

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Name of Property

County and State

Name of multiple property listing (if applicable)

SUPPLEMENTARY LISTING RECORD

Section number _____ Page _____

NRIS Reference Number: 15000922

Property Name: Mount St. Mary's Hospital

County: Niagara State: New York

Multiple Name: _____

This property is listed in the National Register of Historic Places in accordance with the attached nomination documentation subject to the following exceptions, exclusions, or amendments, notwithstanding the National Park Service certification included in the nomination documentation.

 
Signature of the Keeper Date of Action

Amended Items in Nomination:

In Section 8 of the National Register of Historic Places nomination Criterion Consideration A has been added to the nomination form because the active role the Catholic Church took in the hospital. Even though the areas of significance are not religion, Criterion Consideration A is appropriate for this nomination.

This has been confirmed with the NYSHPO

Alexis Abernathy
National Register Reviewer
202-354-2236

United States Department of the Interior
National Park Service

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**National Register of Historic Places
Registration Form**

Nat. Register of Historic Places
National Park Service

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in *How to Complete the National Register of Historic Places Registration Form* (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. If an 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 entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer to complete all items.

1. Name of Property

historic name MOUNT ST. MARY'S HOSPITAL

other names/site number St. Mary's Manor

2. Location

street & number 515 Sixth Street [] not for publication

city or town Niagara Falls [] vicinity

state New York code NY county Niagara code 063 zip code 14301

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 as 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 [] nationally [] statewide [X] locally. ([] see continuation sheet for additional comments.)

Richard A. Pappant
Signature of certifying official/Title

DSHPO

10/30/15
Date

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

Date

State or Federal agency and bureau

4. National Park Service Certification

I hereby certify that the property is:

- entered in the National Register [] see continuation sheet
- determined eligible for the National Register [] see continuation sheet
- determined not eligible for the National Register
- removed from the National Register
- other (explain) _____

for Christopher
Signature of the Keeper

12/22/15
date of action

MOUNT ST. MARY'S HOSPITAL
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5. Classification

Ownership of Property
(check as many boxes as apply)

- private
- public-local
- public-State
- public-Federal

Category of Property
(Check only one box)

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

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

Contributing	Noncontributing	
1		buildings
		sites
		structures
		objects
1		TOTAL

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

N/A

Number of contributing resources previously listed in the National Register

N/A

6. Function or Use

Historic Functions
(enter categories from instructions)

HEALTHCARE/ Hospital

Current Functions
(Enter categories from instructions)

VACANT

7. Description

Architectural Classification
(Enter categories from instructions)

LATE 19th AND 20th CENTURY REVIVAL/
Classical Revival

Materials
(Enter categories from instructions)

foundation Concrete
walls Brick, Stone
roof Asphalt
other

Narrative Description

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

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8. Statement of Significance

Applicable National Register Criteria

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

- A** Property 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 that 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 boxes that apply.)

- 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:

(Enter categories from instructions)

ARCHITECTURE

HEALTH/ MEDICINE

Period of Significance:

1912-1965

Significant Dates:

1912 , 1948, 1965

Significant Person:

N/A

Cultural Affiliation:

N/A

Architect/Builder:

Ginther, William F, (architect)

Narrative Statement of Significance

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

9. Major Bibliographical 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 Building 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 repository: _____

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10. Geographical Data

Acreeage of Property 1.21 Acres

UTM References

(Place additional UTM references on a continuation sheet.)

1	<u>17</u>	<u>658285</u>	<u>4772811</u>	3	<u>18</u>	<u> </u>	<u> </u>
	Zone	Easting	Northing		Zone	Easting	Northing
2	<u>18</u>	<u> </u>	<u> </u>	4	<u>18</u>	<u> </u>	<u> </u>

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 Jill Nowicki, Historic Preservation Specialist [Edited by Jennifer Walkowski, NYSHPO]
organization CLINTON BROWN COMPANY ARCHITECTURE, pc date 7/16/15
street & number 617 Main Street, Suite M303 telephone 716-852-2020
city or town Buffalo state NY zip code 14203

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 SHPO or FPO for any additional items)

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

name Dulzura Inc. Attention: Mr. John S. Ray
street & number P.O. Box 26095 telephone 1 800-588-9612
city or town Las Vegas state NV zip code 89126

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. 470 *et seq.*)

Estimated Burden Statement: public reporting burden for this form is estimated to average 18.1 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 Chief, Administrative Services Division, National Park Service, P.O. Box 37127, Washington, D.C. 20503

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Section 7 Page 1

MOUNT ST. MARY'S HOSPITAL
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Narrative Description of the Property:

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

Mount St. Mary's Hospital is located at 515 Sixth Street in downtown Niagara Falls, Niagara County, mid-block on a rectangular lot bounded by Sixth Street to the west, an access alley to the east, and Ferry Avenue to the south, from which it is separated by a parking lot and garden. There is a paved parking lot at the northwest corner of this parcel and there is a paved parking lot across the alley that is associated with this property. This location, within a primarily residential section of the city, is less than a mile northwest of the cataracts that give the city its name.

Mount St. Mary's Hospital is a winged building, consisting of a 9-story, red brick center tower block flanked by matching 5-story blocks, all threaded together by a central corridor expressed in two thin 7-story connectors. The main facade is oriented towards Sixth Street. A 1948 3-story addition to the north is set back, fronting the alley. Together the three blocks and their corridors form a back-to-back "E" configuration in plan and a soaring prospect in elevation.

The Neoclassical Revival styled building is an intact example of institutional design as reflected in distinctive features such as its large-scale massing, rectangular multi-unit plan with connecting corridors, central pavilion featuring entry porch with Ionic columns and full entablature, limestone belt coursing and trim, repetitive fenestration, stone cornice, and flat roofs. The former hospital is the only structure on the rectangular 1.21 acre lot and is built up to its east and west property lines with park-like courtyards between the projecting blocks. A small asphalt parking lot and fenced in park-like lawn sit adjacent to the south of the structure, where the first Mount St. Mary's Hospital, known as the "House on the Corner," once stood.

This section of Niagara Falls is known historically as the South End Neighborhood, a predominately residential area of mostly late nineteenth and early twentieth century dwellings on the edge of downtown that is surrounded nearby by early twentieth century institutional and commercial structures, including the Kirkpatrick & Cannon-designed former Mount St. Mary's Nurses' Residence (1928, NR, 2004) across Sixth Street to the west, the ca. 1912 Charles F. Obenhack-designed former Lammerts Auto Works directly to the north, and the ca. 1927 Charles F. Obenhack-designed former Niagara Falls Board of Education Administration Building on the southwest corner of Walnut Avenue and Sixth Street (NR listed).

Constructed in 1912-1914 to the design of architect William P. Ginther, FAIA, the building is of brick bearing wall construction with vitrified red brick on a raised limestone foundation. The interior reflects the original "ward" layout, the division of interior space based on the type of patient care needed, and has been in continuous use as a health care facility over its active lifetime. The building retains a high level of integrity with its largely intact floor plan and many of its historic features and materials. The building remains a local

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landmark due to its prime location, scale and materials, recalling a time of great growth in Niagara Falls at the dawn of the age of hydropower.

The massing generally consists of three A-B-A blocks orientated perpendicular to Sixth Street that are connected and centrally traversed by a circulation spine, forming a back-to-back "E" configuration plan, with a 1948 three-story service building addition, square in plan, attached to the northeast corner of the original building. An octagonal brick chimney stack stands at the rear roof of the northeastern-most block. There are several smaller infill additions that were made over the years. The classically inspired main facade is a symmetrical design. The building typically features a raised limestone foundation, red brick walls, repetitive fenestration, limestone belt courses and trim, but it becomes more utilitarian in design and features at the east (rear) facade.

The projecting central block is composed of a three bay wide pavilion with flanking polygonal corner towers, a classically styled entry porch with Ionic columns, full entablature, frieze with rosettes, and a stone parapet with balustrade. The fourth story has a large arched masonry window opening finished with stone voussoirs. On its central axis, a stone cross crowns a shaped parapet with statuary niche repeating the same rhythm of the facade below. The projecting and flanking wings are six bays wide and more simplified in design. Three-bay-wide recessed hyphens of the spine, featuring five-story round bays, connect the central block to each flanking block. Regular fenestration features the original 1/1 double-hung wood windows with operable awning transoms, with textured amber glass, above. The windows are primarily intact but in poor condition; transoms are boarded over and covered with aluminum storm units. A heavy stone cornice and plain brick parapet cap the facade.

The primary facade remains largely intact and retains a high level of historic integrity. Modifications to the original design are limited. As part of a 1966 building renovation, windows on the west facades of the north and south wings were replaced with brick infill to accommodate code-compliant fire egress stairs. Original balconette projections on both the front and side elevations of the central bay represented on the architect's original rendering were also removed and wall openings were modified.

The north and south (side) elevations of the building continue the same design treatment of the main facade, which continues around the east (rear) elevation of the southern block, where it then transitions to a more utilitarian design. Rear (east) portions of the building not seen from the street feature unadorned red brick walls with segmental arched masonry openings, often paired. The highlight feature of the central block's rear side elevations is tall windows to let light into the chapel inside. Four-story open porches, with exterior metal switch-back stair, were originally located at the northeast corner of the south block. The original service portions of the building are identified by the change in fenestration to 4/4 double-hung wood sash in semi-arched openings. As part of the 1966 building renovations, the open air porches at the south block were infilled

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with brick masonry to create additional interior space and to enclose the egress stair, presumably to improve code compliance. The secondary elevations remain largely intact and in good condition.

