

United States Department of the Interior  
National Park Service

National Register of Historic Places  
Inventory—Nomination Form

For NPS use only  
received MAR 29 1985  
date entered 11/27/85

See instructions in *How to Complete National Register Forms*  
Type all entries—complete applicable sections

1. Name

historic Jersey City Medical Center

and/or common

2. Location

street & number Baldwin, Cornelison, Fairmont Avenues;  
Clifton Place; Montgomery Street ~~NA~~ not for publication

city, town Jersey City vicinity of ~~congressional district~~

state New Jersey code 034 county Hudson code 017

3. Classification

Category	Ownership	Status	Present Use
<input type="checkbox"/> district	<input type="checkbox"/> public	<input checked="" type="checkbox"/> occupied	<input type="checkbox"/> agriculture
<input checked="" type="checkbox"/> building(s)	<input type="checkbox"/> private	<input type="checkbox"/> unoccupied	<input type="checkbox"/> commercial
<input type="checkbox"/> structure	<input checked="" type="checkbox"/> both	<input type="checkbox"/> work in progress	<input type="checkbox"/> educational
<input type="checkbox"/> site	<b>Public Acquisition</b>	<b>Accessible</b>	<input type="checkbox"/> entertainment
<input type="checkbox"/> object	<input type="checkbox"/> in process	<input checked="" type="checkbox"/> yes: restricted	<input type="checkbox"/> government
	<input checked="" type="checkbox"/> being considered	<input type="checkbox"/> yes: unrestricted	<input type="checkbox"/> industrial
	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> no	<input type="checkbox"/> military
			<input type="checkbox"/> museum
			<input type="checkbox"/> park
			<input type="checkbox"/> private residence
			<input type="checkbox"/> religious
			<input type="checkbox"/> scientific
			<input type="checkbox"/> transportation
			<input checked="" type="checkbox"/> other: medicine

4. Owner of Property

name See continuation sheet

street & number

city, town \_\_\_\_\_ vicinity of \_\_\_\_\_ state \_\_\_\_\_

5. Location of Legal Description

courthouse, registry of deeds, etc. Hudson County Courthouse - Registry Division

street & number County Clerk's Office - Newark Avenue

city, town Jersey City state New Jersey

6. Representation in Existing Surveys

title NJ Historic Sites Inventory has this property been determined eligible?  yes  no

date 1979  federal  state  county  local

depository for survey records Office of New Jersey Heritage, CN 402,

city, town Trenton state New Jersey 08625

# 7. Description

<b>Condition</b>		<b>Check one</b>	<b>Check one</b>
<input type="checkbox"/> excellent	<input type="checkbox"/> deteriorated	<input type="checkbox"/> unaltered	<input checked="" type="checkbox"/> original site
<input checked="" type="checkbox"/> good	<input type="checkbox"/> ruins	<input checked="" type="checkbox"/> altered	<input type="checkbox"/> moved date _____
<input type="checkbox"/> fair	<input type="checkbox"/> unexposed		

**Describe the present and original (if known) physical appearance**

DESCRIPTION

The Jersey City Medical Center complex consists of ten major highrise buildings with a number of lower auxiliary facilities. Planned in the late 1920's on the site of an earlier hospital complex, most of the Jersey City Medical Center buildings were constructed between 1928 and 1941. The buildings are generally laid out on an approximately east-west axis, with the main entrance to the complex facing Baldwin Avenue to the west.

The Jersey City Medical Center is bordered by Baldwin Avenue and Clifton Place to the west, Montgomery Street to the north, Cornelison Avenue to the east, and Fairmount Avenue to the south. Clifton Place also forms part of the area's southern border, as it makes a 90° bend and runs east-west for a short distance to link with Baldwin. This area comprises slightly more than 14 acres.

The complex is sited on a promontory, an extension of the New Jersey Palisades, which affords a broad prospect of Manhattan. This is an important topographical feature which divides Jersey City roughly in half longitudinally, north to south. It separates the downtown area near the Hudson River from the upper areas of the city. The upper areas, in turn, are commonly split into two geographic entities called the Heights, roughly to the north of Journal Square, and Bergen Hill to the south. The hospital complex is therefore located in the Bergen Hill area, at the point where the grade drops off steeply toward the east and the downtown section.

The combination of building heights and prominent siting makes the Medical Center one of the most important visual landmarks in Jersey City. It is easily seen from Manhattan, and also serves as a point of orientation for its surroundings in New Jersey. The Medical Center is adjacent to a mixed commercial and residential area to the north and west, and the residential late 19th century locally recognized Bergen Hill Historic District to the south. Eastward is a series of 10 story 1950's apartment blocks and considerable vacant land.

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4. OWNER OF PROPERTY

1. Hudson County Board of Chosen Freeholders  
Administration Building  
595 Newark Avenue  
Jersey City, New Jersey 07302
2. Gerald McCann, Mayor  
Jersey City  
280 Grove Street  
Jersey City, New Jersey 07302
3. Stanley J. Sedransk  
Sana Proposal Ltd.  
3375 Park Avenue  
Suite 4001  
Wantagh, New York 11793

6. REPRESENTATION IN EXISTING SURVEYS

1. Title I, Public Works Project PW-1  
Economic Development Administration  
U.S. Department of Commerce  
10/16/1979

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7. DESCRIPTION (Continued)

Physical Condition and Use

The buildings in the Jersey City Medical Center are in fair to good condition, although current budgetary restrictions preclude the same high level of maintenance which historical documents show were customary throughout the complex. The landscaping is no longer elaborate, and vandalism to such elements as light standards and windows has not been repaired. The general level of maintenance is good for the buildings in use; those which are vacant or underutilized have been allowed to deteriorate in some cases.

Several of the buildings in the complex are no longer under the administration of the Medical Center. Obstetrics and maternity care, for example, have been consolidated into the main buildings of the Center. The former Margaret Hague Maternity Hospital Building is now partially occupied by offices for the Jersey City Board of Education. The Pollak Hospital, once a tuberculosis hospital, is now a nursing home and is a county facility rather than a part of the Medical Center. Murdoch Hall, once a nurses' residence, is now a county-run facility for geriatric and psychiatric care. Jones Hall, formerly the O'Hanlon Building and used as a residence for interns, is owned by the city and is being converted to senior citizens' housing. East Hall, formerly Fairbank Hall and another nurses' residence, is currently standing vacant as is the Laundry Building. The upper stories of the Surgical Building above the ninth floor are also no longer in use. The Dental Hospital is privately owned.

Building Inventory

The high-rise buildings of the Jersey City Medical Center dominate the Jersey City skyline, being particularly visible from New York City and the New Jersey Turnpike. The soaring shafts of the city-owned Art Deco buildings (Buildings A-G and J) and the county's Murdoch Hall (M), along with the stepped setbacks of Pollak Hospital (O), stand out against the sky in dramatic outline. These buildings are unified by several elements: chunky massing; materials - buff brick with terra cotta and metal trim; vertical emphasis in the form of continuous pier strips; and, with the exception of Murdoch, terminal parapets, suggesting crenellation.

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7. DESCRIPTION (Continued)

From the street, the Art Deco buildings also provide the Center's major visual impact. Buildings A and B dominate the streetscape on Baldwin Avenue. A broad lawn and the remnants of the garden proclaim that this is the major pedestrian entrance to the complex. The Art Deco buildings also dominate Montgomery Street, where their relationship is reinforced by physical linkage through the wings and bridges. They rise with dramatic verticality on Cornelison Street from the plan below. From these vantages, they present an impression of planned order and unity.

Unless otherwise specified, all of the buildings described below are of steel frame construction with flat, quarry tile-covered roofs and cream brick exteriors, which have acquired a variegated coloration through soiling.

Building A (Medical Building) 1934-1938. This building, which includes the principal entrance and lobby to the entire complex, varies in height from five to twenty-two floors with high basement, and comprises seven rectangular or nearly square blocks so disposed that they produce a seven-bay facade of projecting and receding planes. The twenty-two story center block is flanked by three unequally stepped wings at either side and fronted by a three-story entrance pavilion of three bays.

Aside from the rhythm created by the projecting and receding wings, the verticality of the facade is articulated by brick pier strips separating strips of 1/1 sash windows. The tops of all the wings are treated as semi-castellated parapets with iron grille panels cast in stylized foliage motifs and rectangular, vertically-oriented terra cotta plaques reminiscent of Frank Lloyd Wright's Mayan-derived ornament.

The lower stories of the building are decorated with terra cotta panels cast in stylized naturalistic motifs; principal doors and windows are finished with chevron and zig-zag motif architraves.

The entrance pavilion, reached by a flight of eleven granite steps with brass Egyptoid-motif rails and six octagonal brass lamps, is articulated by four pairs of one-story stepped brick pilasters capped with granite. Three double-leaf doors in brass housings appear originally to have been revolving doors.

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7. DESCRIPTION (Continued)

To emphasize the importance of the principal entry, the pavilion is reached by a walk edged with a long grey polished granite retaining wall and divided into two sections by a planter/reflecting pool. The pool is terminated by a 15'+ stone column, square in section, topped with a square brass lamp. The front of the column is adorned with a brass Graecoid mask, perhaps a stylized Poseidon, from which water once issued. Flanking the front of the walk are two 12'+ stele-like "gateposts" of matching granite, topped with brass lamps and bearing the name of the hospital and other information.

The entrance pavilion houses the main lobby, a rectangular double-height room, finished to frieze height with coffered marble panels which are divided by pilasters with stylized foliage-motif capitals. The frieze is a depiction in bas-relief of figures representing aspects of healing. The ceiling is one huge coffered panel with zig-zag, channel and plain gilded moldings with stylized floral corner blocks. The floor is terrazzo and the room is lighted by two colossal windows divided into 3/3/3 panes.

The lobby leads to a bank of four elevators, their brass doors decorated with classically-inspired rosettes.

In the northwest wing is a two-story auditorium with stage and projecting balcony supported by two large columns, square in section. The walls, floor and ceiling are treated decoratively as in the principal public spaces, but the materials are not as rich or quite as elaborately executed. The walls, for example, are paneled with a wooden dado with marble used only for the baseboard. The chief ornamental features are pilasters with stylized papyrus (fan) and Ionic (volute) capitals and a coffered ceiling with moldings composed of zig-zag and sectioned sunburst motifs. The coffer panels are separated by channel moldings and center blocks with stylized floral motifs. The decoration is enriched by the use of gilding for capitals and ceiling ornament, six octagonal brass lamps suspended from the ceiling, brass radiator grilles and brass seams in the terrazzo floor. Four colossal windows light the room. Outside the auditorium is a small lobby with marble walls and a combined zig-zag and sunburst frieze.

The walls on the main level are covered with polished marble from floor to ceiling and the floors with brass-seamed terrazzo. The walls

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7. DESCRIPTION (Continued)

and floors on some of the more utilitarian lower levels are treated with tile and quarry tile. On the upper level corridors, the use of marble and terrazzo is continued, although the marble is not used full height.

Buildings A and B are connected by a five-story wing; between Buildings A and C is a one-story kitchen wing.

Original use: medical services

Existing use: medical services

Condition: good

Building B (Health Services Building) 1934-38. Like Building A, the former Health Services Building is composed of stepped rectangular wings flanking a central block. Here, the long five-bay stepped facade, rising to an eighteen-story center, faces Montgomery Street, so that the entrance is found in the one-bay section facing Baldwin Avenue. Detailing is identical to Building A - terra cotta plaques and panels, cast iron grilles, zig-zag architraves and an entrance ornamented with octagonal brass lamps and brass balusters in a vaguely Egyptoid motif.

Buildings A and B are connected by a small wing, and Building B is connected to Murdoch Hall by an arched bridge over the drive from Baldwin Avenue.

Original Use: out-patient services

Existing Use: health clinics and offices

Condition: good

Building C ca. 1938-1941. In all essentials, Building C mirrors the exterior of Building A, with minor differences in facade treatment, fenestration arrangement and proportion of wings. The decorative treatment, massing and general proportions are nearly identical.

At the end of a corridor leading from the elevators is a large center hall, approximately square, clad in marble, with pilasters and

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7. DESCRIPTION (Continued)

four square columns, all with gilded capitals carved in stylized Ionic and zig-zag motifs. The ceiling is divided into nine coffered panels with central rosettes, from five of which hang long octagonal brass lanterns. The only natural light is admitted by a door and two large windows with deep marble embrasures which give access to a deck paved with quarry tile. The overall impression is that of a low, dark and richly-ornamented space.

The secondary public space is a hall similar to decorative treatment to the large hall described above, but with three ceiling panels instead of nine. On each of the short sides there is an elaborate brass balustrade with reeded columns and complex wheel-motif gate leading to a private office.

Modern buff-brick utility wings, each six stories, are attached to the north and south ends. Buildings A and C are connected by a four-story wing.

Original Use: administration, general hospital, and kitchen

Existing Use: administration, general hospital and kitchen

Condition: good

Building D (Holloway Hall) ca. 1930-31. Holloway Hall reflects a simplification of the skyscraper massing employed in the later A, B and C Buildings. Essentially rectangular in plan, and 20 stories high it has slightly projecting side wings which result in an H-shape configuration. Castellated parapets decorated with terra cotta are used, as are vertical ribbons of brick to separate windows, but the stepped setback effect is underplayed. Building D is connected to Building C by a four-story wing with a vehicular underpass leading to the plaza at the interior of the building complex. The arch of the underpass is ornamented with a chevron band and stylized floral-motif spandrels. Six stories above this wing the buildings are connected by an enclosed bridge. Buildings D and E are connected at ground level.

Original Use: general hospital services and surgical

Existing Use: surgical, child psychiatric services, some city agencies

Condition: good



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7. DESCRIPTION (Continued)

Building E (Dental College) ca. 1938-39. The former Dental College is a small-scale version of buildings A, B, and C, rectangular plan and composed of stepped wings rising to a ten story center section. Like its larger counterparts it is treated with terra cotta panels in stylized floral motifs and castellated parapets. It faces Cornelison Avenue and has a central, one-story porte-cochere on that side. It is connected by a narrow wing to Building D.

Original Use: Isolation wards

Subsequent Use: Dental College

Existing Use: Human resources

Condition: good

Building F (Garage) 1939-40. This building consists of a rectangular two-story, four-bay vehicle wing attached to a squarish block, housing ancillary facilities, which arises from three to five stories above plaza level. Below plaza grade at the southeast, the building is seven stories. The lower levels house the laundry and morgue and a number of offices.

The west facade of the vehicle wing is defined by four large garage bays. These are separated by stepped brick piers trimmed with stone, a reference to the entrance pavilion of the Medical Buildings. The tops of both wings terminate in parapets with terra cotta panels which arise from 1/1 sash windows. The interior is finished in glazed tile and terrazzo.

The small size of the garage (as seen from plaza level) in relation to the amount of decorative trim used makes it in some ways a more successful exercise in Art Deco than a number of the larger buildings in the complex.

Original Use: garage, offices and morgue

Existing Use: garage, offices, laundry and morgue

Condition: good

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7. DESCRIPTION (Continued)

Building G (Jones Hall, O'Hanlon Hall) ca. 1931-32. Jones Hall is similar in massing to the Medical Building and associated structures, consisting of a central rectangular block flanked by stepped wings. Its height is 19 stories and the Montgomery Street facade measures seven bays. Quasi-castellated parapets and terra cotta panels with stylized foliage-motifs are employed as part of a decorative scheme common to most of the buildings in the complex.

The entrance is articulated by stepped vertical elements capped with curvilinear stone forms which rise three stories and cover the width of three bays. The bronze segmentally-arched door opens beneath a sign reading "O'Hanlon Hall," and a transom with irregular muntins simulating clouds in a sort of Art Nouveau pattern.

Original Use: staff residence

Existing Use: vacant

Condition: under renovation as housing for the elderly

Building J (Fairbank Hall) 1930-32. The chief distinguishing feature of this building is an arcade running along the top of the center section, composed of five widely-spaced round-arched apertures, a treatment found nowhere else in the complex. In plan the building is an H, the center, 18 story arcaded section connecting two eight-by-three-bay, thirteen-story wings, each bearing a set-back three-story block, four bays by two bays. All the elevations are given vertical emphasis by wide ribbons of brick which separate the windows. These ribbons or shallow piers are capped with stone trim and alternate with vertically-oriented terra cotta plaques to give the parapets a castellated appearance.

Original Use: staff residence and classrooms

Existing Use: vacant

Condition: good, with the exception of vandalized Cornelison Avenue facade

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7. DESCRIPTION (Continued)

Building M (Murdoch Hall) ca. 1939-41. The plan of this twenty-three story building is cruciform, except for a low service wing. On the Baldwin Avenue side, the facade is five bays long with a deeply projecting wing. The stepped profile is considerably less pronounced than those found in earlier buildings in the complex, and the crowning parapets do not suggest castellation.

The most obvious difference between this building and Building A is the planar wall surfaces uninterrupted by the brick piers found elsewhere. Typical Art Deco ornament on the exterior is confined to some panels at the top of the building. This great simplification of wall fabric and ornament suggests a progression away from Art Deco towards the International Style. Conversely, the use of curvilinear forms in the penthouse, the entrance pavilion and the columns in the projecting northwest wing, and the sophisticated decoration of the lobby suggest Art Moderne.

The lobby is designed in a streamlined Art Moderne style with many curvilinear and circular forms. Basically a rectangular double-height hall, it is dominated by 12 marble columns with bundle shafts and, descending through the middle of the space, a grand stair of white and gray marble which divides at a landing and continues to a mezzanine level that entirely surrounds the lower lobby. The stair stringers, also marble, are surmounted by bronze frames that form a handrail. The frames enclose etched glass panels with stepped, rectangular Art Deco designs.

