners' pamphlet, no date. Collection of author.

Verbal Boundary Description

The Shriners' Hospital for Crippled Children located at 700-728 South Euclid Avenue and 4565 Clayton Avenue in St. Louis (Independent City), Missouri, is located in city block 4783 on South Euclid Avenue and includes approximately 2.390 acres on Lot 1 of the consolidation plat of McKinley Place Subdivision as recorded in Plat Book 09132004 page 0083 of the St. Louis City Records. The nominated property is known by the St. Louis City Assessor's Office as parcel ID 478300011 and tax record ID 4783-00-0011-0. A dotted line on the accompanying map entitled "Shriners' Hospital for Crippled Children Boundary Map" indicates the boundary of the nominated property (Figure 16).

Boundary Justification

The boundary of the nominated property has been drawn around the functionally-related historic complex and includes all of the interconnected buildings dating between 1924 and 1928 as well as a front greenspace and drive at the northwest corner of Euclid and Clayton Avenues; the boundary coincides with the historically-related complex. The rear of the site to the east of the building complex has been altered over time and includes a modern parking lot as well as new construction separate from the nominated property.

Figure 16: "Shriners' Hospital for Crippled Children Boundary Map." Source: Google Earth and L&A.

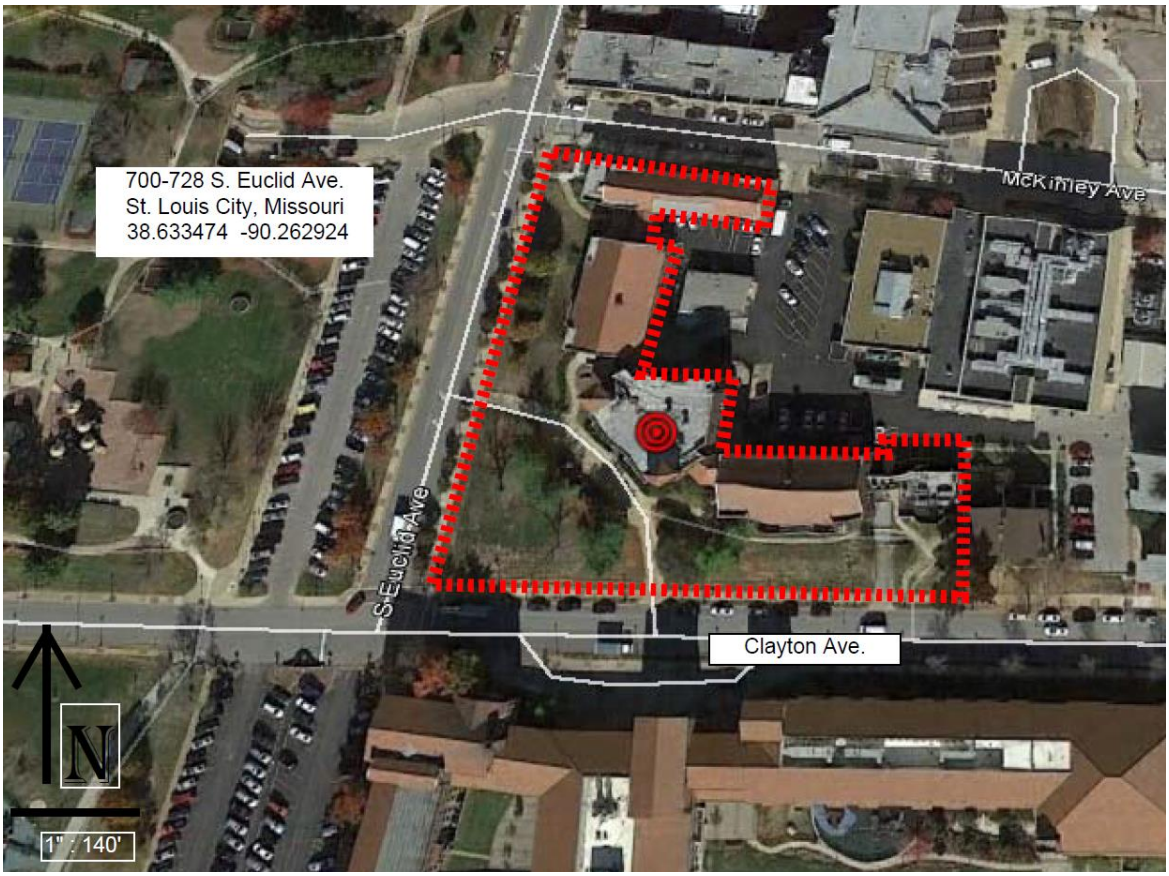
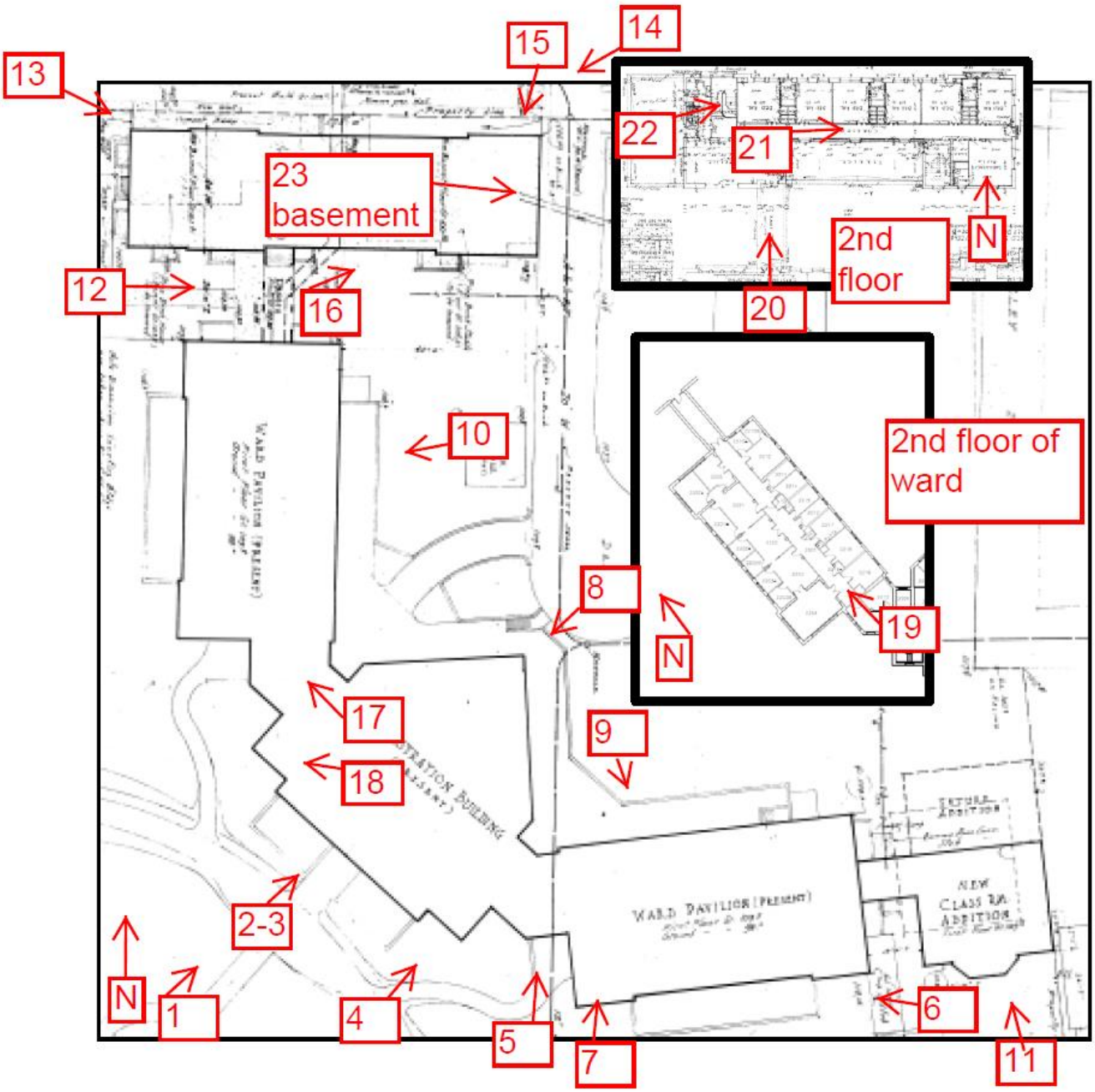


Figure 17: **Photo Key:** Existing Photographs, Matt Bivens.



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PARKING
DS9109
PENTAIR
TRITON
BARNES & WISH

706

Beet
PLUMBING

4570
For your health
Tobacco Free

RESERVED
PARKING

EXIT
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Just carry your part.
TEAM
T= Together
E= Everyone
A= Achieves
M= More
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