The 1948 brick service building addition was built up against the western half of the north elevation of the original hospital massing. The utilitarian design of the addition, reflecting the service functions it housed and perhaps the more severe architecture of its time, features four slightly recessed bays containing horizontal bands of double-hung windows on the primary (west) elevation and industrial sash windows on the rear (east) elevation, and brick spandrels. The north facade of the 1948 addition is a monolithic wall of red brick.

Flat roofs cover the entire building, with ballasted built-up or membrane roofing that is past its useful life and in need of replacement. Brick parapets with glazed terra cotta coping tiles are showing signs of deterioration due to water infiltration. The central block's roof features a centered skylight curb, marking the location of an original skylight, now missing, that was designed to bring light into the hallway below through the ceiling laylight which still remains. Flanking extant skylights to the north and south of the center skylight, both with monitors oriented to capture the north daylight, illuminate the former patient rooms. The north skylight, visible from the street level, is a shed roof of channel glass with copper flashing, while the south skylight, not visible from the street, is strictly utilitarian in its design. The central portion of south block roof, accessed from the central spine and through what was presumably used as a community room of sorts, was utilized for an open air porch. This area is marked by the open crenellations in the brick parapet to the south, subtly reflecting the appearance of a porch railing. It was originally dotted with park-style light standards, which also highlighted portions of the front façade.

Interior

Similar to the exterior, the 114,000 square foot interior was also constructed out of fire-proof reinforced concrete and masonry construction with concrete floor slabs and thick vitreous tile wall construction. The dense construction provided fire- and sound-proof accommodations to patients. The arrangement of interior spaces and finishes reflects the vision to have the building feel like an apartment residence while satisfying the need to keep it sanitary. The former hospital's interior remains largely intact and in good condition.

The main entrance is on Sixth Street, far from any current parking lot, reflecting that most hospital patrons arrived by foot. The interior is accessed from the main entry lobby located at the central ward block. Nearly all corridors are double loaded with rooms of various sizes and uses flanking either side of the hallways. Egress stairs are generally located at the east end of each north and south ward blocks, west end of all three ward blocks and in the central circulation corridor right next to the north ward block. An elevator is located in the central circulation corridor between the south and central ward blocks. Floors are typically linoleum tile, in various states of disrepair, and walls and ceilings tend to be plaster with some drop ceilings in various locations,

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also in fair to poor condition. Sharp corners and wall trim are limited in order to eliminate places for germs and dust to collect, in line with the concern for the hospital to be a healthy place.

The main entrance from South Street is located through the central ward block's porch. Double doors lead guests into a one and one-half story lobby with broad marble tread stairs, plaster walls, and a decorative plaster ceiling with denticulated crown molding. Gracious-sized waiting rooms flank the main lobby to either side. The typical interior floor layout of the former Mount St. Mary's Hospital is a back-to-back "E" configuration in plan. A primary corridor, running north-south within the central spine, connects the three ward blocks. Secondary, double-loaded and wide corridors, running east-west at each of the three ward blocks, serve former patient rooms, which are arranged back-to-back against a shared bathroom and closet core. In this disciplined "ward" plan, each patient room has natural light and ventilation. The three wards are then connected to each other by means of a 30 foot by 9 foot arcade off of which are semi-circular bays to the west, areas for visitors to use, and the egress stairs, passenger elevator, and small utility rooms to the east. The switch-back egress stairs feature steel structure, terrazzo treads, and plain metal balustrades with a wood cap. Originally, the secondary corridors of the north and south ward wings terminated to the west at projecting "sun parlors" that were meant to aid in patients' convalescing. As part of the 1966 building renovations, these communal rooms were re-purposed for additional fire egress stairs, presumably required by modern building code when the hospital was converted to a nursing home. The 1966 renovations also included the infilling of open air porches that were located at the northeast corner of the south ward block.

The third and fourth floors follow the above described typical floor plan with the exception of a two-story chapel that occupies the west wing of the central ward block, which is accessed from the third floor. The classically-designed small chapel is rectangular in plan with a chancel centered on the east wall on the entry axis and that is recessed and framed within a semielliptical arched opening with center cartouche. Marble steps form a platform foundation for the altar, which is missing. Small sacristy rooms flank the chancel to either side. The auditorium nave was designed to accommodate a center aisle with flanking wood pews, long gone. Ornate pilasters on paneled bases with composite capitals define the wall bays. South and north exterior walls feature large slender circular-topped window openings with plain glass that presumably contained ecclesiastical stained-glass panels originally. The deeply coffered ceiling reflects the structural system above. As part of the 1966 building renovations, the access from the fourth floor and cantilevered viewing gallery were removed to accommodate additional program space on that floor.

The fifth floor is substantially smaller in footprint than the floors below and was originally utilized for the operating-room and X-ray departments. The main corridor opens to a large community room to the south, referred to originally as "The Palm Room." An interior wall of windows separated the space into two sections, both of which have direct access to the roof of the south ward block, presumably used as an open air patio. A

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simple brick fireplace adorns the north wall. As part of the 1966 building renovations, the fifth floor was re-configured to provide rooms for the sisters.

The sixth floor has the smallest footprint of all floors and was originally utilized for the laboratory department as well as nurses' classrooms and recreation spaces. The floor only includes the main, north-south corridor, and the eastern half of the central and northern blocks. It is accessed by both stair and elevator, both found at the south end of the north-south corridor, as well as a secondary stair just south of the north block. The corridor is generally single loaded, with rooms extending east of the corridor. The central block features one large room and the north block features several smaller rooms. After the nursing functions were moved to the nursing residence in 1927, the X-ray department relocated to this floor.

The basement level primarily follows the typical plan layout and was used for support functions such as the kitchen, storage, and staff accommodations. A sub-basement is located at the north portion of the central and north blocks as well as the service building. A subterranean tunnel connects the property to the former nurses' residence across Sixth Street to the west, but it is filled and impassable at the curb line.

The 1948 service building addition is accessed through the basement level of the main building. The main functional space is the boiler room, an enclosed three-story high space bordered by L-shaped mezzanines subdivided for various workshops. The third floor of the addition is one large open space with an enclosed stair to the northeast. Reflecting its history as a general hospital, the hospital was designed without an emergency department, which would be prominently featured in such a hospital today.

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Statement of Significance

Mount St. Mary's Hospital is significant as a good representative example of an early twentieth century hospital. Its development reflects the commitment over nearly 60 years by the Sisters of St. Francis to providing quality general health care services to the residents of the City of Niagara Falls. The sisters first established the Mount St. Mary's Hospital in 1907 in a former private residence that became known as "The House on the Corner." The 30-bed hospital was on the corner of Sixth Street and Ferry Ave. With a shortage of adequate facilities, the "House on the Corner" could not accommodate the growing demand, and the Franciscan Sisters developed plans for a large-scale modern hospital, which was constructed in 1912-1914. Mount St. Mary's Hospital operated here until 1966, when the hospital moved outside the city and the facility was renovated into a 104-bed nursing home called St. Mary's Manor, which operated until 2003. The building has been vacant since then.

The hospital is locally significant under Criterion C in the area of architecture as an excellent example of hospital design and planning from the early 1900s by architect William P. Ginther, FAIA. The Neoclassical Revival style building illustrates period hospital design in features such as its large-scale massing, a rectangular multi-ward plan with connecting corridors, a central pavilion featuring an entry porch with Ionic columns and full entablature, limestone belt coursing and trim, repetitive fenestration, stone cornice, and flat roofs. The hospital's original design remains largely intact and in good condition.

The former hospital is also eligible for listing under Criterion A in the area of health care for its important role in the early development of a therapeutic approach to health care in the City of Niagara Falls. Mount St. Mary's was cited as a model for contemporary hospital design and operation at the time. It served as a representative for modern general hospital design and operation for its innovations of the time including fire proof construction, segregated hospital departments and "ward" layout, a sterile and segregated operating plant, patient accommodations designed to aid in their recovery with an arrangement of spaces providing natural light and ventilation to each patient room, and the introduction of music therapy for the care of patients.

The building's period of significance begins in 1912 with its construction and concludes in 1965, with its conversion from a general hospital to a nursing home facility after the hospital function was transferred to a new facility outside of the city. This period encompasses the history of the hospital when it was at its most active and prominent at this location, as well as encompassing all major architectural alterations to the structure including the demolition of the original facility on this site, known as the "The House on the Corner," and the 1948 service building enlargement.

"The House on the Corner" Era: 1907 - 1914

Pope Pius IX established the Roman Catholic Diocese of Buffalo in 1847, appointing John Timon as the first bishop of Buffalo to oversee an eight county territory that included what is now the City of Niagara Falls.

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Bishop Timon believed that the way to spread Roman Catholicism to urban America was through the propagation of hospitals, schools and social service agencies that were to be available to all people. Upon the request of the rector of St. Mary's Church of Buffalo, three sisters from the Franciscan Third Order Regular arrived in Western New York in 1861 from their home community of Philadelphia.¹ Following the teachings of St. Francis of Assisi, the sisters began caring for the ill and aging in their homes.