The mezzanine is also trimmed with marble and has the same decorative handrail and glass panels as the stairway. The lobby walls are fully sheathed in pinkish gray marble with curved marble reveals opening into corridors, a lounge and an entrance desk niche. Above their circular marble bases the columns are composed of alternating curved and triangular sections, sheathed in pinkish brown marble. The floor is also marble, composed in a field of rectangles and squares to form stripes and crosses in shades of pink, gray and white. The plaster ceiling is similarly designed in a rectilinear, interlacing pattern.

The lobby is reached through a circular vestibule which encloses an octagon, and extends beyond the facade as a semi-circle. Behind the staircase is an elevator lobby with an "apse" of channeled marble which echoes the form of the vestibule.

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7. DESCRIPTION (Continued)

Some original lighting fixtures remain, including bronze torcheres with zig-zag leaves and cut glass petals forming flow-shaped diffusers. The two remaining chandeliers are larger versions of the torcheres. Air supply grilles are fashioned of interlacing rectangular shapes. Several pieces of original furniture survive.

Original Use: nurses' residence

Existing Use: county services for elderly and vacant; in transition to new use

Building O (B. S. Pollak Hospital) 1934-36. This building presents the most dramatic elevation of any in the complex, due to its two regularly-stepped wings which rise to 15 stories and enclose a courtyard on the south. The plan is a U shape, the stepped arms each 12 bays long, bridged by a wing which rises to 22 stories. Decoration, parapet treatment and fenestration are similar to Buildings A and B, the major difference being that the windows are arranged in three-window bands.

Access is gained through two small entrance pavilions on the Clifton Place side. These have segmentally-arched openings and arched glass transoms over two sets of double doors. Decoration consists of alternating triangles and semi-circles. The wall above the arch is articulated by channeled stonework alternating with brick and capped with a stepped stone parapet.

The first two stories of the building are treated as a base, which is differentiated from the upper stories by a lighter color brick. At the top of this base and below the third floor windows are stone spandrel panels with elaborate stylized flower and fruit decoration. The stepped wings have recently been repaired with unsightly concrete walls.

Original Use: chest disease hospital

Existing Use: nursing home

Condition: excellent

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7. DESCRIPTION (Continued)

Building R (Margaret Hague Maternity Hospital) 1928-31. Like the Pollak Hospital, this was originally a U-shaped building, its courtyard open to the southeast; with the addition of a rear wing composed of two towers and a low connecting section, it became a rectangle with an open interior court.

The original building was designed in an abstracted classical mode; a long 8 story facade broken into three sections - a central eleven-bay block flanked by two slightly projecting five-bay sections, the entire composition finished with a hip-roofed penthouse. The vertical massing divides the facade into three sections alluding to the base, shaft and capital of a classical column. Although explicit classical references are few - belt courses and cornice, shallow projecting entrance pavilion with three round-arched openings - they make a strong contrast with the other buildings in the complex.

The Art Deco addition has two tower-like wings each composed of a central block flanked by two 11 story wings. Their decoration is minimal, and similar to Building A.

Original Use: maternity care

Existing Use: Offices (Board of Education and others)

Condition: Excellent

## 8. Significance

Period	Areas of Significance—Check and justify below			
<input type="checkbox"/> prehistoric	<input type="checkbox"/> archeology-prehistoric	<input type="checkbox"/> community planning	<input type="checkbox"/> landscape architecture	<input type="checkbox"/> religion
<input type="checkbox"/> 1400-1499	<input type="checkbox"/> archeology-historic	<input type="checkbox"/> conservation	<input type="checkbox"/> law	<input type="checkbox"/> science
<input type="checkbox"/> 1500-1599	<input type="checkbox"/> agriculture	<input type="checkbox"/> economics	<input type="checkbox"/> literature	<input type="checkbox"/> sculpture
<input type="checkbox"/> 1600-1699	<input checked="" type="checkbox"/> architecture	<input type="checkbox"/> education	<input type="checkbox"/> military	<input checked="" type="checkbox"/> social/ humanitarian
<input type="checkbox"/> 1700-1799	<input type="checkbox"/> art	<input type="checkbox"/> engineering	<input type="checkbox"/> music	<input type="checkbox"/> theater
<input type="checkbox"/> 1800-1899	<input type="checkbox"/> commerce	<input type="checkbox"/> exploration/settlement	<input type="checkbox"/> philosophy	<input type="checkbox"/> transportation
<input checked="" type="checkbox"/> 1900-	<input type="checkbox"/> communications	<input type="checkbox"/> industry	<input checked="" type="checkbox"/> politics/government	<input type="checkbox"/> other (specify)
		<input type="checkbox"/> invention		

**Specific dates** 1921-41 **Builder/Architect** John T. Rowland, Jr.

### Statement of Significance (in one paragraph)

The largest and most cohesively planned Art Deco complex in New Jersey, the Jersey City Medical Center is an early example of a specialized architectural type, the metropolitan medical institution. Jersey City's Frank Hague, one of the most powerful mayors in the United States during the first half of the 20th century, was responsible for the development of this progressive hospital facility. The Medical Center is the major public works project in Jersey City and commanded Hague's attention for over 20 years. It symbolized Hague's interest in quality medical treatment for all as well as his recognition of the political utility of providing such care.

The medical center functions as an important landmark, in a literal sense, providing a highly visible sighting point from much of Jersey City, from Manhattan, from the New Jersey Turnpike and from New York Harbor. It is, as Kevin Lynch says, "...visually unmistakable, rising tall and white from the edge of the cliff, a haphazardly located giant." Although the buildings lack the dynamism and originality which animate the best Art Deco structures, they are nevertheless representative examples of a style which, because of the economic conditions of its period, is relatively rare and quite important to Jersey City's history and architecture.

#### Politics/Government

For over 30 years Frank Hague virtually was the government of Jersey City. Yet surprisingly little visible evidence of his long tenure can presently be observed in the city. The one public works project that captured his imagination was the medical center. Its planning and construction commanded his attention for a 20-year span, from 1921 to 1941.

A power not only in Jersey City and Hudson County, but also in State and national politics, Hague maintained an office in the center, from which he conducted much of his political business. Because of personal pride in the complex, he often wandered through it at night, checking on details of its operation. In Hague's day, the center "mirrored the political fact of life in the city and in Hudson County at the time."<sup>2</sup>

In his recognition of the political possibilities of hospitalization, Hague stands unique among American bosses; he also has seen the way that lavish medical care can be used to disarm criticism,

# 9. Major Bibliographical References

See continuation sheets.

# 10. Geographical Data

Acreeage of nominated property 14+

Quadrangle name Jersey City, New Jersey

Quadrangle scale 1:24000

### UMT References

A	<u>1</u> <u>8</u>	<u>5</u> <u>7</u> <u>9</u> <u>0</u> <u>0</u> <u>0</u>	<u>4</u> <u>5</u> <u>9</u> <u>8</u> <u>3</u> <u>0</u> <u>0</u>
	Zone	Easting	Northing

B	<u>1</u> <u>8</u>	<u>5</u> <u>7</u> <u>9</u> <u>2</u> <u>0</u> <u>0</u>	<u>4</u> <u>5</u> <u>0</u> <u>8</u> <u>2</u> <u>1</u> <u>0</u>
	Zone	Easting	Northing

C	<u>1</u> <u>8</u>	<u>5</u> <u>7</u> <u>9</u> <u>0</u> <u>0</u> <u>0</u>	<u>4</u> <u>5</u> <u>0</u> <u>7</u> <u>9</u> <u>4</u> <u>0</u>
	Zone	Easting	Northing

D	<u>1</u> <u>8</u>	<u>5</u> <u>7</u> <u>8</u> <u>9</u> <u>3</u> <u>0</u>	<u>4</u> <u>5</u> <u>0</u> <u>7</u> <u>9</u> <u>8</u> <u>0</u>
	Zone	Easting	Northing

E	<u>1</u> <u>8</u>	<u>5</u> <u>7</u> <u>8</u> <u>9</u> <u>5</u> <u>0</u>	<u>4</u> <u>5</u> <u>0</u> <u>8</u> <u>0</u> <u>4</u> <u>0</u>
	Zone	Easting	Northing

F	<u>1</u> <u>8</u>	<u>5</u> <u>7</u> <u>8</u> <u>8</u> <u>8</u> <u>0</u>	<u>4</u> <u>5</u> <u>0</u> <u>8</u> <u>1</u> <u>1</u> <u>0</u>
	Zone	Easting	Northing

G	<u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
	Zone	Easting	Northing

H	<u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
	Zone	Easting	Northing

### Verbal boundary description and justification

See continuation sheet.

### List all states and counties for properties overlapping state or county boundaries

NA

state	code	county	code

state	code	county	code

# 11. Form Prepared By

Compiled from: Preliminary Case Report. The Jersey City Medical Center. Heritage Studies, Princeton, NJ 09/79

name/title Terry Karschner, Historic Preservation Specialist

organization Office of New Jersey Heritage date April 1981

street & number CN 402 telephone (609) 292-2028

city or town Trenton, state New Jersey 08625

# 12. State Historic Preservation Officer Certification

The evaluated significance of this property within the state is:

national  state  local

As the designated State Historic Preservation Officer for the National Historic Preservation Act of 1966 (Public Law 89-665), I hereby nominate this property for inclusion in the National Register and certify that it has been evaluated according to the criteria and procedures set forth by the National Park Service.

Deputy State Historic Preservation Officer signature

title Acting Director, Division of Parks & Forestry

date 3/12/85

For NPS use only

I hereby certify that this property is included in the National Register

date 11/27/85

Keeper of the National Register

Attest:

date

Chief of Registration

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8. SIGNIFICANCE (Continued)

and that it is practicable to have children literally born into the organization, obligated to it from the first squalling moment. Cared for during the recurrent illnesses of youth, they come to associate health itself with the generous political party that has guided their city for decades; they will no more vote against Hague than against life. When they marry and have children of their own, they too are born in the Margaret Hague Maternity Hospital, which is medically as good a maternity hospital as can be found anywhere. And finally in the rheumatic pains of old age they go to the Medical Center for care and comfort. Unless the end of life comes suddenly on the street or at home, the citizen is likely to leave Jersey City as he came into it - although from a different building - indebted from his first moment to his last to the organization. He paid for the service, or someone did, but Hague gets the credit and the votes.<sup>3</sup>

Although maintenance has declined, and the manicured lawns and flower beds have disappeared, the Hague era is still reflected in the buildings' generous scale and lavish materials.

Social/Humanitarian

However influenced Hague may have been by political considerations, there is little doubt that his interest in community health care was genuine. Medical services constituted the one program he consistently supported. "In the last months of his life, during a long illness, at the end of his political career,<sup>4</sup> he had hoped to be the voluntary head of the Jersey City Medical Center."

1. Kevin Lynch, The Image of the City (Cambridge, Mass.: 1960), 26
2. Joseph F. Sullivan, "Jersey City Hospital May Influence Votes," New York Times, September 4, 1977.
3. Dayton David McKean, The Boss (New York: 1940), 166-167.
4. Thomas J. White, "Frank Hague and the Jersey City Medical Center," Academy of Medicine of New Jersey Bulletin, 16, 4 (December 1970), 53.



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8. SIGNIFICANCE (Continued)

His progressive attitudes are evident in the fact that in the 1920's he saw to it that juvenile offenders were not booked for petty offenses. Instead they were evaluated by physicians, psychiatrists, and educators, before their cases were disposed of.

Hague was a pioneer in the belief that high-quality medical care should be available to all. Payment for services was not required from those unable to make it. Equipment was of the best. Although there are differing opinions about the standing of the institution, the low mortality rate of the Margaret Hague Maternity Hospital provides evidence that the quality of the care was high.

The significance of the medical center site in the welfare of Jersey City predates the erection of most of the existing buildings. It has now been the focus for public health care in in Jersey City for a century.

The present site of the Jersey City Medical Center at Montgomery Street and Baldwin Avenue has been continuously occupied by Jersey City's municipal hospital for nearly a century. From plain wooden buildings and converted farmhouses, to a large brick institution, to the steel and brick and glass skyscrapers of Mayor Frank Hague's day, the hospital continuously expanded both in physical capacity and in concept until by the 1940's it became too large for Hudson County's needs, and has been too large ever since.

Before Jersey City bought the site of the present medical center in 1881, the property consisted of one or more country estates in the rapidly urbanizing part of the city frequently called Bergen Hill.

The First Hospital: 1881-1909

During the 19th century, Jersey City operated a variety of public facilities for the health and welfare of the city's poor and sick. A "pest house" was opened about 1805 in an isolated part of Paulus Hook, to quarantine sufferers of contagious diseases. The "old cabin" that stood there was subsequently used as the county poorhouse until the Civil War, then for cholera cases afterward. In 1868 the city aldermen created the "Jersey City Charity Hospital" on this site and the "cabin" was replaced by a new building, where the institution remained for about a dozen years.

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8. SIGNIFICANCE (Continued)

In 1881 the city bought the present site and moved into the farmhouses already standing there. These earlier buildings have been demolished and the site repeatedly regraded.<sup>4</sup> Immediately upon purchasing the site, the city erected a new building which was ready for occupancy by December, 1882. It stood parallel to Baldwin Avenue. Upon completion of the new building, the house became the warden's residence. As the hospital grew, it gradually moved away from accepting only charity patients. With the new building, the hospital was able to average several thousand patients a year, so in 1885 the work "charity" was dropped from the official name of the institution. The medical care was considered good; physicians generally volunteered their services and the nine percent mortality rate was considered satisfactory.

McLean in 1895 wrote that "the buildings comprised in the institution are the two hospitals (the new building plus one of the farmhouses) with over a hundred beds in the wards, the stable and dead-house, and the warden's house, which contains the pharmacy and dispensary, the warden's office and rooms for the employees and resident physicians."<sup>5</sup> This was the first hospital complex to stand on the medical center site.

The Second Hospital: 1909-1931

Each of the buildings of this first hospital were demolished after 1900, when a second hospital was built during the first administration (1902-07) of Jersey City Mayor Mark Fagan. Fagan, a Progressive Republican, inaugurated a number of public-spirited projects, including a free public bath house and free medical dispensaries. In spite of the hospital expansion of the 1880's and '90's, by the turn-of-the-century the hospital was still inadequate:

The old hospital accommodations have not only been outgrown, but the buildings were never designed for a permanent hospital and are inadequate to the demands made upon them, and have become dilapidated and sadly out of repair. It would cost a great sum of money to put these buildings in proper shape, and when so repaired they would not be sufficient for the present hospital demands of the city.

In 1903, at Fagan's urging, the New Jersey legislature enacted a bill that allowed municipalities to issue bonds for hospital construction

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8. SIGNIFICANCE (Continued)

and to appoint boards of hospital trustees. This enabling act permitted Fagan not only to finance a building program, but also to shift responsibility for the hospital's operation away from the direct control of the Board of Health, which was then largely comprised of Jersey City's police commissioners. The new Board of Hospital Trustees planned to build a hospital with a 200-bed - double that of the old hospital - capacity which, it was estimated, would be satisfactory for another ten years. Fagan's political literature explained, however, that the plans for the new structure would be "so arranged" that additional accommodations can be furnished by the erection of additional buildings or the extension of the original buildings from time to time, as the demands of the City shall make necessary." An elevation of the proposed building was furnished in the same account, but the design was changed before the building was erected. The hospital trustees also planned to buy additional land to enlarge the hospital site.

The new hospital building was begun under Fagan in 1906, but was completed and opened in 1909 during the mayoral administration of Otto H. Wittpenn, another Progressive Republican. It was a three story, brick structure, 21 bays long, with semi-octagonal bays at the east and west ends and five story towers recessed between a projecting, four story, central pavilion and two three story side wings. Like its predecessor, it too faced Baldwin Avenue, and a semi-elliptical driveway gave vehicular access to the front door.

This main building was only one of the structures built for the new hospital, for, as the 1908 map shows, the hospital site was fairly crowded with buildings. Some of these, however, were the old hospital buildings that were demolished in 1909, but other new buildings were constructed to accommodate various support functions. These were a "Staff house, morgue, chapel (and) new nurses' residence", and they stood behind and to the south of the main building. The nurses' residence had been necessitated because the hospital established a school of nursing in 1907.<sup>9</sup> In addition, a new warden's home was built in 1908 or 1909. None of these satellite structures still stand.

Fagan's hospital construction program did indeed prove satisfactory for about 10 years, but by 1919, Jersey City Hospital was greatly expanded once again. The most important of the enlargements of the hospital

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8. SIGNIFICANCE (Continued)

complex was the construction of a second main building, behind and slightly larger than the first, and a connecting wing between the two. At the same time, the 1909 building was modernized and its wings were raised to four stories. Other, smaller buildings were once again added for auxiliary functions. A laundry and a power house were combined in one building put up in 1917 - Buildings H and I on the current site plan. The power plan enabled the hospital to generate its own electricity and to produce steam for heating more efficiently.

For a complex of buildings erected over a span of ten years, the Jersey City Hospital of 1909-19 exhibited a remarkable consistency of style from building to building, suggesting that all of them may have been designed by a single architect. In style, each displayed Renaissance Revival influences, together with common denominators such as buff brick exterior walls and red-tile hipped roofs. The two main buildings, though built ten years apart, closely matched each other in height and overall length, in style, in massing, and in many details. A significant change in the circulation plan took place, however, with the opening of the second building. Its east facade became the main facade and its entrance the main entrance. The Baldwin Avenue entrance became secondary, and access from Montgomery Street was emphasized. Later, during the 1920's, the lots along the south side of Montgomery Street, where eight houses had been built since the 1890's, were purchased, the houses were torn down, and the land was regraded and landscaped.