The sisters first established Mount St. Mary's Hospital in 1907 as a 30-bed hospital in a former private residence on the corner of Sixth Street and Ferry Avenue that became known as "The House on the Corner."² The ca. 1890 2 ½-story cross-gable Queen Anne style brick masonry residence was characterized by its asymmetrical facade, complete with 3- and 4-story lofty square towers and a large wrap-around open entry porch featuring front gable and curvilinear portions, supported with slender grouped columns. The house also included a second story sleeping porch, and polygonal bay windows among several large windows, irregular fenestration, and large gable ends with shingle siding and curved recessed windows openings. Noting these features is important because they will re-appear in the design of the new hospital, having set the stage here for the Franciscan Sisters' approach to health care.

"The House on the Corner" was the former residence of prominent Niagara Falls businessman John C. Lammerts. He was active in insurance, a Democratic Party leader and a postmaster of the Village of Suspension Bridge, one of the villages from which the City of Niagara Falls was formed in 1892, and a county treasurer until 1899, when he left office, having misappropriated \$50,000. Even before the Franciscan Sisters took ownership of the building, in 1901 it served its first public and health care use as the Electro Magnetic Sanitarium of Niagara Falls.³ This has been described as a "place where 'electro-therapeutics' were used for all chronic nervous and mental disorders."⁴ The *Daily Cataract Journal* of May 22, 1901, stated "the house is a model one for an institution of this kind and has been entirely refitted and furnished, giving each member of the staff of physicians his own suite of offices. This gives Niagara Falls one of the most complete institutions of its kind in this country."

Thus begins the combination of high quality architecture and high quality healthcare that characterizes the origin and operation of Mount St. Mary's Hospital. Many of the residential features of "The House on the Corner" were inspirational to and were featured in the design of the more institutional, modern hospital building of 1912. Examples of the features and feeling of the House that appear in the new hospital's design include the

1 Franciscan Sisters were also responsible for the construction of "Sisters of St. Francis Complex" (NR) at 400 Mill Street, Williamsville., NY; "Franciscan Sisters Serve Niagara Area," *Niagara Gazette*, February 9, 1975.

2 It is unclear who the original owner of the property was; the house was originally built as a residence for John C. Lammerts or John H. Lynch.

3 "Unnamed," *Daily Cataract Journal*, May 22, 1901. Accessed from Clipping Files of the Niagara County Historian's Office.

4 "Healing Water of Niagara: "They Did No Harm" Explores Alternate Health in the 19th Century," *Niagara Gazette*, January 12, 2015.

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variegated and detailed massing and surmounting tower adorned with delicate steel fire exits; curved and straight corners; curvilinear porch-like connectors; open porches throughout; and a sun room and adjacent roof deck whose balustrade was decorated by slender, park-like light posts on the exterior, and the residential qualities exhibited in the shared patient lounges and individual patient rooms.

The success of the Sisters of St Francis in their ministrations here and the explosion of the population of the city of Niagara Falls at the turn of the 20th century that was fueled by hydropower-hungry chemical, paper, and ceramic and metallurgical manufacturing, engineering and scientific enterprises, together drove a dramatic expansion of the facility, one that combined a health care approach begun in a residence with a modern scientific health care delivery approach exemplified by a factory.

Attracted by burgeoning industries feeding from the abundant hydropower of the harnessed cataracts, immigrants from across the country and around the world swelled the historically tourist-oriented community. The city's population of fewer than 20,000 in 1900 more than doubled to more than 50,000 by 1920. The demand for medical services rapidly increased, creating a shortage of adequate facilities. After adding a ward in the attic and an annex, the "House on the Corner" still could not accommodate the growing demand, and the Franciscan Sisters developed plans for a large-scale modern hospital. At the same time that the Sisters of St. Francis began plans for a new modern hospital facility, the Niagara Falls Memorial Hospital, a non-denominational municipal hospital that was started as a small emergency hospital in 1895 in the then-suburb of Pine Street and Portage Road, was also over capacity and planning an enlargement to its building.

During the nineteenth century, Niagara Falls was seen as a place for healing and refreshment. Curative waters, hot springs and the popularly believed restorative effect of ozone associated with the cataracts attracted many people to the falls for healing and restoration. Members of the American Electro-Therapeutic Association met in Niagara Falls in 1899, touring the Niagara Falls Power Company's power house and traveling the region by "electric roads" or railways. This approach contrasted with the origin of formal health care in Niagara County in the form of the Niagara County Infirmary, which opened in 1824. It was referred to as "the Poorhouse." It both housed the poor and was a place for medical assistance. Frequently this was a cold water shower for "intemperants," a contemporary description of its drunken clientele. Annie Edson Taylor, the first person to survive a trip over the falls, died here in 1921. Mount St. Mary's Hospital was among a number of health and social welfare entities begun in this more modern era; they include the Niagara Falls Memorial Hospital founded in 1895, the Home for the Friendless at Lockport, also begun in a former residence (1871,1906), and the Villa Vincent in Youngstown for Female Orphans (1907).

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St. Mary's Hospital Era: 1914-1965

The sisters raised the money for the new hospital by mortgaging the other properties they owned in the city of Buffalo.⁵ The commission for the original 1912 design for Mount St. Mary's Hospital was awarded to nationally active architect William P. Ginther, who established his career with ecclesiastical designs for modern churches, rectories, schools, and hospitals. A native of Akron, Ohio, and son of German immigrants, Ginther was a devout Roman Catholic. He began sketching architecture from an early age, then studied architecture at Butchel College, now the University of Akron, before beginning an apprenticeship at the office of prominent Akron architect Frank Wheary from 1879-1886.⁶ After a tour of the major European cities in 1889, he returned to Akron to start his own firm, specializing in church designs, informed by his time studying the great cathedrals of Europe. His notable works include other hospital facilities, such as Mercy Hospital and St. Anne's Hospital, both in Canton, Ohio, and St. Francis Hospital in Charleston, West Virginia. He designed well over sixty churches, including Saint John the Evangelist Catholic Church Complex in Logan, Ohio (NR 1997), St. Andrew's Roman Catholic Church in Roanoke, Virginia (NR 1973), and St. Bernard's Church in Akron, Ohio (1905, NR 1989) to which he belonged as a parishioner.⁷ He was named a Fellow of the American Institute of Architects in 1893, receiving one of the profession's highest distinctions at the relatively young age of 37. He served on the American Institute of Architects Board of Directors along with President Daniel H. Burnham, First Vice President George B. Post, and Directors Robert Morris Hunt, George W. Rapp, Charles F. McKim, and other notable architects of the day. His work is summarized in the recent book, *Dedication: The Work of William P. Ginther, Ecclesiastical Architect*, by Anthony J. Valleriano.

Ground was broken for Mount St. Mary's Hospital in 1912. Local general contracting firm, Allen Smith Contracting Company, was responsible for the construction of the hospital, at a cost of \$400,000.⁸ Allen Smith Contracting Company that was established in 1911 by firm president Fred J. Allen (1869 - 1954) is credited with the construction of St. Mary's Lyceum, Tenth Street School, Our Lady of Rosary Church and School, as well as other ecclesiastical buildings in the Niagara Falls region.⁹ The hospital was dedicated on November 11, 1914 by Bishop Charles H. Colton.¹⁰

A nurse training program had been part of their mission since the Sisters of St. Francis had established their health care mission. First located in the "House on the Corner," the program moved to the sixth floor of the

⁵ "Two Splendid Niagara Falls Hospitals Testify to Warm Heart of Community; Women in Forefront of Early Planning," *Niagara Falls Gazette*, May 17, 1954.

⁶ Anthony J. Valleriano, *Dedication: The Work of William P. Ginther, Ecclesiastical Architect* (Kent, OH: Kent State University Press, 2012).

⁷ W.S. Lloyd, ed., "William P. Ginther, F.A.I.A.," *The Ohio Architect Engineer and Builder* 20, no. 6 (1912): 17-19 and Jeffrey D. Brown, "St. Bernard's Church," *National Register of Historic Places* (1989).

⁸ "Bishop to Open New Hospital," *Niagara Falls Journal*, November 10, 1914, 1.

⁹ "Fred J. Allen, 85, Retired General Contractor, Dies," May 2, 1954. Accessed from Clipping Files of the Niagara County Historian's Office.

¹⁰ "Bishop to Open New Hospital," 1.

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newly built hospital. Later, the sisters once again expanded their role in the health care system in Niagara Falls with the opening of the St. Mary's Nurses' Residence (NR, 2004) in 1927. Located across the street at 542 Sixth Street, the Kirkpatrick and Cannon-designed building served as a nurses' training school and residence for those working at Mount St. Mary's Hospital. The Georgian style design follows that of the standardized form developed by American Nurses' Residence for a Diploma Schools and promoted in the *American Journal of Nursing* in the first half of the twentieth century.¹¹ St. Mary's Nurses' Residence and Mount St. Mary's Hospital were connected underground by a tunnel that ran under Sixth Street; remnants of the connection remain today.

The first major alteration to the facility came in 1935 with the demolition of the "House on the Corner," the reasoning cannot be substantiated but presumably demolition was needed due to underutilization of this now-obsolete structure, its deteriorating conditions, and the need for parking in the automobile age.¹² The site of the house was converted to a parking lot and the former front lawn was planted as a small park centered on a statue.