By the 1920's, then, the Jersey City Hospital was a major institution. Though its buildings were not the finest Renaissance Revival styling - incorporating, in fact, traces of the Mission Revival style - they did constitute a functional, viable complex and a visually satisfying ensemble. As Van Winkle summarized in 1924:

"Since [1909] the hospital building has been greatly enlarged and fitted with the latest known appliances for thorough hospital work. The prominent position of the building on one of the principal thoroughfares of the city, its attractive architectural design and appropriate surroundings, form one of the beauty spots of the city, and the complete organization of its health activities has placed it in the forefront of hospital efficiency."<sup>12</sup>

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It is ironic that the architect who later designed the medical center may have also been responsible for the earlier hospital complex that the center replaced. John T. Rowland, Jr. (1871-1945) was the leading architect in Jersey City throughout the first four decades of the twentieth century. The list of his commissions reads like an enumeration of the city's major private and public buildings. He designed, for example, the Labor Bank building, the Jersey Journal building, the Public Service building, all at Journal Square, and the Duncan Apartments, at 2600 Hudson Boulevard. In addition to his private practice which began in the 1890's, around 1901 Rowland became the architect for the Jersey Board of Education, a post he held until his death. In this function he designed all four of the high schools then in use in the city - Dickinson, Lincoln, Henry Snyder, and Ferris - 25 public schools and seven parochial schools. In Rowland's obituary, the famous Jersey City mayor and political boss, Frank Hague, acknowledged that Rowland designed all of the units of the medical center. Considering Hague's own central role in establishing the medical center, Rowland, it would appear, must have been Hague's favorite architect.<sup>13</sup>

The evidence that supports the view that Rowland designed the Jersey City Hospital is circumstantial, but as school architect he did design the A. Harry Moore School for Crippled Children. This school was constructed in 1918 on the site of the later Pollak Hospital, and used at first as a regular public school, Jersey City School No. 36. When it was renamed for Moore in 1925, interior renovations were made, but the exterior was unchanged. Its design resembles so closely that of the nurses' residence, and to the laundry/power house, that the three buildings clearly seem to be works of the same architect.<sup>14</sup>

The Present Medical Center: 1928-1941

The medical center, however, is publicly associated with its political sponsor, Mayor Frank Hague, rather than with its architect, John Rowland. Hague (1876-1956), one of the most famous political bosses of any American city, served as Jersey City mayor for 30 consecutive years, 1917 to 1947. The "Hague machine" has been often compared to the Pendergast machine in St. Louis, the Daley machine in Chicago, and the Tweed Ring in New York. Hague dominated Democratic politics in New Jersey for a generation, and was largely responsible for selecting the state's Democratic gubernatorial candidates during the Twenties and Thirties. His alledged remark, "I am the law," has become his enduring nickname.<sup>15</sup> The Jersey City Medical Center is his lasting monument.

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8. SIGNIFICANCE (Continued)

Hague is not only credited with having conceived the idea for the center, he also made and carried out the decision to build it. He already was mayor when the laundry building and nurses' residences were completed, and he began as early as 1921 to consider a still larger and grander consolidation of hospital services.

Hague possessed a deep and genuine concern for social welfare and community health; his motives were not merely or wholly political expedience. In 1922 he sent "representatives to the leading hospitals between New York City and Chicago to seek an outstanding hospital administrator." In 1924 he hired George V. O'Hanlon, then the Medical Director of Bellevue and Allied Hospitals, New York City's municipal system. By 1928 he also secured the services of Miss Jesse Murdoch, Director of the Nurses' Training School at Post-Graduate Hospital in New York City. As a later administrator of the medical center explained, Hague was able to lure these two outstanding people "on his promise to build a medical center in Jersey City which they could run with a free hand." The hiring of Murdoch was an indication that the medical center would emphasize nurses' training.

By the late 1920's, the most pressing immediate problem was the shortage and inconvenience of maternity care facilities. The Hague administration's answer was to build the world's largest maternity hospital, which was begun in 1928 and completed in 1931. Named the "Margaret Hague Maternity Hospital," in honor of Frank Hague's mother, this institution handled over 5,000 births in 1939, more by several hundred than any other hospital in the continental United States.

Hague followed the same instinct - building the largest and best - with every other building his administration erected on the hospital site. He consolidated, enlarged, and aggrandized the institution of the city hospital to such a degree that for political semantics he needed a new name to match his new concept. By 1930 he renamed the hospital the "Jersey City Medical Center," because his plans called for constructing several buildings to house specialized medical services, in addition to a new general hospital. The medical center concept of consolidating a full range of medical services in a vertical (high-rise) hospital on a single site had already been pioneered in New York City at the Columbia-Presbyterian Medical Center. Hague planned the Jersey City Medical

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Center to include several skyscrapers, each of 15-23 stories, including a surgical building, hospital for chest diseases, psychiatric hospital, out-patient clinic and isolation building, besides staff and nurses' residences, the maternity hospital, and a new general hospital. It is a memorial to Hague's political power that, during the Great Depression, such a grand plan was carried out.

Construction of the medical center took more than a dozen years, from the ground breaking for the Margaret Hague to the completion of Murdoch Hall. In one of Rowland's renderings of the center, published in 1930, Fairbank Hall (Building J on the site plan) and Holloway Hall (Building D) are depicted and described as under construction. In a 1931 photograph, Holloway, commonly known as the surgical building, stands completed behind the 1909 hospital. Fairbank, built as the nurses' residence, was also completed in 1932. The staff residence (Building G) was later named O'Hanlon Hall in honor of the medical director, then subsequently renamed Jones Hall. It apparently was not under construction in 1930 since it does not appear in the rendering, but it too was completed by 1932.

The Great Depression forced a halt to construction in 1933, but in 1934 a second round of construction began. The Hudson County Tuberculosis Hospital (Building O) was begun that year. Though it was, "complete except for furnishings and equipment," in 1936, its cornerstone laying ceremony and dedication took place in October 1937. In 1947, this hospital, was renamed the "Berthold S. Pollak Hospital for Chest Diseases," to honor one of the institution's most well-known doctors.

Construction of the medical building (Building A) and the health services, or clinic, building (Building B) followed Pollak Hospital. When the surgical building had been opened in 1931, it temporarily assumed many of the functions of the older general hospital. That hospital, built in 1909, remodeled by 1919, and "re-modernized" again by 1930, was demolished in 1934. The medical and clinic buildings that rose in its place were dedicated by Franklin D. Roosevelt in October 1936, in spite of the fact that they weren't completed until 1938.

By the time these buildings were finally opened, a third and final round of construction began. The isolation building, now known as the

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8. SIGNIFICANCE (Continued)

dental building; the C Building, which houses the center's administrative staff; the ambulance garage/morgue; Murdoch Hall; and a high-rise addition to the Margaret Hague were all built during this period. The isolation building had been made necessary when the earlier hospital for contagious diseases was demolished in 1934 to provide a site for the tuberculosis hospital. The new garage was needed to accommodate a greater number of ambulances, and the new morgue because the old one had stood on the site of Murdoch Hall. Murdoch, named for the Director of nursing, was yet another nurses' residence. Fairbank, the existing nurses' residence, later became a geriatric hospital. Ironically, Murdoch Hall, built on the site planned in 1931 for the Psychiatric Hospital - the only building planned for the medical center which was never built - today houses geriatric and psychiatric patients. Each of the buildings of this last phase of construction was completed by 1941.<sup>22</sup>

Though some of these buildings were not completed until 1941, one could have gotten a fair sense of the finished complex by the late-30's. Some of the buildings stood about ten stories high; some fifteen; three stood 23 stories high. Dayton David McKean, a sharp critic of Hague, in comparing the center to its surroundings, likened it to "seven cliffs above a swamp." These "cliffs" were the largest buildings in Jersey City; they not only intensified the use of the medical center site, but also changed the city skyline as well.

In Frank Hague's Jersey City of the 1930's, the medical center was also the center of politics. The story of the Hague years has been well-told elsewhere, but his use of the medical center for political purposes deserves further mention. The medical center was the city's great project of the 1930's, and thus it was Hague's greatest source of patronage. A substantial part of the center's payroll was devoted to these political jobs. Hague also practiced "socialized medicine" at the center, to the extent that it was unusual for a patient ever to be charged for his stay. In 1929, despite handling thousands of patients a month, the center actually collected only \$15,000 from patients in one calendar year. Hague kept an office in the center, and spent "as much time [there] as in any other place. Politicians seeking to consult him [were] more apt to find him in that office... than at the City Hall."<sup>24</sup>

The maintenance and operation of the center were supported by heavy taxes, but the construction itself was supported by municipal bonds and



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8. SIGNIFICANCE (Continued)

by loans and grants from the Public Works Administration, a division of the federal Works Progress Administration. Hague was given control of a disproportionate share of WPA funds, and it was these that carried the center while it was being built. Since Hague was the dominant power in New Jersey Democratic politics of the era, he was well rewarded when Franklin Roosevelt assumed the Presidency. This friendship was reciprocated in the 1936 election, for example, when Hague delivered Hudson County to FDR by a margin of 117,000 votes, while New Jersey as a whole went Democratic by only 30,000 votes. As a reward, Hague was voted Vice-Chairman of the Democratic National Committee, and was guaranteed all the money he needed for the medical center. The connection with FDR to Hague and the medical center can be further summarized in one episode. At the dedication of the medical building in 1936, while FDR shrewdly opined that politics had been kept out of medical care and always would be, Hague closed the public schools, gave every city worker a holiday, and assembled a crowd of 250,000 people on the hospital grounds.<sup>25</sup>

The original scheme of the medical center promised "99 floors of hospitalization" - the third largest medical institution in the country - and something like that number were actually built. Though the center has always been a popular institution, critics quickly perceived that it was much larger than the needs of Jersey City required. The city had other private hospitals and the county had other municipal hospitals, so the construction of one of the nation's largest medical complexes was just not necessary. McKean, who felt that the costs of the center were bankrupting the city, said in a prophetic remark, "If the finances of the city and country collapse, as they may do at any time, the Mayor may well seek to share his idea with the State of New Jersey." Each of Hague's successors have found the medical center to be an insupportable financial burden, and indeed have approached the state with offers to sell. So far the state has not been interested. The training of nurses at colleges instead of hospitals, and the practice of allowing resident physicians to live off the hospital grounds has reduced space requirements even further. Much of the center is now vacant. The fiscal crisis occurred in 1965 when 1,109 of the center's employees were laid off before New Year's Day. Structural problems, which were rumored even in Hague's day are now clearly visible. An institutional reorganization is underway, however. Other county and municipal agencies have taken over some of the vacant space.<sup>26</sup>

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The medical center under Frank Hague represented both the height of the medical profession in Jersey City and the culmination of 60 years' development of the medical center site. The late 19th century municipal hospital was an important advance over the earlier pest houses and almshouses. The 1909 hospital of Mark Fagan became a major Jersey City institution. Fagan's city hospital, however, was merely one important plank in his broad Progressive platform, and it was carefully scaled to the needs of the city. On the other hand, Hague's medical center was and is oversized - grand for the sake of political aggrandizement. The center was Hague's entire platform. It was both his own overriding concern, and the focus of political life in Jersey City during his long tenure.

1. For further discussion of the area known as Bergen Hill, see Michael H. Merick et al, "Bergen Hill Historic District: Designation Report," (Jersey City: 1977), and Robert W. Craig and Lauren-Brook Sickels, "West Bergen Historic District: Designation Report," still in manuscript.
2. L.F. Douglass, A Topographical Map of Jersey City, Hoboken, and the Adjacent Country..., (1841, reprinted New York: 1876); William H. Wood, Map of Jersey City, Hoboken and Hudson Cities, (Jersey City: 1855); Combined Atlas of the State of New Jersey and County of Hudson (Philadelphia; 1873); Daniel Van Winkle, History of the Municipalities of Hudson County New Jersey, 3 vols., (New York: 151; William H. Shaw, comp.; History of Essex and Hudson Counties, New Jersey, (Philadelphia: 1884), 2 vol., 1114-5.
3. MacLean, 151; The Story of the Medical Center, Jersey City, New Jersey (henceforth Story), (Jersey City: 1931), n.p.
4. Van Winkle, 157; MacLean, 152; Combined Atlas (1873); Atlas of Jersey City, (Jersey City: 1887).
5. The number of total patients treated between 1882 and 1893 that was published by MacLean seems inconsistent with, for example, the total number of prescriptions filled. The hospital seems to have treated a continuously increasing number of in-patients which averaged 1,000 per year for the period, but must have handled many more out-patients. See Atlas (1887); Insurance Atlas of Jersey City, (New York: 1896); MacLean, 152.

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8. SIGNIFICANCE (Continued)
6. Jersey City Under Mayor Fagan's Administration, (Jersey City): ca. 1904).
7. Ibid., 24-5
8. Jersey City Hospital School of Nursing: The Golden Year 1907-1957 (henceforth Golden Year), (Jersey City: 1957), 7.
9. Ibid.
10. The laundry/power house building, which medical center administrators currently plan to demolish for a parking garage, is not mentioned at all in the institutional histories.
11. For a brief discussion of the Renaissance Revival style of architecture, see Marcus Whiffen, American Architecture Since 1780: A Guide to the Styles, (Cambridge, Mass.: 1970), 154-8.
12. Van Winkle, 157.
13. Hague, in the same obituary, called Rowland a "personal friend" and an "architectural genius." Both men lived in the Duncan Apartments at 2600 Hudson Boulevard. See Jersey Journal, (January 23, 1945), 1. In a recent telephone interview, Mr. Donald Paulson, A.I.A., of Verona, New Jersey acknowledged that he owned Rowland's original tracings of the medical center buildings.
14. See, again, Rowland's obituary, Jersey Journal, (January 23, 1945), 1.
15. Hague's career has been the subject of several books and articles, but his chief biographer is Richard Connors, whose book, A Cycle of Power, appeared in 1971.
16. Thomas J. White, "Frank Hague and the Jersey City Medical Center," in Academy of Medicine of New Jersey Bulletin, vol. 16, no. 4, (December 1970).

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17. The statistic on hospital births is from a fact sheet compiled in 1940, found in the vertical files in the New Jersey Room, Jersey City Free Public Library. Also see Story, cited above.
18. Story.
19. Most of the figures in this report have been reproduced from original photographs in the files of the Jersey City Free Public Library or of the office of the Director of Plant Operations, Jersey City Medical Center.
20. Gold Year, 23; New York Times, (October 24, 1937) 26:4.
21. The Jersey Journal (March 16, 1967) 16, claims that FDR dedicated the Hudson County Tuberculosis Hospital, but this is probably an error. More careful examination of the contemporary newspaper accounts will probably resolve the confusion.
22. The statements in this paragraph are substantiated by several articles in the Jersey Journal and in The New York Times. An index to the Journal is available at the Jersey City Free Public Library.
23. Dayton David McKean, The Boss, (New York: 1940), 166.
24. Ibid., 166-182.
25. New York Times, (October 2, 1936) 1:7, and (October 3, 1936) 1:3; McKean, 178.
26. McKean, 182; Jersey Journal, (December 30, 1965); New York Times, September 4, 1977.

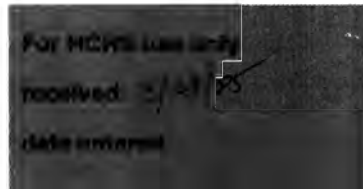
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8. SIGNIFICANCE (Continued)

Hospital Design

The earliest hospitals in the United States were similar in design and configuration to institutional buildings utilized for other purposes. The usual form was of a central pavilion, providing space for administrative and service functions, with wings of three or four stories on either side housing the inmates - students, prisoners or patients. This design was used for such pre-Revolutionary buildings as Nassau Hall in Princeton, NJ; Harvard Hall in Cambridge, Mass.; the Walnut Street Jail in Philadelphia; and the pioneering insane asylum in Williamsburg, VA.

Two of the three hospitals erected during the 18th century followed this plan: the Pennsylvania Hospital of 1755 and the Charity Hospital of New Orleans, founded in 1737 and built anew in 1784. These may have been based on the precedent of the London Hospital of 1752. The New York Hospital, founded in 1711, and rebuilt in 1791, was a variant, with an H-shaped plan formed by the placement of cross-pavilions at the end of the wings. With later additions, the main building of the Pennsylvania Hospital also eventually assumed an H shape.

Most early 19th century hospitals continued to follow the basic 18th century plan. Notable examples include the Bulfinch Building at Massachusetts General in Boston (1821), William Strickland's Naval Home in Philadelphia (1827), which expands the complex with separate residences for the staff; and Robert Mill's insane asylum for the State of South Carolina at Columbia (1821-28). Despite the development of new designs, many hospitals (and other institutional buildings) continued to be built according to this general scheme through the 19th century and, indeed, into the 20th.

Around mid-century, however, another hospital type gained its adherents. This was the large pavilion-type building, in which the lateral wings were interrupted by cross pavilions, allowing for the separation and classification of inmates. First introduced in England in the mid-18th century, the plan was popularized by Dr. Thomas J. Kirkbride, a reformer in the treatment of the insane. The first full Kirkbride-system mental hospital was the New Jersey State Insane Asylum (now Trenton State Psychiatric Hospital), begun in 1845. During the second half of the 19th century Kirkbride mental hospitals were built in almost every state in the Union.

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8. SIGNIFICANCE (Continued)

The scheme was also followed after mid-century in general hospitals. Among early examples are: Presbyterian Hospital, Philadelphia (1860); Boston City Hospital (1863); Rhode Island Hospital (1863); and Roosevelt Hospital, New York City (1866). This also became a persistent type, with examples erected well into the second decade of the 20th century.

A third major type of hospital developed from military hospitals. On a system first used as a large scale by the British in the Crimea, and then in the United States during the Civil War, this consisted of a number of small, discreet pavilions. The theory behind this scheme was based on an imperfect understanding of the transmission of germs, which were thought to be airborne. Ample ventilation and non-contiguity of buildings were believed to lessen the dangers of contagion (as to some extent they did). Because it was felt that the buildings themselves were the loci of infection, many doctors believed that tents or temporary buildings should be employed. The largest hospital building on this system was Johns Hopkins in Baltimore, designed between 1873 and 1877. The buildings were permanent, but, except for the administration building, were small, and only one story in height, and raised on a high basement to allow for full circulation of air. Although elevators had been available since the 1850's, they were not used at Johns Hopkins because of the belief that they would facilitate the transmittal of disease. Such hospitals, however, were expensive to construct and required large tracts of land. They never replaced the central pavilion with wings or cross-pavilion type in popularity.