The only subsequent major enlargement to the hospital was made in 1948 with the service building addition, which cost \$400,000.¹³ This addition allowed the support functions of the original building to be relocated into a modern facility and the former service building to be utilized for programmatic space and patient care. The architect and builder of the addition are unknown but may have been Cannon, Thiele, Betz and Cannon, successor to prominent Niagara Falls architecture firm Kirkpatrick and Cannon, and after World War II, the most prominent hospital architecture and engineering firm in upstate New York.

The prosperity of the city of Niagara Falls continued well into in the 1950s. The community continued to grow and expand regionally outside the city boundaries. Once again the hospital faced constraints on its facility on Sixth Street. By 1960, plans were being developed for a new 220-bed state-of-the-art hospital on a 27-acre lot on Military and Upper Mountain Roads in the town of Lewiston that the sisters had acquired from the New York State Power Authority. Reflecting the new reliance on automobiles, the site was located nearly 10 miles outside the city, near Interstate 90, on a large site and designed to accommodate 360 cars.¹⁴ The new \$5.5 million hospital was completed in 1965.¹⁵

11 Clinton Brown Company Architecture, *Historic Resources Intensive Level Survey Downtown Neighborhood City of Niagara Falls* (2005): 5-25.

12 "Cantile of Welcome - Chapter 3," accessed August 14, 2015, <https://discountwomenshoe869.wordpress.com/2011/10/28/cantile-of-welcome-chapter-3/>

13 "Two Splendid Niagara Falls Hospitals Testify to Warm Heart of Community; Women in Forefront of Early Planning"

14 "Mt. St. Mary's Hospital Plans Set," *Niagara Falls Gazette*, November 27, 1960.

15 "Hospital Has 60th Birthday," *Niagara Falls Gazette*, August 27, 1967.

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St. Mary's Manor Era: 1966-2003

The Sixth Street site was sold to Catholic Charities of the Roman Catholic Diocese of Buffalo with the intention of continuing to offer care to those in need from the Niagara Falls community.¹⁶ The former general hospital was renovated into a 104-bed nursing home for the chronically ill and renamed St. Mary's Manor. The manor provided long-term care for patients who did not need to be in a hospital but could not be cared for at home. The \$1.5 million renovation project enhanced fire safety with the addition of fire egress stairs into the former sun parlors and enclosing the open air porches and metal fire stair to the rear. The large open wards at the east end of the south block were partitioned to accommodate more patient rooms while the private rooms on the west end of the center block were removed for wide-open solariums.¹⁷ These original character defining features mostly remain, covered but not removed for conversion renovations.

Local architect Mortimer J. Murphy Jr. (1915-2003) designed the 1966 alteration. He received his architecture degree from the Catholic University of America in 1939 and joined his father's firm, Mortimer J. Murphy Architects, on Franklin Street in Buffalo, in the 1940s after having served as an architect for the U.S. Department of the Navy during WWII. His notable works include Mount St. Mary's Academy in Kenmore, St. Paul's Catholic Church in Kenmore, Kenmore Mercy Hospital, St. Benedict's Catholic Church in Amherst, and St. Jerome's Hospital in Batavia. Murphy Jr. was very active in the Buffalo Niagara region's Roman Catholic community, including serving on the board of St. Francis Hospital and St. Mary's School for the Deaf, and as president of the St. Vincent de Paul Society. Additionally, he was the former president of the New York State American Institute of Architects.¹⁸ The Franciscan Sisters continued to operate the nursing home facility until 2003, when a new nursing home was established at the Lewiston site adjacent to the new St. Mary's Hospital.

Vacancy Era: 2003 - Present

After closing St Mary's Manor and vacating the building, Catholic Charities of Buffalo sold the hospital property in 2003 and it has since been sold numerous times to various owners. Standing vacant for over a decade, the building is distressed and subject to trespassing and vandalism, which has resulted in stripping of interior of valuables and damage to prominent spaces such as the Chapel.

Early Twentieth Century Hospital Design

The early twentieth century was an era of rapid growth and development of hospitals in the United States and throughout Europe. Previously, the ill and infirm were largely treated in their homes and visited and cared for by local doctors; however, as medical technologies and innovations improved and developed, the need for specialized treatment facilities became increasingly apparent. In 1911, the United States had approximately

¹⁶ Property was officially sold in 1969.

¹⁷ "St. Mary's Is Home To Many People," *Niagara Falls Gazette*, November 26, 1967.

¹⁸ Tokasz, "Mortimer J. Murphy Jr., Architect," *Buffalo News*, October 6, 2003. Accessed August 19, 2014.
<http://www.TheBuffaloNews.com>.

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2,500 hospitals, however by 1914, this number rose to 7,000. Following World War I, a period that saw rapid modernization of medical treatment, emergency procedures and, in long-term health care, the number of American hospital facilities was reported as 7,158, with about 680,000 beds.¹⁹

It is in this climate that the modern hospital facility was developed and formalized. One inspiration to early twentieth century hospitals was the mid-nineteenth century mental hospital concept promulgated by Philadelphia psychiatrist Thomas Story Kirkbride, known as the "Kirkbride Plan." Kirkbride facilities saw the building and landscape as integral to the healing process. Hospitals of this type pioneered the use of long, rambling wings, with separate wards, each slightly set back. These wings not only allowed for the circulation of fresh air and sunlight, considered part of the medical treatment, but also created a sense of privacy for patients. These wards also served to help categorize patients by the degree of their illness, to allow for more accurate and specific treatment. While this type of hospital was primarily utilized for treating mental illness in the nineteenth century, it was highly influential to the medical hospitals of the early twentieth century.

Though published nearly 10 years after the design of Mont St. Mary's Hospital, perhaps one of the best known and most comprehensive works on early twentieth century architectural design of hospitals is architect Edward Fletcher Stevens's *The American Hospital of the Twentieth Century*, published originally in 1921. In it, Stevens detailed at length the prevailing trends in American hospital design through the first decades of the 1900s and provided numerous plans and drawings. One of the first considerations, noted Stevens, was for the hospital site. Inspired by Kirkbridian ideas, Stevens promoted selecting a site with southern exposure, ideally located in the country, but if located within a city, then setting it apart from the smoke and dirt of an industrial area should be a consideration. He also noted that the grounds and the building itself should be flooded by light.²⁰ Hospitals, as outlined by Stevens, were generally symmetrical and were typically multi-story but not high-rises. They were frequently entered by a monumental entry stair, and the entry lobby was formal and dignified. Early twentieth century hospitals frequently employed architectural styles ranging from Colonial Revival to Renaissance Revival, but this style generally had no functional relationship to the building. Typically, hospitals of the early 1900s housed administrative offices on the first floor, with upper floors housing medical functions. As a result, hospitals of this era tended to utilize long rectangular forms, with a T, an L, an E, an H, a Y, or an X plan. These wings were generally 30 to 45-feet in width and typically contain a double loaded corridor, with rooms assigned by function. Elevators were few in number within the building. Stevens calculated that an average of 25 percent of the area on each floor of the hospital was needed for stairs, elevators, and utilities, twenty-five percent of the floor space was needed for corridors, and 50 percent of the space was left for patients. Stevens noted that the key component of the hospital was the "ward unit," as this was the space where the patient lives, eats and

¹⁹ Edward Fletcher Stevens, *The American Hospital of the Twentieth Century: A Treatise on the Development of Medical Institutions, Both in Europe and in America, since the Beginning of the Present Century* (New York: Architectural Record, 1921), 1.

²⁰ *Ibid*, 1-2.

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sleeps, and should be planned specifically for that particular class of disease which is intended to be treated in it. Patient rooms should be comfortable but also easily accessible to services and circulation.²¹

Age of the Modern Hospital

Mount St. Mary's Hospital is a good representative example of this early twentieth century hospital typology as defined by Edward Fletcher Stevens. Prior to its construction, the design of Mount St. Mary's Hospital was featured in the 1910 article "Modern Hospital Construction" in the professional architectural journal *The Ohio Architect, Engineer, and Builder*. The article highlights the great importance this hospital would play for the benefit of the community and the great care with which it was designed and equipped with the latest scientific and engineering advances in health care of the time. In Niagara Falls especially, the harnessing of hydropower unleashed a technical and scientific culture in this former tourism-oriented "village above the falls" and well as the wealth both to provide and to consume health care services.

First, the building was built with all the advances made in fire safety of the time, including fireproof construction of reinforced concrete structure, brick masonry exterior, and vitreous clay tile partitions. The stair halls were partitioned off from the main circulation corridors to prevent the transmission of smoke. Emergency egress was provided via fire escapes within the open air porches on the south ward block.

Second, the operations of the hospital departments were carefully executed, segregated by use and size. The operating plant was considered the principal innovation of the hospital. Occupying the entire fifth floor, its separate and remote location was purposely planned to limit interruption to the operation procedures, ensure privacy to the patient, and maintain a sterile environment. The fifth floor was self-supporting, with two operating rooms, sterilizing rooms, surgical supply rooms, sedation and recovery rooms, as well as doctors' and patients' surgical prep rooms. Other specialized departments of the hospital included the pharmacy on the main floor, second-floor pediatric and maternity departments, fifth-floor x-ray department, and sixth-floor laboratory.