During the second half of the 19th century, however, the practice of medicine underwent profound changes. The early hospitals were all founded as charitable institutions, although from the first most also accommodated some paying patients. They were intended for the impoverished and homeless; home care was still considered the most desirable recourse for the sick. With the development of anesthesia, asepsis and antisepsis, as well as a true understanding of the germ theory of disease, attitudes towards hospital care shifted. Illnesses requiring surgery and specialized forms of medical treatment clearly now could be cared for more expeditiously in the hospital.

The new understanding that disease was communicated by contact, not through the air, made previous fears of vertical organization obsolete. At the same time, developments in building technology, notably

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8. SIGNIFICANCE (Continued)

the elevator, the steel frame, and sophisticated systems for heating and ventilation, made tall buildings not only feasible, but also desirable as an expression of modernity. As early as 1905, virtues of multi-story hospitals were described at a meeting of the Association of Hospital Superintendents. The proponents were Bertrand E. Taylor, an architect specializing in hospital design and Dr. A.J. Oschner, a surgeon.

Nevertheless, the majority of hospitals built during the first two decades of the 20th century continued as variants of the basic 18th and 19th century forms, although sometimes elevated to four or five stories.<sup>2</sup> The major buildings of the Jersey City Hospital erected between 1906 and 1919 were both essentially central pavilions with lateral wings, little different in basic concept from the Pennsylvania Hospital of 1755.

By the 1920's, however, new approaches to hospital design were beginning to generate interest. "Among the strictly utilitarian buildings of America today, no genre is more important nor interesting than the hospital, and none has shown greater progress in design."<sup>3</sup> The most influential hospital of the period appears to have been the Columbia-Presbyterian Medical Center in New York City, designed in 1925.<sup>4</sup> Sited on a bluff above the Hudson River, composed of a massing of vertical towers, Columbia-Presbyterian was the paradigm of the modern big-city medical center. The name "medical center" was indicative of a change in function. This was intended not just as a house of refuge for the sick, but as a "veritable 'fortress against disease'."<sup>5</sup> Facilities were provided not just for hospital care, but also for clinics for out-patients and for instruction in preventive health care, as well as for the education of medical personnel.

It was undoubtedly Columbia-Presbyterian that inspired the concept, and the architecture, of the Jersey City Medical Center. In emulating the New York institution, as in selecting materials, Jersey City was striving for the best.

1. Brief histories of the pre-"skyscraper" development of the American general hospital appear in E.H.L. Corwin, The American Hospital, New York (1964) and John D. Thompson and Grace Coldin, The Hospital: A Social and Architectural History, New Haven (1975). Neither author, however, correlates the development of hospitals with that of other institutions.

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8. SIGNIFICANCE (Continued)
2. For American hospital design in the early 20th century, see Edward F. Stevens, The American Hospital of the Twentieth Century, New York (1921); and Architectural Forum, Hospital Reference Number, 27 (December 1922), 245-314.
3. G.H. Edgell. The American Architecture of To-day. New York (1928), 314.
4. Plans, elevations, and a perspective rendering were published in Architectural Record, 58 (August 1925), 101-115.
5. Edgell, 320.



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8. SIGNIFICANCE (Continued)

Architectural Background

The appearance of the modern Jersey City Medical Center is the result of two forces - the evolution of hospital design and the popularity of Art Deco architecture.

By the 1920's the once up-to-date Jersey City Medical Hospital was feeling the challenge of obsolescence due to changes in the science and practice of medicine. The few specialities attendant on general medicine had proliferated; the maturing philosophy of preventive medicine and the growing emphasis on out-patient clinics made new demands on the physical plant; the number of resident nurses increased, as did teaching functions; progress in medical science and technology introduced new techniques and equipment which the existing building had not been designed to accommodate.

Simultaneously with the realization that further horizontal expansion would result in loss of efficiency and centralization came the wide acceptance of technological improvements introduced more than a quarter of a century earlier in commercial architecture, namely elevators and steel frame construction. Hospitals became skyscrapers and, with that leap, their appearance and functioning were altered dramatically.

By 1925, when the Columbia-Presbyterian Medical Center by James Gamble Rogers was published in The Architectural Record, the concept of a coordinated medical "center", combining treatment, teaching and research in a functionally integrated complex of high-rise buildings had replaced the old understanding of "hospital" in major metropolitan centers. In that same year in Paris the Exposition Internationale des Arts Decoratifs was organized to highlight art and architecture appropriate to the machine age.

The Jersey City Medical Center is the direct result of these changes in medicine and architecture. The interrelationship of style and function and the use of machine age ornament not based on antique precedent are clearly evident both in the centers' buildings and in the manner in which these buildings are sited. The most obvious large-scale Art Deco feature of the medical center is the use of stepped setbacks, found most dramatically in Pollak Hospital but a characteristic of most of the other

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8. SIGNIFICANCE (Continued)

buildings as well. Stylistically, this feature can be traced to the ziggurat temples of pre-Columbian Central America, a culture which influenced the design vocabulary of American Art Deco; according to one critic, in fact, "The energetic rhythm of the ziggurat and its permutations is the most important Art Deco design..." Its use was mandated by the New York City zoning ordinance of 1916, which influenced building elsewhere; and in hospital design it provided the light, air and access to sun decks which high-rise construction otherwise precluded.

Set-back forms notwithstanding, Art Deco when applied to architecture implies a primary interest in decoration rather than innovation in massing and plan. The typical design vocabulary of Art Deco is used abundantly in the medical center buildings: fragmented circles and suns; chevrons and zig-zags; and stylized foliage and occasional animal forms. These are found on the exterior in terra cotta panels and architraves; the interior public spaces are sometimes quite elaborate. Then the design references are more likely to be classical in origin, although strongly stylized: rosettes, coffers, columns and pilasters with abstracted capitals. The reason for lavishing such attention on interior decoration is stated succinctly in a 1922 article in The Architectural Forum: "Many discerning hospital administrators have not been slow to appreciate the desirability of making their institutions attractive ... A proper mental attitude of the patient was hardly possible in the older forms of hospitals which resembled correctional institutions..."<sup>2</sup> With the exception of a frieze in the main lobby, the decorative scheme makes no use of medical references, perhaps because they are less easy to stylize than the airplanes, trains and automobiles appropriate to the program of so many Art Deco buildings.

Another hallmark of Art Deco architecture, the use of smooth, highly-polished, sharp-edged "modern" building materials, is also found in the medical center, although the more "radical" departures of vitrolite glass, aluminum, bakelite and stainless steel are eschewed in favor of more traditional materials in a new context: marble terrazzo, terra cotta and glazed tile. Because most furnishings have been replaced, it is impossible to evaluate the degree to which architecture and decorative arts were originally integrated.

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8. SIGNIFICANCE (Continued)

Site planning and individual building plans are typical of hospital and skyscraper plans beginning in the 1920's. In 1922 The Architectural Forum published a plan by Garden and Martin for a 500-bed municipal hospital remarkably similar to the Jersey City Medical Center in the disposition of the major building constituents. Double-loaded corridors are utilized for nearly all of the facilities at Jersey City, a standard feature neither progressive for its time nor retardaire. "Roof wards for sun and air treatment are very desirable on hospitals in congested districts..."<sup>3</sup> advised The Architectural Forum in 1922; the set-back decks at Jersey City provide just such facilities.

Even a cursory examination of the development of Art Deco design indicates that the Jersey City Medical Center was not a trailblazer. As early as 1915 Wright and Schindler were using design motifs derived from pre-Columbian sources. Some of the great New York City monuments of the Art Deco Style - Raymond Hood's McGraw-Hill Building and the Chanin Building and Rockefeller Center - were products of the late 1920's, and the New York Telephone Building by Voorhees, Gmelin and Walker was completed one year after the Paris Exposition. Even before the popularity of Art Deco, small treatment centers like the Stevens Clinic at Fall River, Massachusetts, published in 1922, made use of stepped set-backs.

Due to the lack of a comprehensive survey of Art Deco architecture in New Jersey, it is difficult to place the Jersey City Medical Center in context with any great degree of assurance. Because the Depression and the height of Art Deco's popularity coincided, examples of the style are not numerous anywhere, and New Jersey seems never to have had a rich stock of such buildings. A few notable examples were built in Atlantic City and Newark; Trenton has a number of small-scale Art Deco commercial buildings; and a few maverick examples like the Perth Amboy National Bank and Hersh Towers in Elizabeth include good ornament.

Because Art Deco is primarily a mode of decoration, an assessment of the Jersey City Medical Center must include a close examination of ornamental treatment. In contrast to frequently lavish interiors, the exteriors of most high-rise Art Deco buildings are decorated sparsely, with ornament concentrated at the bottom four to six stories where it makes a strong impact on pedestrians, and at the top, where large-scale decorative features read clearly from a distance. The remainder, or

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8. SIGNIFICANCE (Continued)

mid-section, of a typical Art Deco skyscraper relies on the vertical thrust of piers and window bands or the massing of geometrical forms and setbacks. The Jersey City Medical Center buildings are no exception to this general rule. Entrances are given special emphasis (like the rectangular projecting pavilions of the Medical Building and Pollak Hospital and the semi-circular frontispiece of Murdoch Hall), and most of the buildings are crowned with a kind of quasi-castellated parapet, a feature intended to continue the vertical expression of the walls instead of stopping their thrust with a cornice. In Jersey City, however, these top and bottom details are not treated with the contrast of materials or richness of detailing found in the best examples of the style. The lower stories' exterior walls are decorated with terra-cotta panels cast in stylized motifs derived mostly from plant forms. The quality of their execution is good but the designs are uninspired. These panels (and some decorated architraves) are set in a random fashion as if there weren't enough to go around. The result is a somewhat anemic exterior which suggests the need for richer decoration than the architect or the budget could deliver. Examination of a building like that designed for the New York Telephone Company in 1926 by Voorhees, Gmelin and Walker, with its delicate ground floor, consistently-detailed spandrels and complex configuration, shows the integration of ornament and massing possible in more skilled hands.

The interior decorative scheme of the Medical Center buildings suffers from similar deficiencies. Although acres of marble and terrazzo are used in Building A and C and the accumulation of detail produces a certain richness of effect in the public spaces, the quality of the individual components - primarily ceiling cornices and moldings, columns and pilasters - is pedestrian. The main lobby of Murdoch Hall is considerably more sophisticated, deriving its effect largely from the quality of materials and the manipulation of space and light. Comparison with a first-rate Art Deco interior demonstrates the almost stock quality of much of the Jersey City work. Such a building can be found a few miles away in Newark, another design by Voorhees, Gmelin and Walker, the New Jersey Bell Telephone Company Building of 1929. There the interior is a striking and elegant amalgamation of unique details obviously conceived expressly for the building at hand - the kind of interior which makes one understand the critical claim that the Art Deco period was the last to see integration of technicians, artists and artisans.

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8. SIGNIFICANCE (Continued)

1. Art Deco Exposition: Radio City Music Hall, (New York: 1975), n.p.
2. Richard E. Schmidt, "Modern Hospital Design," in The Architectural Forum, Hospital Reference Number 37 (December 1922), 252.
3. Ibid., 248

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Beginning at the southeast curb of Baldwin Avenue and Montgomery Street, proceed southeast along Montgomery to the southwest curb of Cornelison Avenue and Montgomery. Thence, proceed southward along Cornelison to the north curb of Dupont Street. Thence, proceed westward along Dupont to the east curb of Clifton Place. Thence, proceed northward along Clifton to the east curb of Baldwin. Thence, proceed northeast along Baldwin to the point of beginning.

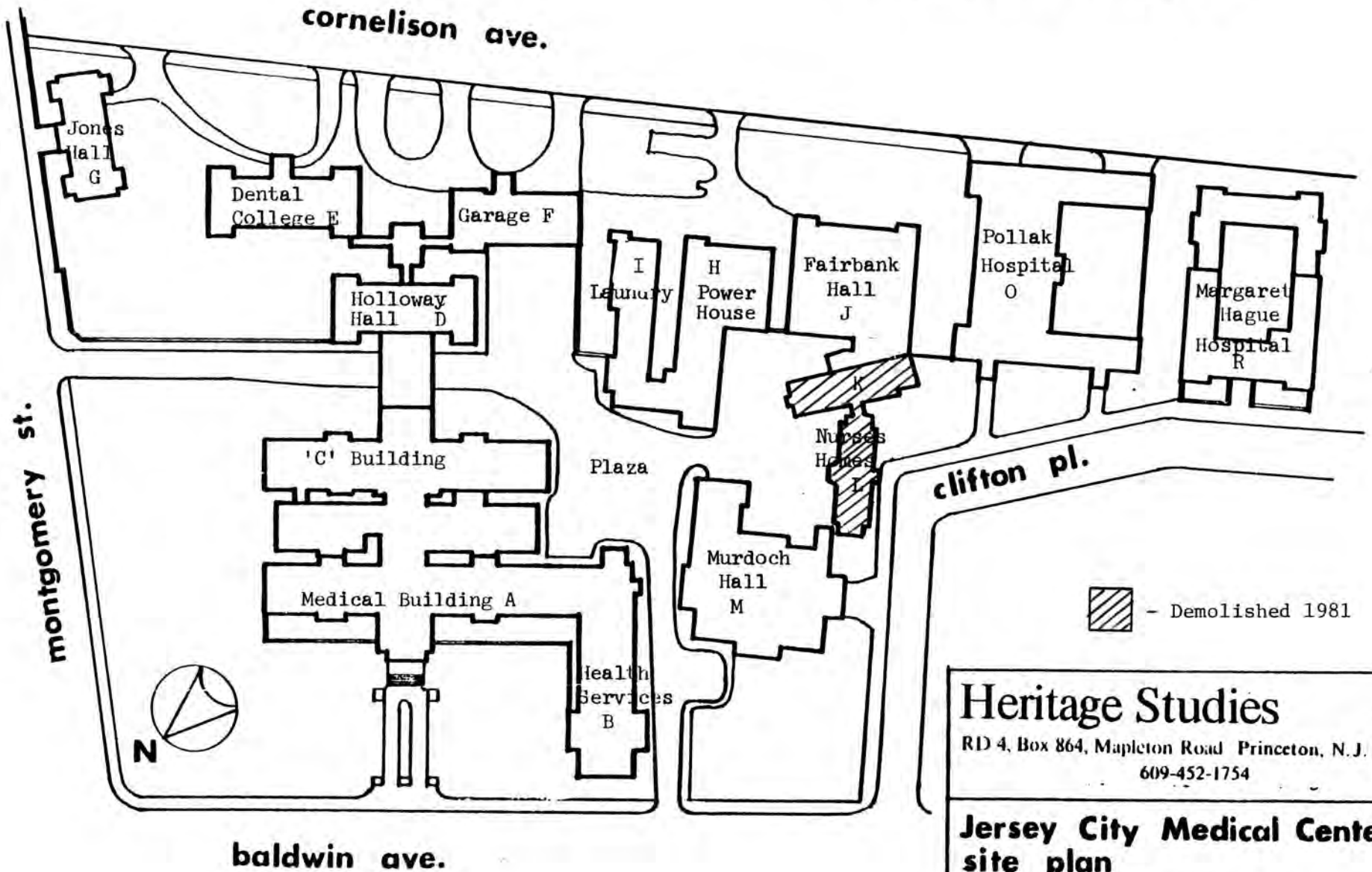
Jersey City Medical Center  
Jersey City, Hudson County, NJ




1956 — JERSEY CITY MEDICAL CENTER

Fig. 28 The completed Jersey City Medical Center.