In addition, great attention was paid to the accommodations of the patient and how the facility would aid their recuperating. The arrangement of spaces provided natural light and ventilation to each patient room. The private rooms were designed to be sound-proof and a generous size of roughly 160-180 square feet with high ceilings of roughly 11' and had access to semi-private bathrooms. These rooms, typically furnished with bed, wood dresser, side chair and drapery linens, resembled a private apartment more so than a sick-room in an attempt to support the spirits of the ill by means of through a calming, pleasant and therapeutic domestic setting. Each patient floor had access to sun parlors, at the west terminus of the north and south ward wings, in which to convalesce in a "therapeutic landscape," as it were. The benefits of fresh air to patient recovery was learned

²¹ Joseph Blumenkranz, "Planning Medical Care Facilities: Present Trends and Future Possibilities," *American Journal of Public Health* 56, no. 10 (October 1966): 1684-1685. See also, Stevens, 2-104.

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from the treatment of smallpox and tuberculosis at this time and incorporated into hospital design using open porches, roof patios, sun parlors, operable windows and cross-ventilation, most of which exist today.

The connection between health and diet was recognized and incorporated into the design of the culinary services at the hospital. This may not be a surprise in the city that was home to Shredded Wheat, one of among many therapeutic breakfast cereals and other food innovations, some associated with sanitariums, that were becoming popular at the time of the design of Mount St. Mary's. A state-of-the-art main kitchen was outfitted in the basement that included a smaller diet kitchen, bakery, store rooms, and refrigerators for perishable foods. The main kitchen was connected to centrally located serving pantries on each floor and equipped with sterilizers, via a dumb-waiter system.²² The hospital distilled water meant for consumption, cooled it, and distributed it throughout, including water fountains at each floor.²³

Mount St. Mary's Hospital was reported to be the first to introduce music therapy into the design of the building.²⁴ A choralcelo organ with a worth of \$10,000 was donated to the hospital and installed in the chapel.²⁵ "Choralcelo," which means "celestial choir," refers to a keyboard instrument that produces sound through vibration of strings by magnets, similar to a piano, which utilizes soundboards similar to an organ.²⁶ The choralcelo was located in the chapel with eight units placed in the corridors throughout the building, intended to fill the massive complex with sounds of music. The organ was described by Dr. John B. Murray of Chicago as "the most wonderful discovery in the world, and its influence transcends anything ever before known."²⁷ The harmonic sounds of the choracelo were thought to have a healing effect on those patients recovering from illness and injury.

Advancements in equipment technologies were also utilized in the care of patients, including a pneumatic time system, which utilized a master clock located in the reception hall and secondary clocks in the corridors, to signal rotation changes for nurses and staff. The hospital also used a "silent call" system of light signals for patients to request the attending nurse without the need for bells that might wake a sleeping patient. These modern electrical conveniences would not have been possible without the hydro-electric power supplied from the nearby falls. Finally, the design of the service building was executed with just as much care as the principal hospital spaces. The hospital was considered to have model laundry services equipped with steam washers, centrifugal extractors, and a dry room. Disinfection was a serious matter; therefore the hospital was equipped with a large steam and formaldehyde disinfecting chamber which processed clothing, linens, and mattresses.

22 W.S. Lloyd, ed., "Modern Hospital Construction," *The Ohio Architect Engineer and Builder* 20, no. 6 (1912): 33-37.

23 Ibid.

24 "New Hospital Dedicated By Bishop Colton," *Niagara Falls Journal*, November 11, 1914, 1-3.

25 "Bishop to Open New Hospital," *Niagara Falls Journal*, November 10, 1914, 1.

26 "New Hospital Dedicated By Bishop Colton"

27 Ibid.

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Today, we may take most of these features for granted. The baseline for curative care in America now is specialized treatments and facilities scattered across the American landscape, and formal and high quality health care is available to nearly everyone. Before Mount St. Mary's Hospital opened, quality health care in Niagara Falls was available mainly to wealthier citizens through general practitioners administering care in a patient's home or in a private infirmary the doctor operated, which was often a former residence or the residence of the doctor. The intent of the Franciscan Sisters was to make care available "to all", fulfilling the vision of Bishop Timon for propagating the faith when the Roman Catholic Diocese was established. Mount St. Mary's Hospital today represents an early and prominent example of general health care in a single general hospital designed to provide quality care with specialized care procedures and spaces. Mount St. Mary's Hospital embodies a pioneering combination of mission-driven care, high architectural design and scientific approach in the institutionalization of curative health care across the twentieth century in the City of Niagara Falls as the city, its hydropower and its industries were at the peak of their significance nationally.

Summary

Mount St. Mary's Hospital is significant as a good representative example of an early twentieth century hospital, and reflects the Sisters of St. Francis's commitment to health care in Niagara Falls. Constructed in 1912-1914, the hospital is also locally significant under Criterion C in the area of architecture as an excellent example of Neo-classical institutional design from its period of significance. The building retains a high level of integrity with its largely intact floor plan and many of its historic features and materials. The interior reflects the original "ward" layout, the division of interior space based on the type of patient care needed, and was in continuous use as a health care facility over its active lifetime from 1912, including the conversion in 1965 from a general hospital to a nursing home facility, St. Mary's Manor. Although currently vacant, the building remains a local landmark due to its prime location, scale and materials, recalling a time of great growth in Niagara Falls at the dawn of the age of hydropower.

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Verbal Boundary Description

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

Please refer to attached boundary map with scale.

Boundary Justification

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

The boundary for the nomination has been drawn to coincide with the historic and current legal recorded boundary for the property at 515 Sixth Street, including lot numbers 54, 56, 58, 60, 62 and 64 in the City of Niagara Falls, New York. This boundary encompasses all property historically and presently associated with Mount St. Mary's Hospital at this location.

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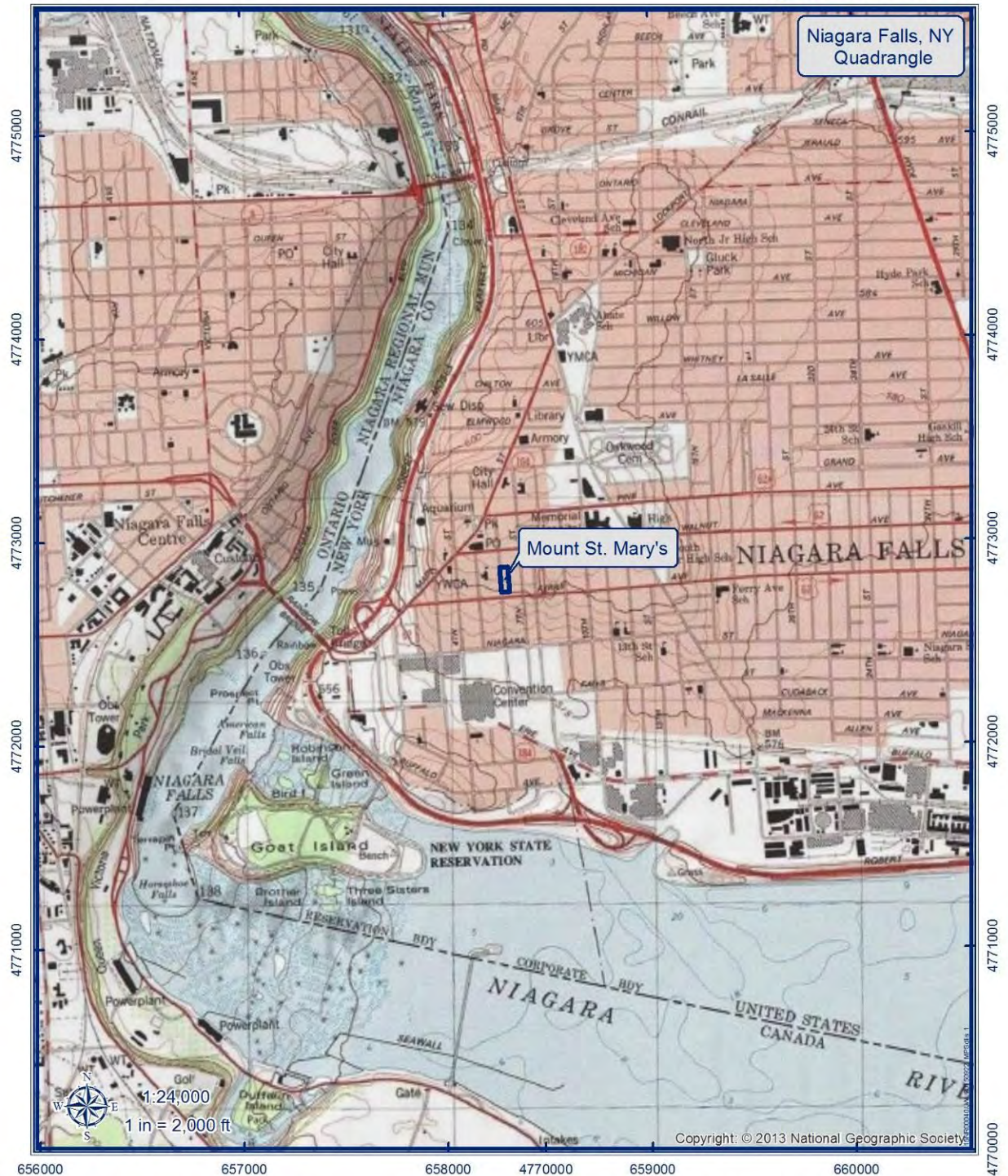
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Name of Property
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Mount Saint Mary's Hospital
City of Niagara Falls, Niagara Co., NY

515 Sixth Street
Niagara Falls, NY 14301



Coordinate System: NAD 1983 UTM Zone 17N
Projection: Transverse Mercator
Datum: North American 1983
Units: Meter



Mt. St. Mary's



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Mount Saint Mary's Hospital
City of Niagara Falls, Niagara Co., NY

515 Sixth Street
Niagara Falls, NY 14301



Coordinate System: NAD 1983 UTM Zone 17N
Projection: Transverse Mercator
Datum: North American 1983
Units: Meter



Mt. St. Mary's



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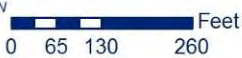
Mount Saint Mary's Hospital
City of Niagara Falls, Niagara Co., NY

515 Sixth Street
Niagara Falls, NY 14301



Source: Esri, DigitalGlobe, GeoEye, Earthstar, USDA, USGS, AEX, Getmapping, Aerogrid, IGN, IGP, swisstopo, and the GIS User Community

Coordinate System: NAD 1983 UTM Zone 17N
Projection: Transverse Mercator
Datum: North American 1983
Units: Meter



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Photo Log

Name of Property: Mount St. Mary's Hospital
City or Vicinity: Niagara Falls
County: Niagara County
State: NY
Name of Photographer: Jill Nowicki
Date of Photographs: October 2015
Location of Original Digital Files: CBCA, 617 Main Street, Buffalo, NY 14203

NY_Niagara County_Mount St. Mary's Hospital_0001
North façade (left) and west elevation (right), camera facing southeast

NY_Niagara County_Mount St. Mary's Hospital_0002
North façade (left) and west elevation (right), camera facing southeast

NY_Niagara County_Mount St. Mary's Hospital_0003
West elevation, central bay, camera facing east

NY_Niagara County_Mount St. Mary's Hospital_0004
West façade (left) and south elevation (right), camera facing northeast

NY_Niagara County_Mount St. Mary's Hospital_0005
West façade (left) and south elevation (right), camera facing northeast

NY_Niagara County_Mount St. Mary's Hospital_0006
South façade (left) and east elevation (right), camera facing northwest

NY_Niagara County_Mount St. Mary's Hospital_0007
East façade (left) and north elevation (right), camera facing southwest

NY_Niagara County_Mount St. Mary's Hospital_0008
Interior view of Chapel, camera facing east

NY_Niagara County_Mount St. Mary's Hospital_0009
Interior view of Chapel, camera facing north

NY_Niagara County_Mount St. Mary's Hospital_0010
Interior view of main stairway, camera facing northeast

NY_Niagara County_Mount St. Mary's Hospital_0011
Interior view of 5th floor Community Room, camera facing east

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Additional Information:



Figure 1: Section of Niagara Falls Atlas (1875)
Red outline shows rough boundaries of future Mount St. Mary's Hospital site.

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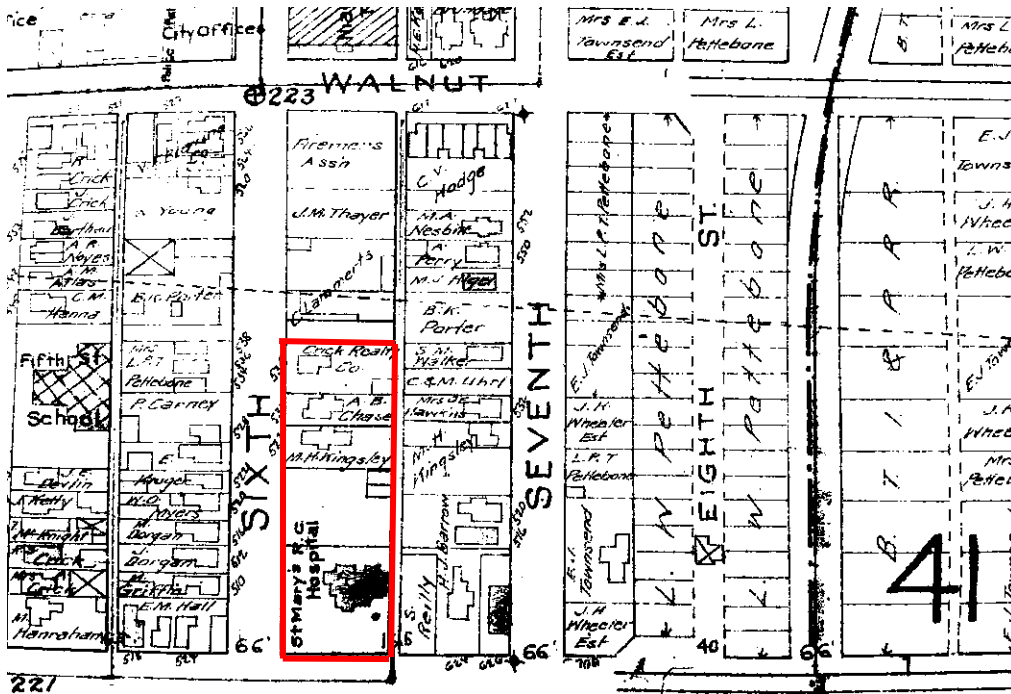


Figure 2 Section of the New Century Atlas (1908)
Red outline shows boundaries of future Mount St. Mary's Hospital site.

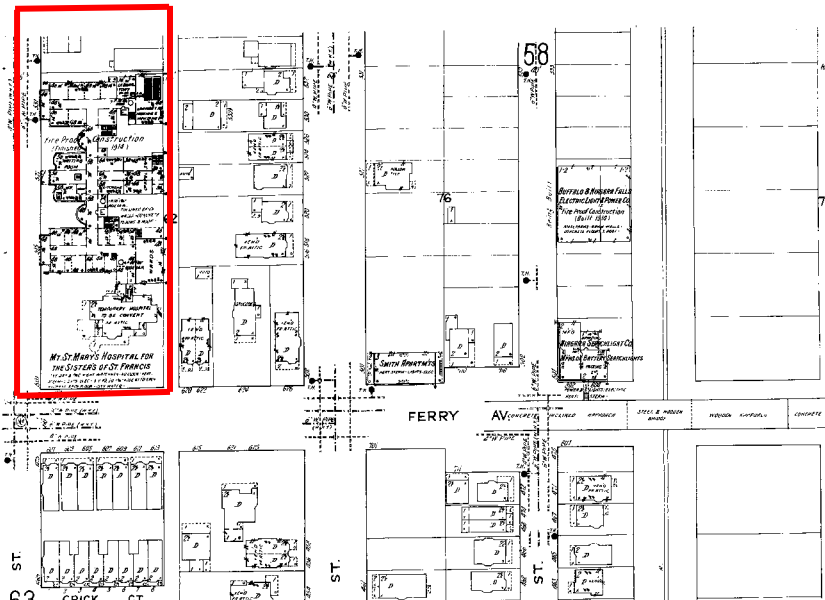


Figure 3 - Section of the Sanborn Fire Insurance Map (1914)
Red outline shows boundaries of Mount St. Mary's Hospital site.

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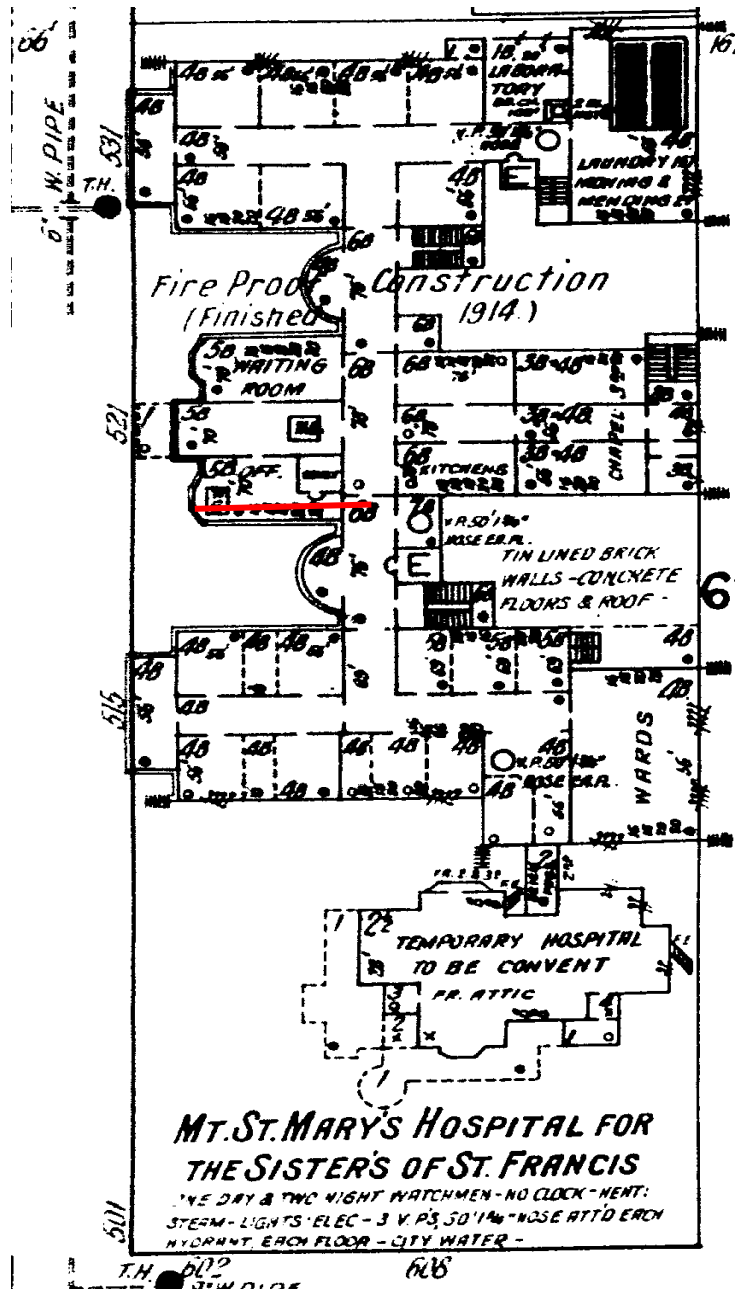