Jersey City Medical Center  
Jersey City, Hudson County, NJ



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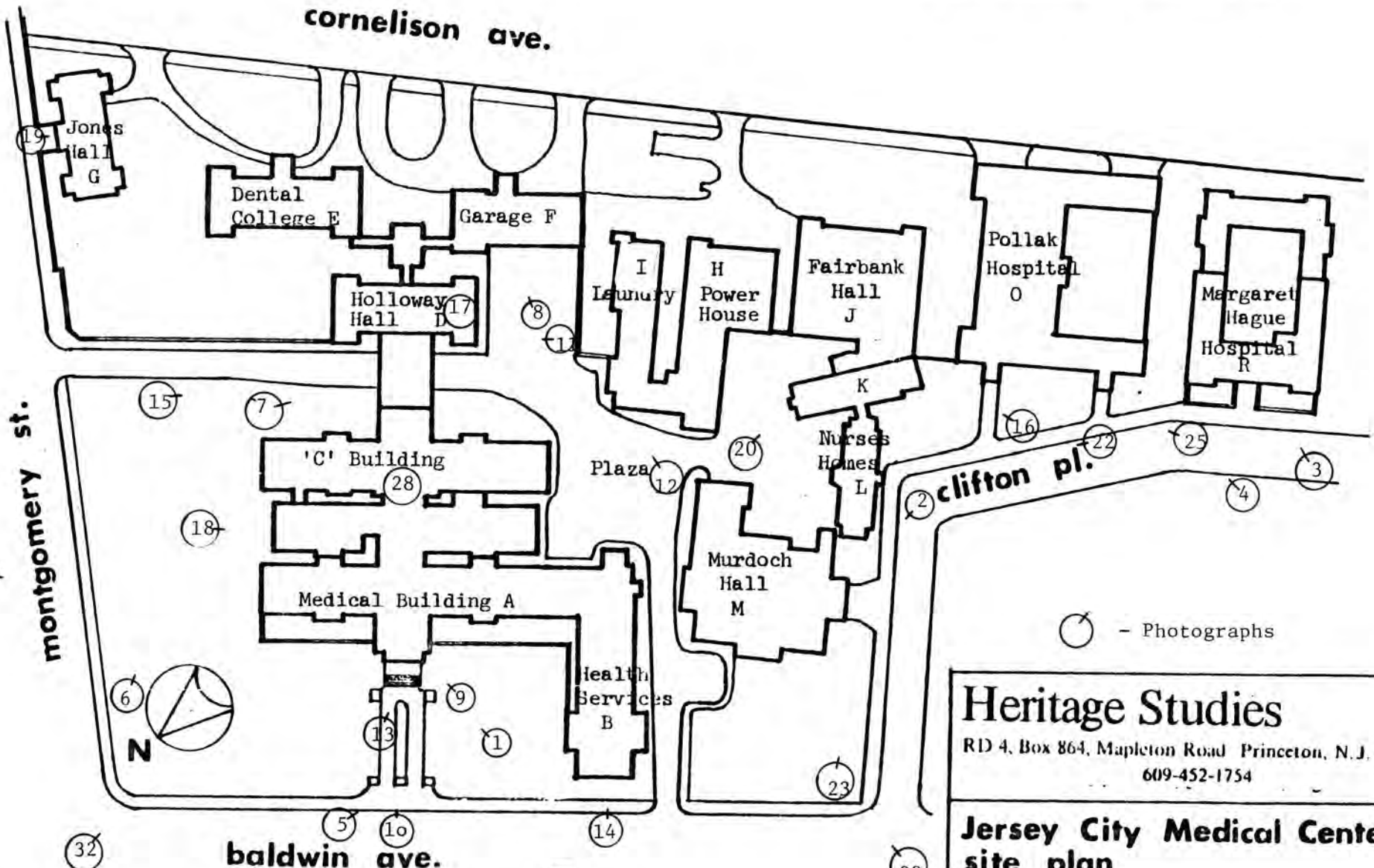
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**Jersey City Medical Center  
site plan**

**Dn: mjm | 1" = 77' | Aug. 79**

Revisions by T. Karschner 5/1981

Jersey City Medical Center  
 Jersey City, Hudson County, NJ



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### Jersey City Medical Center site plan

**Dn: mjm    1" = 77'    Aug. 79**

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ASSOCIATION  
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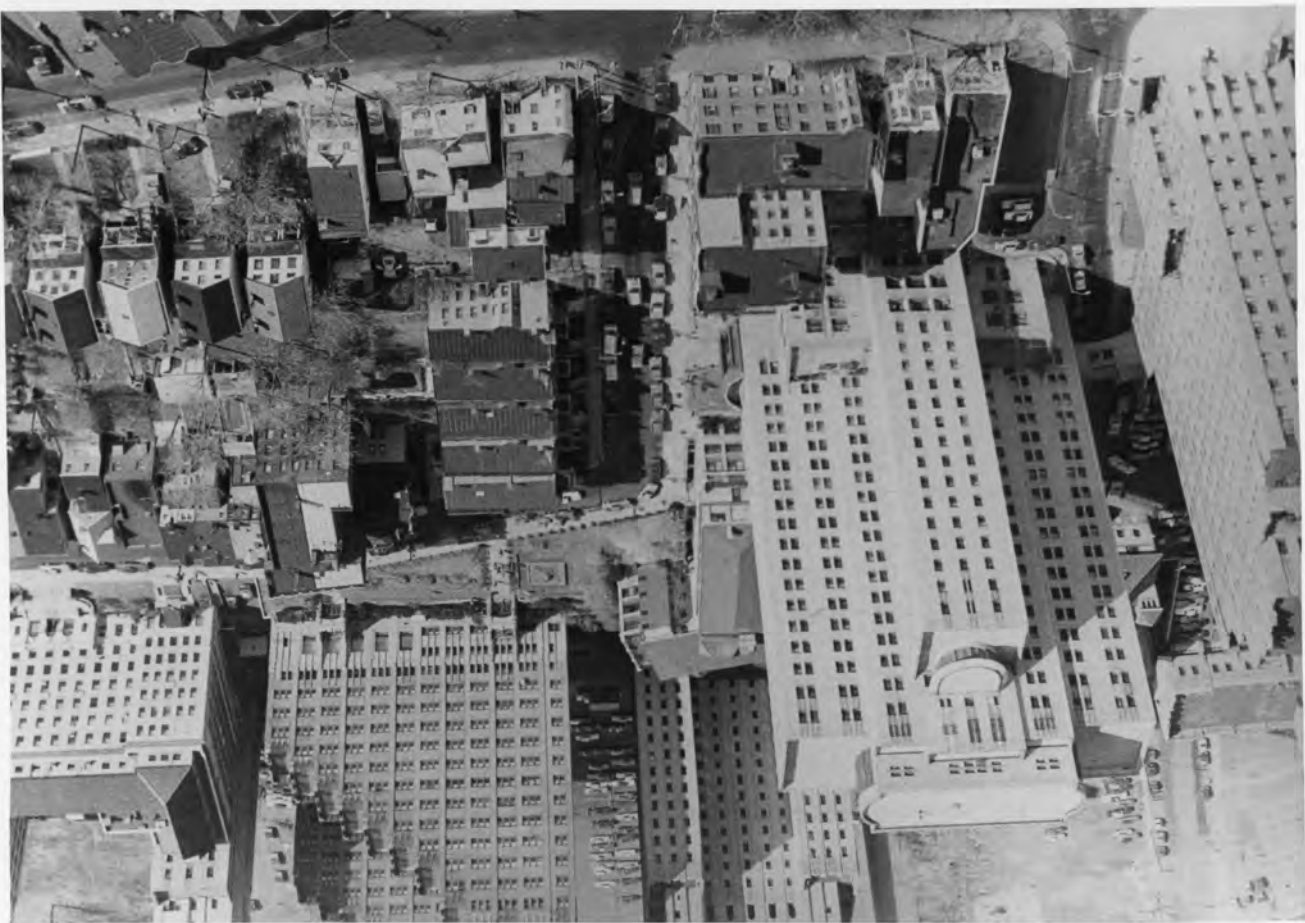
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HEALTH CENTER →









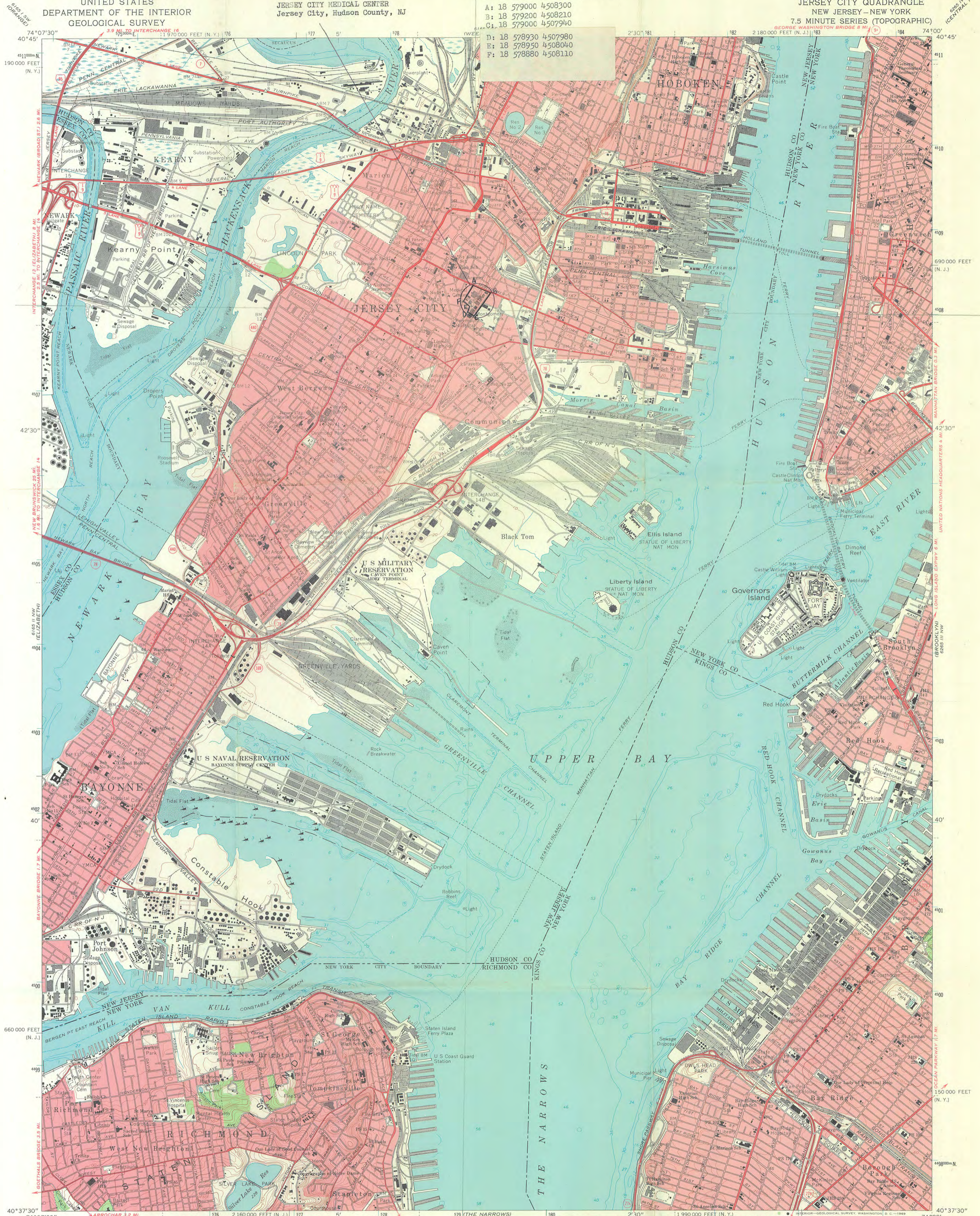




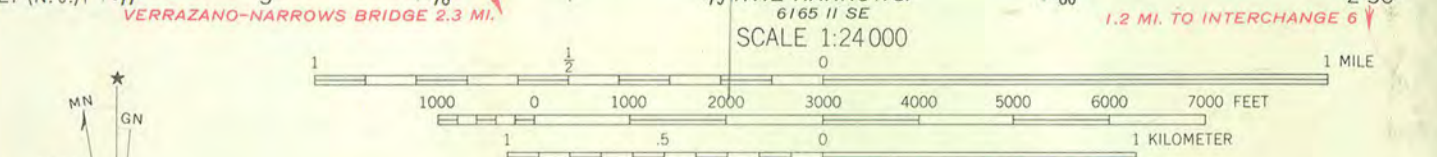




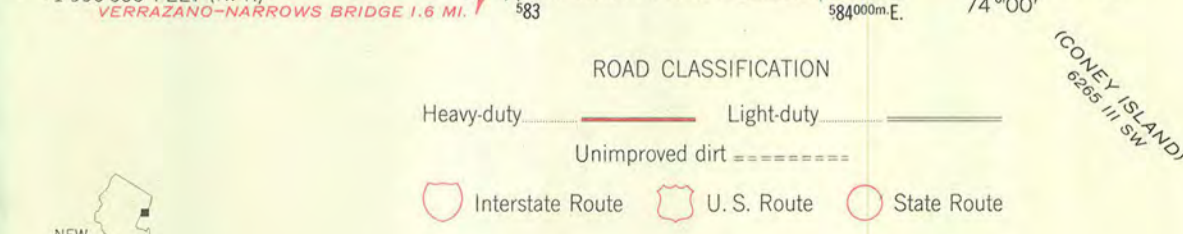




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Revised in cooperation with New York Department of Transportation  
Control by USGS, USC&GS, USCE, New Jersey Geodetic Survey, and  
City of New York Board of Estimate and Apportionment  
Planimetry by photogrammetric methods and from USC&GS  
Charts T-5111, T-5277, T-5332, T-5450, T-5453, T-5454,  
T-5460, T-5461, T-5466, T-5468, T-5469, and T-5470  
Topography by photogrammetric methods from aerial  
photographs taken 1954 and planetarium surveys 1955  
Revised from aerial photographs taken 1966. Field checked 1967  
Selected hydrographic data compiled from USC&GS Charts 285, 287, 541,  
and 745 (1966). This information is not intended for navigational purposes  
Polyconic projection. 1927 North American datum. 10,000-foot grids based on  
New Jersey coordinate system, and New York coordinate system, Long Island zone  
1000-meter Universal Transverse Mercator grid ticks, zone 18, shown in blue  
Red tint indicates areas in which only landmark buildings are shown



CONTOUR INTERVAL 10 FEET  
DATUM IS MEAN SEA LEVEL  
DEPTH CURVES AND SOUNDINGS IN FEET—DATUM IS MEAN LOW WATER  
SHORELINE SHOWN REPRESENTS THE APPROXIMATE LINE OF MEAN HIGH WATER  
THE MEAN RANGE OF TIDE IS APPROXIMATELY 4.4 FEET IN  
UPPER BAY AND 4.8 FEET IN NEWARK BAY



ROAD CLASSIFICATION  
Heavy-duty ——— Light-duty ———  
Unimproved dirt - - - - -  
Interstate Route U.S. Route State Route

JERSEY CITY, N. J. - N. Y.  
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1967  
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# National Register of Historic Places

## Note to the record

Additional Documentation: 2013

United States Department of the Interior  
National Park Service

# National Register of Historic Places Continuation Sheet

Jersey City Medical Center (Boundary Increase  
and Additional Documentation)  
Hudson County, NJ

Section number 7 Page 1

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## Introduction

The Jersey City Medical Center complex was listed on the National Register of Historic Places on November 27, 1985. The purpose of this Boundary Increase and additional documentation is *both*: (1) to correct the verbal boundary description of the former Jersey City Medical Center (now a residential complex known as "The Beacon"), which does not precisely correspond to the boundaries historically associated with the Medical Center; and (2) to introduce a new line of convenience that replaces the former southern boundary and adds approximately 0.43 acres to the district in that location.

## Description of the Boundary Increase

The southernmost building of the Medical Center, the (former) Margaret Hague Maternity Hospital has an irregular footprint and on its southerly side juts out several feet, extending into the present Lot 23 of Block 1915 of the Jersey City tax map, a roughly L-shaped lot that both extends along the entire southwesterly side of the (former) Margaret Hague Maternity Hospital and extends to the corner of Cornelison Avenue. The remainder of Lot 23 is a gravel-covered, surface parking lot. It is an irregularly-shaped lot running along Cornelison Avenue from the Margaret Hague Maternity Hospital to the corner of Fairmount Avenue. The western boundary line of Lot 23 is irregular, as shown on the site map. The lot encompasses a steep incline as it is situated at the base of the Palisade cliff near its southernmost end. A chain-link fence surrounds the property and there is a small wooden guard booth at the gate. The lot is further surrounded by a sidewalk with curbs and a curb cut for the driveway of the lot.

The Boundary Increase adds no contributing or non-contributing resources to the property. The southerly end of Lot 23 was formerly occupied by late 19<sup>th</sup>-century residences subsequently demolished, and no archaeological resources have been identified on the property.



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There are no changes to the existing Significance Statement.

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## National Register of Historic Places Continuation Sheet

Jersey City Medical Center (Boundary Increase  
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### Changes to the Acreage:

Change the existing acreage figure within the 1985 boundaries to approximately **13.32** acres.

The acreage figure of the Boundary Increase is approximately **0.43** acres.

The total acreage of the Medical Center property, including the Boundary Increase, thus approximates **13.75** acres.

### Changes to the Verbal Boundary Description

The property of the Jersey City Medical Center is more particularly shown on a survey prepared in 2007 and that accompanies this document. Delete the existing verbal boundary description and substitute the following text, which both combines and distinguishes between the 1985 boundary and the current boundary increase:

The Jersey City Medical Center property is situated in Jersey City, Hudson County, New Jersey, Beginning at the southwesterly curb of Baldwin Avenue and Montgomery Street, and thence extends southeastwardly along Montgomery Street to the northerly curb of Cornelison Street. It thence extends southwardly along Cornelison Street to the most southerly corner of Block 1915, Lot 24, and then continues still along Cornelison Street approximately 105 feet to a point identified on the site map as the corner of a "Lot line to be removed," which historically was the southern end of the Medical Center property and the limit of the 1985 boundary. From this point, the Boundary Increase extends still along Cornelison Street to the northeasterly curb of Fairmont Avenue. It continues westwardly along the curb of Fairmont Avenue to the southwesterly corner of Lot 23. It thence extends northeastwardly for several courses along the northwesterly side of Lot 23 (see the site map) to a point in the aforementioned "Lot line to be removed," which represents the limit of the Boundary Increase and the continuation of the 1985 boundary. That boundary thence proceeds further along the lines of Lot 23 until it reaches the easterly curb of Clifton Place. It thence extends northeastwardly, northwardly, and northwestwardly along Clifton Place to the most westerly corner of Block 1899, Lot 34 (on which Building M—"Murdoch Hall" stands). It thence proceeds along the northwesterly line of Lot 34 to the southeasterly corner of Block 1899, Lot 22. It thence proceeds northwestwardly along the line of Lot 22 to the easterly curb of Baldwin Avenue. It thence proceeds northeastwardly along Baldwin Avenue to the point of beginning.

### Boundary Justification (Explain why the boundaries were selected.)


The above boundary description is true to the intent of the 1985 nomination to list the entirety of the Jersey City Medical Center property, and it amends the description of the southern boundary to add 0.42 acres, representing the southern half of the property recently renumbered Lot 23. The Medical Center land historically included a portion of Lot 23, but for reasons of convenience, the above description also includes the remainder of Lot 23 as a boundary increase over and above the properly-understood 1985 boundaries.