Figure 4 - Detail of the 1914 Sanborn Fire Insurance Map showing Mount St. Mary's Hospital plan

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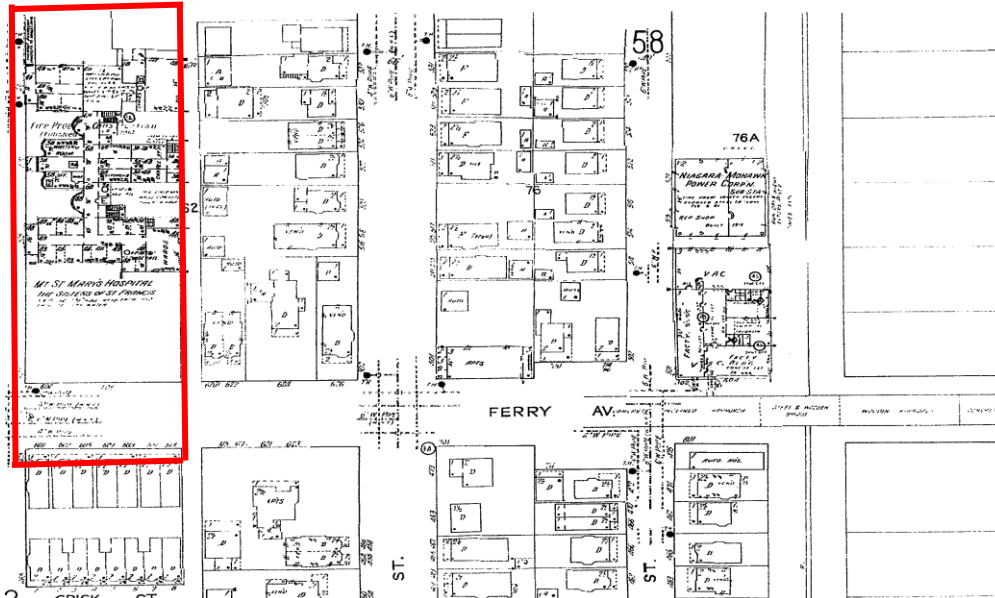


Figure 5 - Section of the Sanborn Fire Insurance Map (1955)

Red outline shows boundaries of Mount St. Mary's Hospital site. Note that by the 1950s, the "House on the Hill" had been demolished.

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MOUNT ST. MARY'S HOSPITAL

Name of Property

Niagara County, New York

County and State

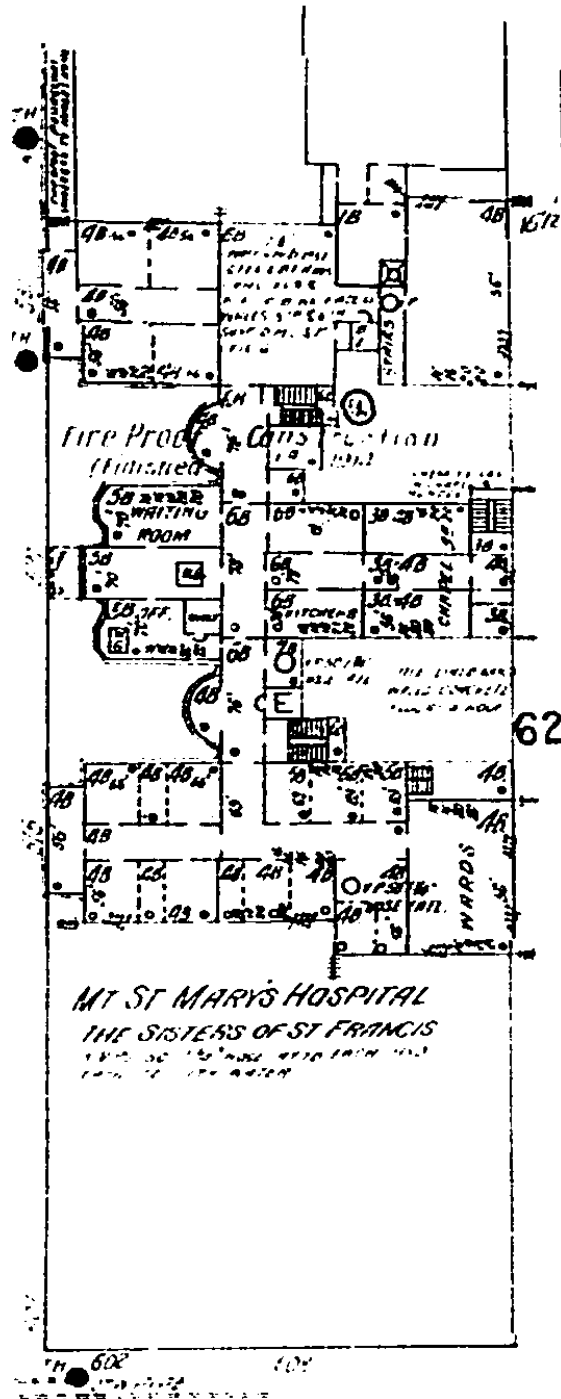


Figure 6 - Detail of the 1955 Sanborn Fire Insurance Map showing Mount St. Mary's Hospital plan

United States Department of the Interior
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Section 11 Page 7

MOUNT ST. MARY'S HOSPITAL

Name of Property
Niagara County, New York
County and State



Figure 7 - Mount St. Mary's Hospital (ca. 1914)
Showing the ca.1890 "House on the Corner" (foreground), 1914 hospital (background)
Source: Clipping Files of the Niagara County Historian's Office

United States Department of the Interior
National Park Service

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Continuation Sheet

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MOUNT ST. MARY'S HOSPITAL
Name of Property
Niagara County, New York
County and State