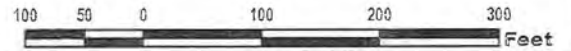
**Jersey City Medical Center**  
Hudson County, Jersey City, NJ

**JCMC Boundary**

 NR/NJR Listed 1985 (13.32 Acres)

 Proposed boundary increase (0.43 Acres)

Lat: 40.7197812 / Lon: -74.0650252

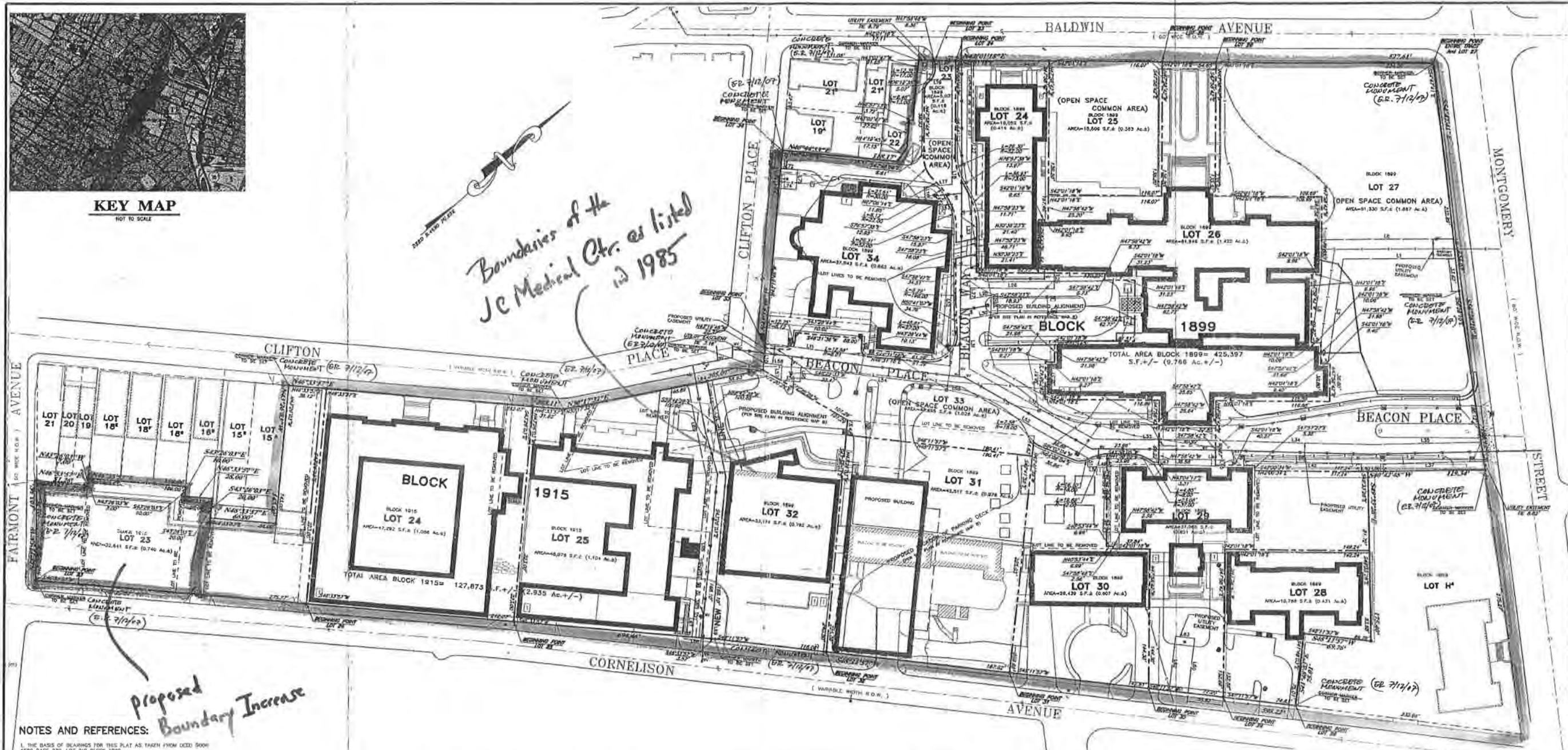


Drawn: NJHPO, 5/15/13



**KEY MAP**  
NOT TO SCALE

*Boundaries of the  
JC Medical Ctr. as listed  
in 1985*



*Proposed  
Boundary Increase*

**NOTES AND REFERENCES:**

1. THE BASIS OF BEARINGS FOR THIS PLAN AS TAKEN FROM USGS 5000 METER GRID 22E, LOT 218 BECOM 1970.
2. ALL THE DIMENSIONS TO NEW LOTS SHOWN HEREON ARE PERPENDICULAR DISTANCES TO RIGHT OF WAY LINES.
3. ALL NEW LOT LINES SHOWN HEREON ARE GENERALLY A MINIMUM OF 2 FEET AWAY FROM THE BUILDING FACE AT THE MOST OUTER POINT AND AS SHOWN AT 30' MINIMUM LEVEL.
4. CAUTION: IF THIS DOCUMENT DOES NOT CONTAIN THE BASED IMPRESSION SEAL OF THE PROFESSIONAL, IT IS NOT AN AUTHORIZED ORIGINAL DOCUMENT AND MAY HAVE BEEN ALTERED.
5. THE MONUMENTS SHOWN ON THIS MAP SHALL BE SET WITHIN AN APPROPRIATE TIME LIMIT AS PROVIDED FOR IN THE "MUNICIPAL LAND USE LAW", P.L.1975, C.291(C.40-50-1 et seq) OR LOCAL ORDINANCE OUTSIDE THE CITY BOUNDARIES TO BE SET IN ACCORDANCE WITH A BOUNDARY SURVEY PREPARED BY SURVEY CONSULTANTS AND AS SHOWN THEREON.
6. REFERENCED MAPS AND RECORDS:
  - A. MAP ENTITLED "TOPOGRAPHIC SURVEY PREPARED MEDIA CONSULTANTS, DATED 11-28-03 AND LAST REVISED 02-03-05.
  - B. "SITE PLAN" PREPARED BY BOWLER ENGINEERING, P.C., 775 MOUNTAIN BOULEVARD, WHITING, NEW JERSEY, 07085.
  - C. MAP ENTITLED "JERSEY CITY MEDICAL CENTER EXISTING SITE PLAN" DATED APRIL - MAY, 1978, PREPARED BY LANDE LAND SURVEYING & CONSTRUCTION, LANDE, HORMAN & F. LANDE, LAND SURVEYOR NEW JERSEY LIC. NO. 16582.
  - D. MAP ENTITLED "PAVING TOPOGRAPHIC SURVEY OF JERSEY CITY MEDICAL CENTER, JERSEY CITY, HUDSON COUNTY, N.J." DATED APRIL 26, 1984, PREPARED BY LEVINSON ENGINEERING ASSOCIATES, INC., VINCENT SCHULTE, LICENSED SURVEYOR NEW JERSEY LIC. NO. 7071.
  - E. MAP ENTITLED "OFFICIAL ASSESSMENT MAP OF JERSEY CITY," DATED 1994, PREPARED BY L.O. FOLLER.
  - F. "MAP OF PROPERTY BELONGING TO H.B. BRAHMAH" DATED MARCH 23, 1852, PREPARED BY CLERK AND BAGOT, CITY SURVEYORS.
  - G. CURRENT TAX MAP CITY OF JERSEY CITY, SHEETS 1007 AND 1107.

**OWNER:**  
THE UNDERSIGNED BEING THE OWNERS OF THE PROPERTIES SHOWN HEREON CONSENT TO THE SUBMISSION OF SAID PROPERTY AND TO THE FILING OF THIS MAP IN THE COUNTY CLERK'S OFFICE.

*[Signature]*  
DATE: 7/17/07

**APPLICANT:**  
THE UNDERSIGNED BEING THE APPLICANT OF THE PROPERTY SHOWN HEREON CONSENT TO THE SUBMISSION OF SAID PROPERTY AND TO THE FILING OF THIS MAP IN THE COUNTY CLERK'S OFFICE.

*[Signature]*  
DATE: 7-17-07

**MUNICIPAL CLERK:**  
ALL PROPERTY CORNER MARKERS SHOWN ON THIS MAP SHALL BE SET WITHIN AN APPROPRIATE TIME LIMIT AS PROVIDED FOR IN THE "MUNICIPAL LAND USE LAW" P.L.1975, C.291 (C.40-50-1 ET SEQ) OR LOCAL ORDINANCE.  
I CERTIFY THAT A MONUMENT HAS BEEN GIVEN TO THE MUNICIPALITY, GUARANTEEING THE FUTURE SETTING OF THE MONUMENTS AS REQUIRED AND SHOWN ON THIS MAP.

**TAX ASSESSOR:**  
I HEREBY CERTIFY THAT THE NUMBERS ASSIGNED TO BLOCKS AND LOTS SHOWN ON THIS MAP HAVE BEEN APPROVED BY ME.

*[Signature]*  
DATE: 7/17/07

**ENGINEERS CERTIFICATE:**  
I HAVE CAREFULLY EXAMINED THIS MAP AND TO THE BEST OF MY KNOWLEDGE AND BELIEF FIND THAT IT CONFORMS WITH THE PROVISIONS OF "THE MAP FILING LAW" RESOLUTION OF APPROVAL AND THE MUNICIPAL ORDINANCES AND REQUIREMENTS APPLICABLE THEREON.

*[Signature]*  
DATE: 7-17-07

**PLANNING BOARD:**  
THIS MAP WAS APPROVED BY THE CITY OF JERSEY CITY PLANNING BOARD, ALL A MEETING HELD ON MAY 22, 2007.

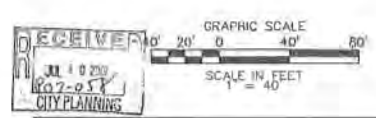
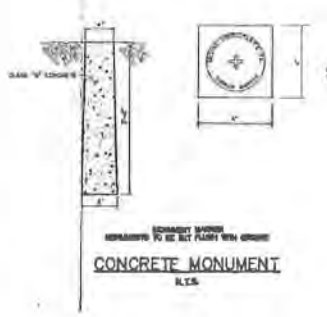
*[Signature]*  
DATE: 7-17-07

**PLANNING BOARD SECRETARY:**  
I CERTIFY THAT A MONUMENT HAS BEEN GIVEN TO THE MUNICIPALITY, GUARANTEEING THE FUTURE SETTING OF THE MONUMENTS AS REQUIRED AND SHOWN ON THIS MAP.

NEW LOTS & AREAS	
LOT NUMBER	LOT AREA
23	5,031 S.F. ± (0.116 Ac. ±)
24	18,052 S.F. ± (0.414 Ac. ±)
25	15,809 S.F. ± (0.363 Ac. ±)
26	61,949 S.F. ± (1.422 Ac. ±)
27	81,330 S.F. ± (1.867 Ac. ±)
28	18,766 S.F. ± (0.431 Ac. ±)
29	37,065 S.F. ± (0.851 Ac. ±)
30	28,439 S.F. ± (0.607 Ac. ±)
31	42,517 S.F. ± (0.978 Ac. ±)
32	33,174 S.F. ± (0.762 Ac. ±)
33	44,695 S.F. ± (1.026 Ac. ±)
34	37,543 S.F. ± (0.862 Ac. ±)
23	32,641 S.F. ± (0.749 Ac. ±)
24	47,292 S.F. ± (1.086 Ac. ±)
25	48,076 S.F. ± (1.104 Ac. ±)

LINE	LENGTH	BEARING
1-2	105.65	S 82° 31' 11" W
2-3	108.63	S 32° 41' 18" W
3-4	7.11	S 42° 29' 38" W
4-5	12.68	S 82° 28' 42" W
5-6	30.45	S 43° 01' 18" W
6-7	20.67	S 22° 34' 14" W
7-8	25.58	S 65° 28' 42" W
8-9	135.58	S 41° 31' 17" W
9-10	23.11	S 45° 37' 41" W
10-11	20.31	S 43° 18' 45" W
11-12	193.15	S 85° 31' 09" W
12-13	105.87	S 28° 30' 37" W
13-14	14.84	S 28° 31' 26" W
14-15	5.83	S 43° 28' 21" W
15-16	11.67	S 22° 32' 11" W
16-17	12.30	S 65° 28' 42" W
17-18	19.58	S 36° 24' 58" W
18-19	106.41	S 45° 12' 26" W
19-20	25.42	S 41° 34' 07" W
20-21	18.51	S 44° 50' 53" W
21-22	45.53	S 62° 01' 17" W
22-23	181.15	S 46° 22' 28" W
23-24	60.93	S 47° 26' 37" W
24-25	18.73	S 62° 20' 16" W
25-26	20.69	S 47° 50' 42" E
26-27	84.78	S 42° 02' 18" W
27-28	11.53	S 47° 28' 07" W
28-29	28.15	S 30° 31' 15" W
29-30	20.37	S 48° 01' 07" W
30-31	28.79	S 40° 21' 13" W
31-32	31.34	S 41° 28' 47" E
32-33	148.18	S 71° 33' 44" E
33-34	70.18	S 71° 33' 44" E

1-20	7.66	S 47° 42' 27" W
20-21	11.32	S 46° 42' 48" W
21-22	7.90	S 42° 02' 24" W
22-23	7.83	S 67° 43' 00" W
23-24	121.83	S 43° 08' 50" W
24-25	8.46	S 48° 32' 23" W
25-26	20.50	S 47° 46' 29" W
26-27	7.35	S 65° 37' 45" W
27-28	23.37	S 43° 08' 20" W
28-29	88.31	S 43° 08' 20" W
29-30	8.81	S 40° 02' 58" W
30-31	23.37	S 43° 08' 20" W
31-32	8.81	S 43° 08' 20" W
32-33	8.81	S 43° 08' 20" W
33-34	8.81	S 43° 08' 20" W
34-35	8.81	S 43° 08' 20" W
35-36	8.81	S 43° 08' 20" W
36-37	8.81	S 43° 08' 20" W
37-38	8.81	S 43° 08' 20" W
38-39	8.81	S 43° 08' 20" W
39-40	8.81	S 43° 08' 20" W
40-41	8.81	S 43° 08' 20" W
41-42	8.81	S 43° 08' 20" W
42-43	8.81	S 43° 08' 20" W
43-44	8.81	S 43° 08' 20" W
44-45	8.81	S 43° 08' 20" W
45-46	8.81	S 43° 08' 20" W
46-47	8.81	S 43° 08' 20" W
47-48	8.81	S 43° 08' 20" W
48-49	8.81	S 43° 08' 20" W
49-50	8.81	S 43° 08' 20" W
50-51	8.81	S 43° 08' 20" W
51-52	8.81	S 43° 08' 20" W
52-53	8.81	S 43° 08' 20" W
53-54	8.81	S 43° 08' 20" W
54-55	8.81	S 43° 08' 20" W
55-56	8.81	S 43° 08' 20" W
56-57	8.81	S 43° 08' 20" W
57-58	8.81	S 43° 08' 20" W
58-59	8.81	S 43° 08' 20" W
59-60	8.81	S 43° 08' 20" W
60-61	8.81	S 43° 08' 20" W
61-62	8.81	S 43° 08' 20" W
62-63	8.81	S 43° 08' 20" W
63-64	8.81	S 43° 08' 20" W
64-65	8.81	S 43° 08' 20" W
65-66	8.81	S 43° 08' 20" W
66-67	8.81	S 43° 08' 20" W
67-68	8.81	S 43° 08' 20" W
68-69	8.81	S 43° 08' 20" W
69-70	8.81	S 43° 08' 20" W
70-71	8.81	S 43° 08' 20" W



RECEIVED JUL 18 2007 10:27-057 CITY PLANNING

UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES  
EVALUATION/RETURN SHEET

REQUESTED ACTION: ADDITIONAL DOCUMENTATION

PROPERTY NAME: Jersey City Medical Center

MULTIPLE NAME:

STATE & COUNTY: NEW JERSEY, Hudson

DATE RECEIVED: 11/08/13      DATE OF PENDING LIST:  
DATE OF 16TH DAY:                      DATE OF 45TH DAY: 12/25/13  
DATE OF WEEKLY LIST:

REFERENCE NUMBER: 85003057

NOMINATOR: STATE

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: N SAMPLE: N SLR DRAFT: N NATIONAL: N

COMMENT WAIVER: N

ACCEPT     RETURN     REJECT    12-24-13 DATE

ABSTRACT/SUMMARY COMMENTS:

**Additional Documentation Approved**

RECOM./CRITERIA \_\_\_\_\_

REVIEWER \_\_\_\_\_ 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.

National Register of Historic Places  
Memo to File

# Correspondence

The Correspondence consists of communications from (and possibly to) the nominating authority, notes from the staff of the National Register of Historic Places, and/or other material the National Register of Historic Places received associated with the property.

Correspondence may also include information from other sources, drafts of the nomination, letters of support or objection, memorandums, and ephemera which document the efforts to recognize the property.