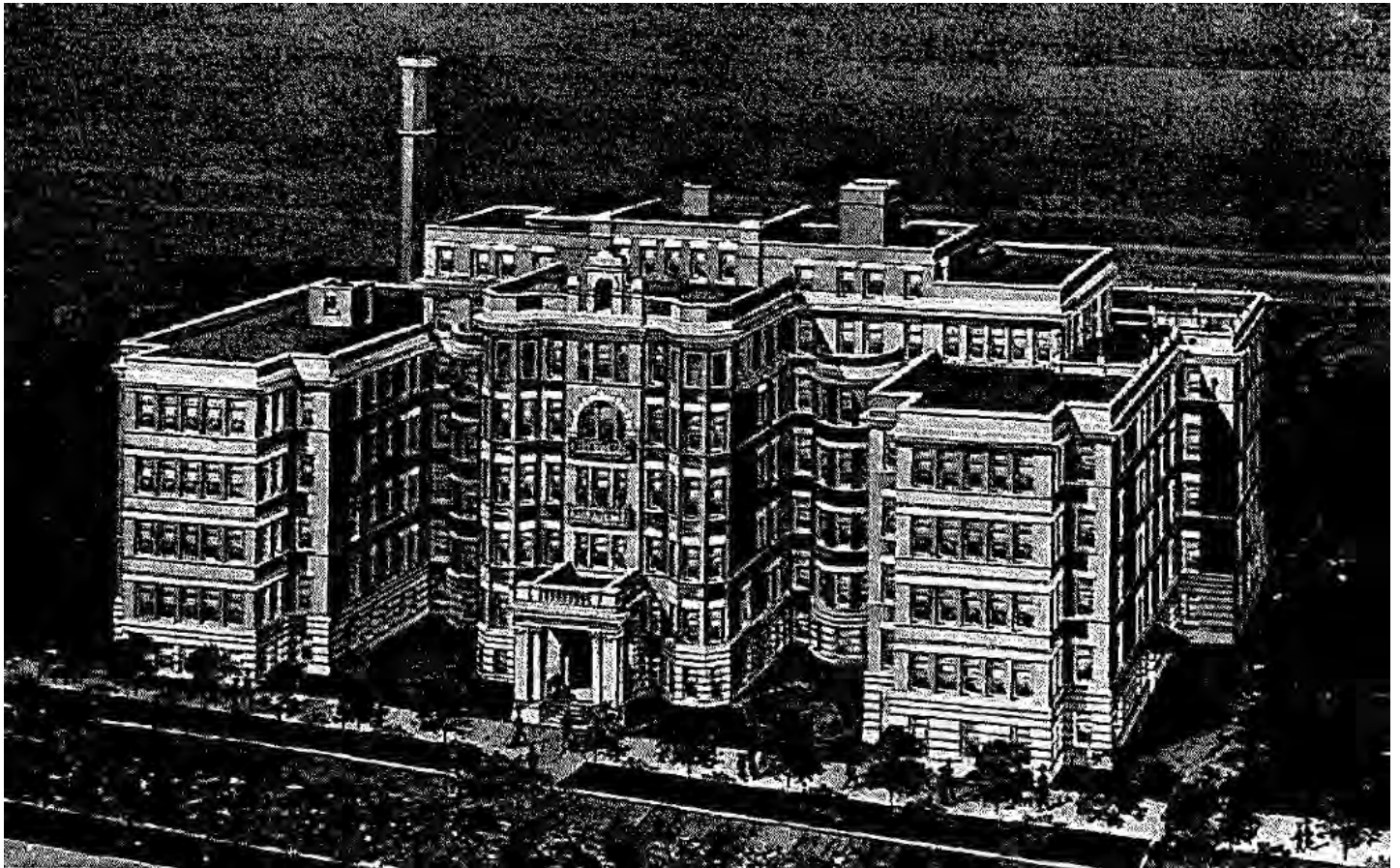


Figure 8 - Mount St. Mary's Hospital as illustrated in
Source: "Modern Hospital Construction," *The Ohio Architect, Engineer and Builder* (1922): 34.

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MOUNT ST. MARY'S HOSPITAL

Name of Property
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Figure 9 - Typical private room (undated)

Source: *Mount St. Mary's Hospital of Niagara Falls Annual Report* (1975)

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MOUNT ST. MARY'S HOSPITAL
Name of Property
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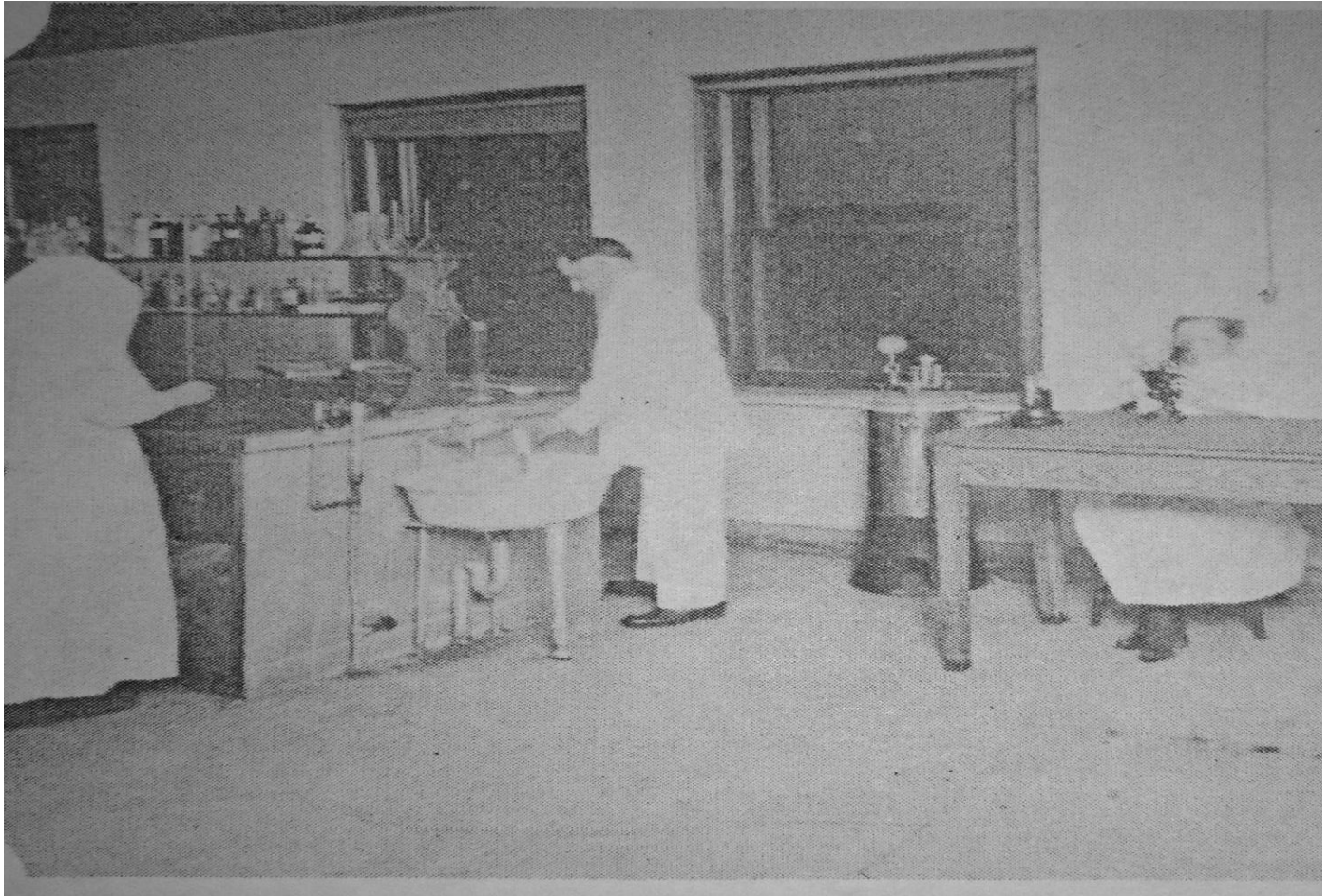


Figure 10 – View of the hospital laboratory (undated)
Source: *Mount St. Mary's Hospital of Niagara Falls Annual Report* (1975)

United States Department of the Interior
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National Register of Historic Places
Continuation Sheet

Section 11 Page 11

MOUNT ST. MARY'S HOSPITAL
Name of Property
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Figure 11 - Mount St. Mary's Hospital (ca. 1957)
Source: Clipping Files of the Niagara County Historian's Office

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Continuation Sheet

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MOUNT ST. MARY'S HOSPITAL
Name of Property
Niagara County, New York
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Figure 12 - Mount St. Mary's Hospital Operating Room (ca. 1957)
Source: Clipping Files of the Niagara County Historian's Office

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MOUNT ST. MARY'S HOSPITAL
Name of Property
Niagara County, New York
County and State



Figure 4 Mount St. Mary's Hospital Chapel (ca. 1957)
Source: Clipping Files of the Niagara County Historian's Office





NO
TRESPASSING
ANY
PERSONS

NO
TRESPASSING
TRUSTEES HALL
OR PROHIBITED

NO
PARKING
MON - FRI
TUESDAY
10 AM - 12 PM



NO
TRESPASSING
VIOLATORS WILL
BE CUTED

ST. MARY'S





ONE
WAY
→





NO
TRESPASSING
VIOLATORS WILL
BE PROSECUTED

50

Handwritten graffiti on a blue wall.











UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
EVALUATION/RETURN SHEET

REQUESTED ACTION: NOMINATION

PROPERTY Mount St. Mary's Hospital
NAME:

MULTIPLE
NAME:

STATE & COUNTY: NEW YORK, Niagara

DATE RECEIVED: 11/06/15 DATE OF PENDING LIST: 11/30/15
DATE OF 16TH DAY: 12/15/15 DATE OF 45TH DAY: 12/22/15
DATE OF WEEKLY LIST:

REFERENCE NUMBER: 15000922

REASONS FOR REVIEW:

APPEAL: N DATA PROBLEM: N LANDSCAPE: N LESS THAN 50 YEARS: N
OTHER: N PDIL: N PERIOD: N PROGRAM UNAPPROVED: N
REQUEST: Y SAMPLE: N SLR DRAFT: Y NATIONAL: N

COMMENT WAIVER: N

ACCEPT RETURN REJECT 12/22/15 DATE

ABSTRACT/SUMMARY COMMENTS:

RECOM./CRITERIA _____

REVIEWER Abernathy DISCIPLINE _____

TELEPHONE _____ DATE _____

DOCUMENTATION see attached comments Y/N see attached SLR Y/N

If a nomination is returned to the nominating authority, the nomination is no longer under consideration by the NPS.



**Parks, Recreation
and Historic Preservation**

ANDREW M. CUOMO
Governor

ROSE HARVEY
Commissioner

RECEIVED 2280
NOV 06 2015
Nat. Register of Historic Places
National Park Service

30 October 2015

Alexis Abernathy
National Park Service
National Register of Historic Places
1201 Eye St. NW, 8th Floor
Washington, D.C. 20005

Re: National Register Nomination

Dear Ms. Abernathy:

I am pleased to submit the following three nominations, all on disc, to be considered for listing by the Keeper of the National Register:

Shepard Family Houses, Onondaga County
Eli and Diadama Beecher House, Saratoga County
Mount St. Mary's Hospital, Niagara Falls, Niagara County

Please feel free to call me at 518.268.2165 if you have any questions.

Sincerely:

Kathleen LaFrank
National Register Coordinator
New York State Historic Preservation Office