NATIONAL REGISTER OF HISTORIC PLACES  
EVALUATION/RETURN SHEET

Jersey City Medical Center  
Hudson County  
NEW JERSEY

~~Substantive Review~~

Working No. MAR 29 1985  
Fed. Reg. Date: \_\_\_\_\_  
Date Due: 4-25-85 / 5-13-85  
Action:  ACCEPT  
 RETURN 5-6-85  
 REJECT \_\_\_\_\_  
Federal Agency: \_\_\_\_\_

- resubmission
- nomination by person or local government
- owner objection
- appeal

Substantive Review:  sample  request  appeal  NR decision

Reviewer's comments:

*THIS NOMINATION WAS SUBSTANTIVELY REVIEWED BECAUSE A MAJORITY OF THE BUILDINGS ARE LESS THAN 50 YEARS OF AGE. SEE COMMENTS ATTACHED AND BELOW.*

Recom./Criteria RETURN  
Reviewer MR DALVA  
Discipline ARCHITECTURAL HISTORY  
Date 5-6-85  
\_\_\_\_\_ see continuation sheet

Nomination returned for:  technical corrections cited below  
 substantive reasons discussed below

1. Name

2. Location

3. Classification

Category	Ownership	Status	Present Use
	Public Acquisition	Accessible	

4. Owner of Property

5. Location of Legal Description

Representation in Existing Surveys

Has this property been determined eligible?

yes  no *THIS SHOULD ONLY BE CHECKED IF THERE HAS BEEN A FORMAL DETERMINATION OF ELIGIBILITY BY NPS.*

7. Description

Condition

- excellent
- good
- fair
- deteriorated
- ruins
- unexposed

Check one

- unaltered
- altered

Check one

- original site
- moved date \_\_\_\_\_

Describe the present and original (if known) physical appearance

- summary paragraph
- completeness
- clarity
- alterations/integrity
- dates
- boundary selection

**8. Significance**

Period \_\_\_\_\_ Areas of Significance—Check and justify below

Specific dates \_\_\_\_\_ Builder/Architect \_\_\_\_\_  
Statement of Significance *(in one paragraph)*

- summary paragraph
- completeness
- clarity
- applicable criteria
- justification of areas checked
- relating significance to the resource
- context
- relationship of integrity to significance
- justification of exception — *LESS THAN 50 . SEE ATTACHED .*
- other

**9. Major Bibliographical References**

**10. Geographical Data**

Acreage of nominated property \_\_\_\_\_

Quadrangle name \_\_\_\_\_

UTM References \_\_\_\_\_

Verbal boundary description and justification \_\_\_\_\_

**11. Form Prepared By**

**12. State Historic Preservation Officer Certification**

The evaluated significance of this property within the state is:

\_\_\_\_\_ national \_\_\_\_\_ state \_\_\_\_\_ local

State Historic Preservation Officer signature \_\_\_\_\_

title \_\_\_\_\_ date \_\_\_\_\_

**13. Other**

- Maps
- Photographs *PHOTO GRAPS ARE NOT ALL CONSISTENTLY LABELED ACCORDING TO NPS REQUIREMENTS .*
- Other

Questions concerning this nomination may be directed to *BRUCE MAC DOUGAL*

Signed *Bruce Mac Dougal* Date *5/6/85* Phone: *393-9536*



14235, NOM, 5/6/85

Review Comments  
Jersey City Medical Center

Significance: Because over one half of the buildings which comprise the medical complex were not completed before 1935, the Criterion Consideration regarding properties whose significance is less than 50 years old applies to the evaluation of significance of the property. Only the first of the three major periods of construction was completed by 1933. The second period of construction began in 1934 and ended in 1938. The third period began in 1938 and lasted until 1941. The stated significance of the property under either the areas of architecture, politics/government and social humanitarian does not address the exceptional importance up through 1941 as required by the criteria.

Please ammend the statement of significance to demonstrate exceptional significance under at least of of the themes which relate to the property. In making this analysis, it may be important to clarify which portions of the "medical center" were constructed as initially invisioned by Mayor Frank Hague in the late 1920s and early 1930s as opposed to those designed after this period. The nomination as written is not clear about the the evolution of the planning and design of the complex over the two decades during which it was constructed.

If it is not possible to demonstrate exceptional significance for the entire complex up to 1941, please re-evaluate contributing and non contributing buildings

85003057

NATIONAL REGISTER OF HISTORIC PLACES  
EVALUATION/RETURN SHEET

Substantive Review

Jersey City Medical Center  
Hudson County  
NEW JERSEY

Working No. 3/29/85  
Fed. Reg. Date: 2/3/87  
Date Due: 9/28/85  
Action:  ACCEPT 11-27-85  
 RETURN  
 REJECT  
Federal Agency: \_\_\_\_\_

- resubmission
- nomination by person or local government
- owner objection
- appeal

Substantive Review:  sample  request  appeal  NR decision

Reviewer's comments:

AFTER DISCUSSION WITH C. SHULL, THE DECISION WAS REACHED THAT ALTHOUGH THE PROPERTY'S ELIGIBILITY HAD BEEN DETERMINED, THE NOMINATION FAILS TO MAKE AN ADEQUATE CASE FOR SIGNIFICANCE UNDER

Recom./Criteria RETURN  
Reviewer Mac DUBUC  
Discipline ARCHITECTURAL HISTORY  
Date 9/29/85  
see continuation sheet

(SEE BELOW)

Nomination returned for:  technical corrections cited below NATIONAL REGISTER CRITERIA FOR EVALUATION.  
 substantive reasons discussed below SEE COMMENTS.

1. Name AFTER CAREFUL RECONSIDERATION OF THE ORIGINAL NOMINATION, THE DETERMINATION
2. Location OF ELIGIBILITY DOCUMENTATION AND THE STATE'S AUGUST 1, 1985 LETTER, THE
3. Classification DECISION WAS REACHED, THAT ALTHOUGH THERE ARE PORTIONS OF THE NOMINATION  
Category WHICH COULD BE CLEARER, AN ADEQUATE CASE FOR EXCEPTIONAL SIGNIFICANCE  
Ownership Status Present Use  
Public Acquisition Accessible
4. Owner of Property UNDER NATIONAL REGISTER CRITERIA HAS BEEN MADE. IT IS SIGNIFICANT  
FOR ASSOCIATION WITH Mayor FRANK HUGHES, A MAJOR POLITICAL
5. Location of Legal Description FIGURE OF HIS DAY, FOR THE ROLE THAT THE MEDICAL CENTER PLAYED  
DOMINANT
6. Representation in Existing Surveys IN MEDICINE IN JERSEY CITY, AND AS THE MAJOR COMPLEX OF  
Has this property been determined eligible?  yes  no ITS TYPE IN NEW JERSEY.

7. Description

Condition

<input type="checkbox"/> excellent	<input type="checkbox"/> deteriorated	Check one	<input type="checkbox"/> original site
<input type="checkbox"/> good	<input type="checkbox"/> ruins	<input type="checkbox"/> unaltered	<input type="checkbox"/> moved
<input type="checkbox"/> fair	<input type="checkbox"/> unexposed	<input type="checkbox"/> altered	date <u>11/26/85</u>

Describe the present and original (if known) physical appearance

- summary paragraph
- completeness
- clarity
- alterations/integrity
- dates
- boundary selection

**8. Significance**

Period \_\_\_\_\_ Areas of Significance—Check and justify below

Specific dates \_\_\_\_\_ Builder/Architect \_\_\_\_\_

Statement of Significance (*in one paragraph*)

- summary paragraph
- completeness
- clarity
- applicable criteria
- justification of areas checked
- relating significance to the resource
- context
- relationship of integrity to significance
- justification of exception
- other

**9. Major Bibliographical References**

**10. Geographical Data**

Acreage of nominated property \_\_\_\_\_

Quadrangle name \_\_\_\_\_

UTM References \_\_\_\_\_

Verbal boundary description and justification \_\_\_\_\_

**11. Form Prepared By**

**12. State Historic Preservation Officer Certification**

The evaluated significance of this property within the state is:

\_\_\_ national    \_\_\_ state    \_\_\_ local

State Historic Preservation Officer signature

title \_\_\_\_\_ date \_\_\_\_\_

**13. Other**

- Maps
- Photographs
- Other

Questions concerning this nomination may be directed to \_\_\_\_\_

*Bruce Mac Dougal*

Signed *Bruce Mac Dougal*

Date ~~\_\_\_\_\_~~ *Sept. 29, 1985*

Phone: *243-9540*



UNITED STATES DEPARTMENT OF COMMERCE  
Economic Development Administration  
Washington, D.C. 20540

September 20, 1979

Mr. Charles Herrington  
Acting Keeper of the National Register  
National Register of Historic Places  
Heritage Conservation and Recreation Service  
Washington, D.C. 20240

Dear Mr. Herrington:

The purpose of this letter is to request your opinion as to the eligibility for inclusion in the National Register of Historic Places the Jersey City Medical Center. The State Historic Preservation Officer for New Jersey is of the opinion that the property is eligible for listing in the National Register of Historic Places. The Economic Development Administration concurs in this determination. Exhibit A includes his rationale for the eligibility determination and a cultural resources survey.

If you need further information, please advise by calling me at 377-4208. Your earliest attention to this matter is appreciated.

Respectfully,

Jack D. Price  
Acting Special Assistant  
for the Environment

Enclosure

cc: State Historic Preservation Officer  
Regional Environmentalist

**E.O. 11593**

**DETERMINATION OF ELIGIBILITY NOTIFICATION**  
**National Register of Historic Places**  
**Heritage Conservation and Recreation Service**

---

Name of property: Jersey City Medical Center

Location: Jersey City, Hudson County

State: NJ

Request submitted by: DOC/EDA/Jack D. Price

Date received: 9/24/79

Additional information received: 1

---

**Opinion of the State Historic Preservation Officer:**

Eligible       Not Eligible       No Response

Comments:

**The Secretary of the Interior has determined that this property is:**

Eligible      Applicable criteria: A, B, C       Not Eligible

Comments:

36 CFR Part 63.3  
Determination

\*This property also falls within category G\*

Documentation insufficient

(Please see accompanying sheet explaining additional materials required)

\_\_\_\_\_  
**Keeper of the National Register**

Date: OCT 1979



STATE OF NEW JERSEY  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
OFFICE OF THE COMMISSIONER  
P. O. BOX 1390  
TRENTON, N. J. 08625  
609-292-2885

Mr. Jack Price  
Acting Special Assistant for the Environment  
Economic Development Administration  
U.S. Department of Commerce  
Room 7217  
14th Street and Constitution Avenue  
Washington, D.C. 20236

RE: Hudson County, New Jersey  
Jersey City  
Jersey City Medical Center Parking Garage  
Title I, Public Works Project PW-1  
Economic Development Administration  
U.S. Department of Commerce

Dear Mr. Price:

As Deputy State Historic Preservation Officer for New Jersey, I have reviewed a cultural resources survey report on the designated project prepared by Heritage Studies, Incorporated, of Princeton, New Jersey, September 1979, titled Preliminary Case Report. The Jersey City Medical Center.

In my "Section 106: SHPO Consultation and Comments", issued on 18 July 1979, I gave it as my opinion that the Jersey Medical Center is eligible for entry upon the National Register of Historic Places under Criteria (a) and (c) of 36 C.F.R. Part 60.6. I concur with the report's finding that the Medical Center also meets Criterion (b), association, "with the lives of persons significant in our past". I maintain my opinion, confirmed and reinforced by the documentation presented, that the Medical Center is a significant cultural resource in the categories Architecture, Politics/Government, Social/Humanitarian, in agreement with the report, and additionally, Medicine.

My opinion on Effect and Adverse/No Adverse Effect is also maintained. In this instance the proposed demolition appears to meet the Advisory Council's criterion for "acceptable loss". I agree with the report's findings concerning the nature of the

Mr. Jack Price

-2-

project's adverse impact from demolition (most of the Old Laundry House and Power House), alteration of setting (Ambulance Garage), and introduction of a visual element that will be out of character (Ambulance Garage and additionally other building ringing the interior plaza or court), as set forth at 36 C.F.R. Part 800.3.

As stated in "Additional Comments", I regard archival-quality recording, by photography and narrative description, a satisfactory measure to mitigate several adverse effects. Furthermore, I concur with the report's recommendations that the color and texture of the parking deck be designated to be compatible with the exterior of the Ambulance Garage in particular and the circumjacent buildings in general.

Sincerely,



Betty Wilson  
Deputy State Historic  
Preservation Officer

cc: Mr. John Corrigan, E.D.A., Philadelphia  
Mr. Jordan Tannenbaum, Advisory Council  
Mr. Paul Byrne, Jersey City



DEPARTMENT OF ENVIRONMENTAL PROTECTION

OFFICE OF NEW JERSEY HERITAGE

CN 402

TRENTON, N.J. 08625

(609) 292-2028

March 12, 1985

Ms. Carol Shull  
Chief of Registration  
National Register of Historic Places  
National Park Service  
Department of the Interior  
Washington, D.C. 20240

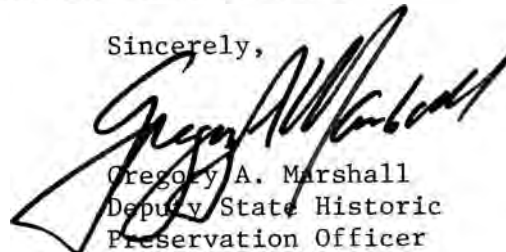
Dear Ms. Shull:

I am pleased to nominate the Jersey City Medical Center, Jersey City, Hudson County, New Jersey to the National Register of Historic Places.

This application has received majority approval from the New Jersey State Review Board. All procedures were followed in accordance with regulations published in the Federal Register. Mayor McCann of Jersey City has requested that the Medical Center be listed as soon as possible.

Should you require any further assistance regarding this application, please feel free to contact Mr. F. Robert Perry, Acting Administrator of the Office of New Jersey Heritage at the above telephone number/address.

Sincerely,



Gregory A. Marshall  
Deputy State Historic  
Preservation Officer

GAM:tt

Rec'd 3/24/85





DEPARTMENT OF ENVIRONMENTAL PROTECTION

OFFICE OF NEW JERSEY HERITAGE

CN 402

TRENTON, N.J. 08625

(609) 292-2028

ONJH-H85-7

August 1, 1985

Ms. Carol Shull, Chief of Registration  
National Register, National Park Service  
Department of Interior  
Washington, D.C. 20240

Dear Ms. Shull:

I am resubmitting the National Register of Historic Places application for the Jersey City Medical Center, Hudson County for further consideration. Jersey City is anxious for the resource to be listed.

The following comments address issues raised in your evaluation/return sheet, but because all of these elements are included in the original submission, the application itself has not been modified.

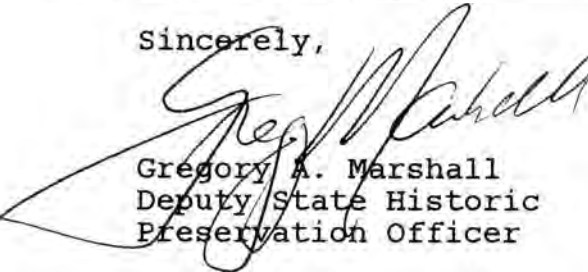
"Reviewers Comments. This nomination was substantially reviewed because a majority of the buildings are less than 50 years of age." In fact, of the 11 buildings described in the nomination seven were begun before 1935. The first paragraph of the description, however, clearly states that the entire medical center was planned by architect John T. Rowland in the late 1920's and executed over 20 years by the same architect and administration.

"Item 6. Representation in existing surveys. This should only be checked if there has been a formal DOE by NPS". A formal DOE was issued by your agency on October 16, 1979. The Federal involvement was U.E. EDA. (A copy of the DOE is attached.) The nomination was based on the information contained in the Cultural Resource Report. Interestingly, the DOE never questioned the historical maturity of the buildings.

"Item 8. Justification of exception - less than 50 [years old]" Even if NJ were to concede that the Jersey City Medical Center is less than 50 years old, the statements in the nomination clearly justify inclusion. As the "largest and most cohesively planned Art Deco complex in NJ" it is

apparent that the resource is of utmost importance to the state's architectural history. Indeed, this is probably the only cluster of large scale Art Deco buildings in N.J. While the nomination shows the buildings are not individually distinctive in a national sense, the rarity of Art Deco in the State clearly establishes the Jersey City Medical Center as a singularly important New Jersey resource.

Sincerely,

A handwritten signature in black ink, appearing to read "Gregory A. Marshall". The signature is fluid and cursive, with a large, sweeping initial "G".

Gregory A. Marshall  
Deputy State Historic  
Preservation Officer

GAM/TK/jo

REQUEST FOR DECISION ON PROPERTIES ACHIEVING SIGNIFICANCE WITHIN THE LAST 50 YEARS

Names of Nominated Properties:

JERSEY CITY MEDICAL CENTER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation:

ACCEPT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Others (see attached): yes \_\_\_ no X

Explanation of recommendation:

- \_\_\_ attached to this sheet
- ✓ attached to individual property evaluation/return sheet
- \_\_\_ attached to MRA/Theme cover evaluation/return sheet

Additional Comments:

THE CONSTRUCTION PERIOD OF THE COMPLEX IS 1934-1941.  
IT ~~IS~~ IS RECOMMENDED THAT THE COMPLEX BE FOUND TO  
BE EXCEPTIONALLY SIGNIFICANT. (PLEASE NOTE  
THAT IT WAS ~~DETERMINED~~ <sup>DETERMINED</sup> ELIGIBLE "01979")

*Of course that the complex is exceptionally significant and merits listing -*

Reviewer: *Max Berg*

Date: *11/26/85*

*Carl D. Shuee*  
*11-26-85*

UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

WASO-11  
Revised (1-85)

ROUTING SLIP

(Indicate routing order by number - strike out office when cleared)

ORG. CODE	OFFICE TITLE	ORG. CODE	OFFICE TITLE
001	DIRECTOR	470	ASSOCIATE DIRECTOR, NATURAL RESOURCES
	ASST. TO THE DIRECTOR	475	Air and Water Quality Division
	ASST. TO THE DIRECTOR (Tourism)	480	Energy, Mining & Minerals Division
	ASST. TO THE DIRECTOR (Park Initiatives)	485	Biological Resources Division*
002	DEPUTY DIRECTOR	498	Special Science Projects Division*
	ASST. TO THE DEPUTY DIRECTOR		
003	ASSISTANT DIRECTOR, OFFICE OF MINORITY BUSINESS ENTERPRISE	500	ASSOCIATE DIRECTOR, PARK OPERATIONS
010	BUREAU EQUAL OPPORTUNITY OFFICER	501	Environmental Sanitation Officer*
022	SPECIAL ASST. POLICY DEVELOPMENT	610	Engineering & Safety Services Division*
040	OFFICE OF PUBLIC AFFAIRS	650	Visitor Services Division
170	LEGISLATIVE AND CONGRESSIONAL AFFAIRS		Interpretation*
180	Legislation		Ranger Activities
190	Congressional Liaison		Special Programs & Populations*
		680	Concessions Division*
200	ASST. DIRECTOR, PERSONNEL & ADMINISTRATIVE SERVICES	760	ASSOCIATE DIRECTOR, PLANNING & DEVELOPMENT
230	Administrative Services Division*	762	Environmental Compliance Division
240	Personnel Division	763	Park Planning & Special Studies Division
260	WASO Personnel	765	Recreation Resources Assistance Division*
280	Training Division*	767	Land Resources Division*
	Albright Training Center	770	Cooperative Activities Division*
	Mather Training Center	773	International Park Affairs *
		775	Recreation Grants Division*
300	ASST. DIRECTOR, FINANCIAL & DATA SYSTEMS		
310	Finance Division*		FIELD OFFICES
330	Budget Division		Air & Water Quality Division (Denver)
350	Information & Data Systems Division*		Energy, Mining & Minerals Div. (Denver)
400	ASSOCIATE DIRECTOR, CULTURAL RESOURCES	1100	Harpers Ferry Center (HFC)
410	ASSISTANT DIRECTOR, CULTURAL RESOURCE MANAGEMENT	1200	Rocky Mountain Region (RMR)
413	Interagency Resources Division*	1600	North Atlantic Region (NAR)
418	History Division*	2000	Denver Service Center (DSC)
420	ASSISTANT DIRECTOR, CULTURAL RESOURCE ASSISTANCE	3000	National Capital Region (NCR)
422	Park Historic Architecture Division*	4000	Mid-Atlantic Region (MAR)
424	Preservation Assistance Division*	5000	Southeast Region (SER)
429	HABS/HAER Division*	6000	Midwest Region (MWR)
430	ASSISTANT DIRECTOR, ARCHEOLOGY	7000	Southwest Region (SWR)
434	Anthropology Division*	8000	Western Region (WR)
436	Archeological Assistance Division*	9000	Pacific Northwest Region (PNWR)
		9700	Alaska Region (AR)
			CENTRAL FILES _____ MAIL ROOM _____

REMARKS:

Less than 50 yr old  
formation. Please have  
jerry act on today!

SIGNATURE

Carol O'Shea

DATE

11-26-85

Logan, 2013 13 0369.7

## FRANK HAGUE AND THE JERSEY CITY MEDICAL CENTER

by

THOMAS J. WHITE, M.D., F.A.C.P.\*

The Jersey City Medical Center developed during the twentieth century in a manner similar to other municipal hospitals. A limited summary of its progress and a reference to Mayor Frank Hague may be of interest in the compilation of New Jersey's medical history.

Let us recall that Dutch settlers established small colonies on the west bank of the Hudson River, opposite New Amsterdam, about 1633. One area, later termed Paulus Hook in pidgin Dutch, became part of the site of Jersey City. About 1808, during an epidemic—possibly of cholera or smallpox—a pest house was built in the Paulus Hook area, and this was later used as a poorhouse. In 1868, the local Board of Aldermen authorized its use as a hospital, and it was renamed the Jersey City Charity Hospital. A sketch of it, neatly fenced in and adjacent to an unpolluted Hudson River, is still available.

In 1882 the hospital was established at its present site atop a hill overlooking lower Jersey City. A photograph shows that it comprised a small, two-story wooden building and an adjacent residence for the warden in charge. Modern hospital buildings replaced this structure in 1907 and 1917. Customarily, the medical director was a physician selected by the current mayor from among practicing physicians of the city. Usually he would be an individual highly regarded by his colleagues, not related to the mayor by marriage or otherwise. No previous administrative experience was required—this was a hospital and he was a competent physician.

During the influenza epidemic of 1918 and subsequent to World War I, the demand for hospital facilities increased but space did not. Patient beds occupied corridors; the walking sick occupied them, that is, the beds and corridors, only at night. During the day, the outlanders congregated in the wards awaiting meals and recognition by the medical staff.

Thus far this summary has been, and may continue to be, a brief and colorless documentation of the growth of the Jersey City Charity Hospital from 1868 to 1920. It has not hinted at the very slow and gradual change in the concept of medical care. During the years 1880 to 1910, a municipal hospital was a place where the sick poor, the bedridden without families or neighbors were sent. If a choice could be made, the patient went to a private hospital, usually a church-affiliated one. The municipal hospital, the successor of the pest-house and poorhouse, was feared and it was widely rumored that the "black bottle" was in use. The bottle apparently was thought to contain a concoction used to end suffering conveniently: possibly the family would have feared it less if a name derived from the Greek had been appended to the label.

\*JERSEY CITY MEDICAL CENTER: Chief of Medical Service, 1938-1955; President of Medical Staff, 1950-1955; Member of Board of Managers, 1960-1969.

Women were delivered at home by midwives. Physicians were available but their \$15.00 fee was not. To have tuberculosis was considered a disgrace to a family, and patients were shielded at home. The father who coughed all night and spat blood had bronchitis, and the knowing neighbor batted not an eye as he was so informed. Children came to be riddled with the disease.

The quality of medical care at the municipal hospitals was very good. The best practitioners served on the staff without fee; there was no shortage of dedicated nurses; and there were no private patients. It was considered a distinction to be part of the staff and a world of professional experience was at hand. The concept that the people's health was the government's responsibility was not part of the American way of life. One paid for what one got, the poor knew, or depended upon the charity of friends and neighbors. Horatio Alger's *Sink or Swim* was a popular book for youngsters.

In an Irish immigrant neighborhood of Jersey City, such as visualized above, Frank Hague was born in 1876 and there he grew up. He did not adjust to grade school and left before graduation to become a manual laborer. After a few years he obtained a job on a low rung of the political ladder. As a court attendant he came in contact with juvenile prisoners; he accompanied convicted youngsters to the State Reformatory and saw them later become hardened criminals. What he witnessed in his youth impressed him throughout life. He possessed great innate talent and a fine mind; he was able to observe clearly what transpired about him, to judge and to take action. He had large vision and great ambition.

In 1913 he became a City Commissioner and in 1917, at the age of 41 years, he became Mayor. The City Hospital and allied facilities were under his jurisdiction and, in 1922, he decided to put into effect his long-dreamed plans concerning health care. He began by sending representatives to the leading hospitals between New York City and Chicago to seek an outstanding hospital administrator.

After two years of persuasion, in 1924 he induced Dr. George V. O'Hanlon to relinquish his post as Medical Director of Bellevue and Allied Hospitals to head the yet-to-be Jersey City Medical Center. During his 15 years at Bellevue and subsequently, Dr. O'Hanlon remained a key figure in the American Hospital Association and an authority on hospital construction and administration. Next to arrive was Miss Jesse Murdoch, R.N., Director of Nurses and of the Nurses' Training School at Post-Graduate Hospital in New York City.

It is an indication of Frank Hague's vision and drive that he succeeded in having two such outstanding persons relinquish their high positions in New York City on his promise to build a medical center in Jersey City which they could run with a free hand. Dr. O'Hanlon was given complete professional control of the Medical Center and of all health facilities in Hudson County. He was solely responsible to Mayor Hague. Dr. O'Hanlon and Miss Murdoch both retained their positions for the following 25 years until Mayor Hague's political defeat in 1949. In their later years, they reaffirmed that Mayor Hague had always fulfilled his promise to them.

Between 1931 and 1938, during the depression years, the present group of 16 to 19 story buildings was erected, largely with Federal funds. President Franklin D. Roosevelt placed the cornerstone for the Medical Building in 1931.

Dr. Samuel Cosgrove became the first Medical Director of the Margaret Hague Maternity Hospital. Under his forceful guidance, it was recognized as one of the outstanding obstetrical hospitals of the world and, more important, achieved a maternal and infant mortality and morbidity rate comparable to the best then available. The Pollack Hospital for Chest Diseases was completed in 1936. Facilities were provided in the Medical Center for private patients, a unique arrangement for a municipal hospital and one which was looked upon as an enlightened innovation by colleagues at Bellevue and other city hospitals.

Residential buildings were provided for house staff and nurses, with inviting living quarters, excellent food and fine recreational facilities at a time when, at municipal and most other hospitals, intern and nurse quarters were in lofts and their meals supplemented by ham and cheese on rye from the nearby delicatessen. Why this extravagance? Mayor Hague felt that if the staff lived comfortably, this would be reflected in its morale and in the care of patients.

Under his direction, 50 years ago, youngsters were no longer booked at police stations for petty crimes. They were evaluated by physicians, psychiatrists and educators at the Medical Center and their family background studied. Constructive decisions were made, and Mayor Hague sometimes sat in on these evaluations. In one instance where an overgrown boy, in a low grade for his age, had become a chronic truant, he suggested that the youngster be taken from school and given a job. He was told that the law required that the lad remain at school until the age of 16 years. Hague indicated his disagreement with this legal technicality. Out of a reference to his remarks during that episode came the widely published, distorted and wholly out-of-context statement — "I am the Law."

The Medical Center offered an excellent quality of medical care. At the summit of its growth, up to 2,000 inpatients could be accommodated; it was staffed by — at a guess — 200 attending physicians, more than 150 interns and residents, and up to a thousand nurses, including those in the training school. Stories concerning Mayor Hague's visits to the hospital by day and night were true. He would be alone; there were no reporters or photographers.

Wherever he traveled throughout the world, he returned with ideas to enhance the hospital's physical appearance. These were transmitted to Dr. O'Hanlon, for whom he had a sincere respect and regard, as he did for the medical profession generally. Knowing his own limitations, this was the man whom he trusted to bring his ideas to reality. Because of Mayor Hague's unfavorable political image, the Jersey City Medical Center never attained its proper recognition. That it could be an institution riddled by political mismanagement and intrigue would be readily accepted and not questioned. That people of the stature of Dr. O'Hanlon, Dr. Cosgrove and Miss Murdoch could continue to function in such an alleged atmosphere was dismissed with a shrug.

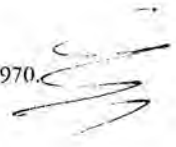
Frank Hague was a professional politician of times now past. Entirely through his own resources, he was a state and national leader in the Democratic Party for many years. He used these same qualities to build a unique institution, and he anticipated the present-day concept of governmental concern for people's health by fifty years or more.

If it were possible to free one's mind from cynicism, from the acceptance of partial truth and to realize that the qualities of a complex personality are neither simply defined nor explained, it might be accepted that Frank Hague did have a sincere desire to change the conditions of medical care he had witnessed during his impoverished youth. In the last months of his life, during a long illness, he mused that most of all, at the end of his political career, he had hoped to be the voluntary head of the Jersey City Medical Center.

He was a one-man organization both in politics and in his supervision of the Jersey City Medical Center. He was a loner, the boss, the top man. His political defeat ended continuity in the hospital's development. There was no second in command. Five mayors have succeeded him in responsibility for the Medical Center. To each it has been a problem financially and in management. The College of Medicine and Dentistry has come and gone since his death in 1956: its history at the Jersey City Medical Center is not relevant to the present summary. This giant medical complex still remains. More than ever before, it is needed and could become the true center for the health care of teeming Hudson County's low income community of half a million people.

But there is no one interested on a Federal, State or local level with the stature of Frank Hague.

Read at the First New Jersey Medical History Symposium, Trenton, October 24, 1970.  
50 Glenwood Avenue, Jersey City, New Jersey 07306.





14235

NOM.

1928-31 - MARGARET HANCOCK MATERNITY HOSPITAL.

~~THE~~ CONSTRUCTION TOOK MORE THAN 1 DOZEN YEARS.

3 PERIODS 1) 1928-31 2) 34-38, 3) 38-41

ONLY ONE NOT BUILT AS PLANNED.

DEMOCRATIC NATIONAL COMMITTEE. CHAIR. -

- WPA. - LARGE SHARE IN N.J. WENT TO CONST.

MORE SPACE THAN NEEDED.

1925 COLUMBIA PRESBYTERIAN MEDICAL CENTER - MOST INFLUENTIAL OF PERIOD.

MEMORANDUM  
OF CALL

Previous editions usable

TO: Beth S or Bruce

YOU WERE CALLED BY-  YOU WERE VISITED BY-

Patrick Lally  
OF (Organization)

PLEASE PHONE ▶  FTS  AUTOVON

325-2765

WILL CALL AGAIN  IS WAITING TO SEE YOU

RETURNED YOUR CALL  WISHES AN APPOINTMENT

MESSAGE:  
Re: Jersey City Medical  
Ctr Complex  
Have DOI received

RECEIVED BY	DATE	TIME
	<u>11/22</u>	<u>12:51</u>

63-110 NSN 7540-00-634-4018 **STANDARD FORM 63** (Rev. 8-81)  
Prescribed by GSA  
GPO : 1984 O - 430-306 FPMR (41 CFR) 101-11.6

early in march

may - returned

Aug. 1 -

I called him back  
on Friday - couldn't  
tell him anything  
specific - I shall  
call him back on  
Monday Am - 1<sup>st</sup> thing

---

told him being returned and  
would need to speak to  
Bruce for substantive  
stuff. BS. 11/25  
10:00AM.

gave him brief explanation of  
my understanding of situation  
He was very nice.

**ROUTING AND TRANSMITTAL SLIP**

Date

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1.		
2.		
3.		
4.		
5.		

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

**REMARKS**

STOP. MINDING  
 LESS THAN 50.  
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 CUP POSSIBLE  
 HEALTH " "  
 (AT LEAST '28 BLDG  
 IS SIGNIFICANT  
 POSSIBILITY. PERHAPS  
 ONE BEFORE IS IMPORTANT  
 -REPLACED.  
 POLITICS. HAVE MADE CASE  
 UNDER "B" ON THAT  
 BASIS ONLY.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
	Phone No.

5041-102

\* U.S.G.P.O. 1963-421-529/320

OPTIONAL FORM 41 (Rev. 7-76)  
 Prescribed by GSA  
 FPMR (41 CFR) 101-11.206

LESS THOUS OF  
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AS BESS IMPORTANT AS NEED.  
SIGN. FOR PLAN.

PLANING  
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POL. SON.

145 TO 60 MONTHS TOO OLD -  
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OF OVER 50

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WAS HE STILL IN OFFICE  
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WHITE ELEPHANT -

POL. GOVT.

EX. UNIVERSITY CITY ST.  
LOUIS -

MINORITY OF BLOGS.  
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NATURE WOVEN  
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**Review Comments**  
Jersey City Medical Center

General Comments: The nomination for the Jersey City Medical Center was returned May 6, 1985 because the nomination form did not adequately demonstrate significance of the property during the full period of construction, which lasted until 1941. Because portions of the property were constructed during a period which was less than 50 years from the time of nomination, the return stated that the nomination needed to specifically address the exceptional significance of resource during the less than 50 year period.

The nomination was returned to the National Register August 14, 1985, with a letter explaining the State's position on the eligibility of the property without making any amendments to the nomination form itself. The letter stated that return did not recognize that property was planned prior to the less than 50 year period and that exceptional significance, for architecture, had been demonstrated by the documentation. The letter also pointed out that fact that the property had received a determination of eligibility in 1979. Although review comments did not acknowledge the earlier determination of eligibility, it is important to note that all nominations must make an adequate case for eligibility and that the standard for nomination documentation is more stringent than for determinations of eligibility. See specific comments below for reasons for the second return of the nomination and information required for resubmission.

Section 6: The determination of eligibility is noted as being verified by National Register records. As How to Complete National Register Nomination Forms indicates (p. 12), the federal agency that requested the determination should have been noted. Please revise the nomination accordingly.

Section 7: The nomination fails to explicitly discuss which of the buildings were completed according to the late 1920's plan. One major deviation from the plan is noted; Murdock Hall was built on the site of what was planned to be the Psychiatric Hospital. An addition to the Margaret Hague and the ambulance garage/morgue were not noted specifically as part of the original plan. It does not appear, therefore, that all of the buildings planned by architect John T. Rowland in the late 1920's were built according to that plan. If a case for significance is to be made for the plan for the hospital, please clarify the period during which the planning activity took place and apply the less than 50 criterion consideration as appropriate in evaluating the contribution of completed components of that plan to the significance of the resource.

Section 8: The letter received August 14, 1985 from the SHPO states that the complex is significant as an important example of

Art Deco style in New Jersey. The nomination, however, does not support exceptional significance of the complex as a prime example of Art Deco architecture. The analysis the features that make the complex significant for its architecture relate more to the plan, massing, setting and scale than to architectural style. The analysis of the style of the complex, however, is provided in the documentation for the determination of eligibility. If the complex meets National Register Criteria for Evaluation as an important example of its style, please revise the statement of significance to include an analysis of the Art Deco stylistic features of the buildings in the appropriate context.



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
NATURAL & HISTORIC RESOURCES

Office of the Assistant Commissioner  
MAIL CODE 501-03A  
PO Box 420  
Trenton, New Jersey 08625  
609-292-3541/ FAX: 609-984-0836

CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

8500 3057

HPO Proj. #12-2055  
Chrono #: 12013-291



September 30, 2013

Paul Loether, Chief  
National Register of Historic Places  
National Park Service  
Department of the Interior  
Washington, D.C. 20240

Dear Mr. Loether:

The enclosed folder contains a true and correct hard copy of the boundary increase and additional documentation for the Jersey City Medical Center in Hudson County, New Jersey.

This additional documentation has received unanimous approval from the New Jersey State Review Board for Historic Sites. All procedures were followed in accordance with regulations published in the Federal Register.

Should you want any further information concerning this application, please feel free to contact Daniel D. Saunders, Administrator, New Jersey Historic Preservation Office, Mail code 501-04B, P.O. Box 420, Trenton, New Jersey 08625-0420, or call him at (609) 633-2397.

Sincerely,

Rich Boornazian  
Deputy State Historic  
Preservation Officer