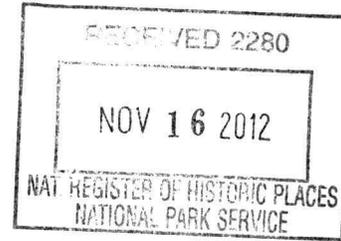


United States Department of the Interior
National Park Service



1123

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form*. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional certification comments, entries, and narrative items on continuation sheets if needed (NPS Form 10-900a).

1. Name of Property

historic name Saint Margaret's Hospital

other names/site number 209-2441

2. Location

street & number 263 South 8th Street / 759 Vermont Avenue

N/A	not for publication
N/A	vicinity

city or town Kansas City

state Kansas code KS county Wyandotte code 209 zip code 66101

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended,

I hereby certify that this nomination request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.

In my opinion, the property meets does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance:

national statewide local

Patricia Johnson DSHPO 11-8-12
Signature of certifying official/Title Date

Kansas State Historical Society
State or Federal agency/bureau or Tribal Government

In my opinion, the property meets does not meet the National Register criteria.

Signature of commenting official Date

Title State or Federal agency/bureau or Tribal Government

4. National Park Service Certification

I hereby certify that this property is:

entered in the National Register determined eligible for the National Register

determined not eligible for the National Register removed from the National Register

other (explain): _____

Jane Edson H. Beall 1.2.13
Signature of the Keeper Date of Action

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5. Classification

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

Category of Property
(Check only one box.)

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

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

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

Contributing	Noncontributing	
1	0	buildings
		district
		site
		structure
		object
1	0	Total

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

Number of contributing resources previously listed in the National Register

N/A

0

6. Function or Use

Historic Functions
(Enter categories from instructions.)

Current Functions
(Enter categories from instructions.)

HEALTH CARE/Hospital

VACANT/NOT IN USE

7. Description

Architectural Classification
(Enter categories from instructions.)

Materials
(Enter categories from instructions.)

MODERN MOVEMENT/Moderne

foundation: Concrete
walls: Brick
roof: Asphalt
other: Limestone

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Narrative Description

(Describe the historic and current physical appearance of the property. Explain contributing and noncontributing resources if necessary. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, setting, size, and significant features.)

Summary Paragraph

Saint Margaret's Hospital at 263 South 8th Street, Kansas City, Wyandotte County, Kansas, sits atop a hill in a residential neighborhood approximately two miles south of the downtown commercial center and about three blocks west of Interstate 70. The concrete building has buff brick walls with limestone and dark brown brick accents. Built in 1954 Saint Margaret's Hospital exhibits Modern Movement architectural treatments, including masonry banding and rectangular massing. A series of connected rectangular wings of variable heights forms the hospital. This building replaced a sprawling hospital complex begun in 1887. The 1954 construction project retained the 1910 front east wing of the old hospital but renovated it extensively to match the new building. The project also retained the 1947 wing at the rear of the complex that once housed the boiler and laundry facilities. The nominated building has wide double-loaded corridors lined with patient rooms and treatment rooms. The complex also includes a Modern chapel with high ceilings and narrow, vertical window openings filled with stained glass. Finishes and fixtures are typical of the period of construction. Saint Margaret's Hospital has experienced minimal alterations. The most notable has been the replacement of historic exterior doors and windows at the main entrance on the north elevation. These changes do not diminish one's understanding the building as a hospital from the era of its construction. It retains integrity of location, setting, design, materials, workmanship, feeling, and association.

Narrative Description

SETTING

The nominated property occupies the north half of the city block, bounded by Vermont Avenue, South Coy Street, Gilmore Avenue, and South 8th Street. It sits atop one of the highest points overlooking the north bank of the Kansas River and is highly visible from the east and south. Immediately across Vermont Avenue is the 1968 Saint Margaret's Student Dormitory. To the west are the 1916 Saint Joseph's Polish Catholic Church, the 1927 Saint Joseph's Catholic School, and the circa 1920 priest's quarters. Beyond these buildings, late nineteenth and early twentieth century working and middle-class vernacular housing dot the surrounding residential neighborhood.

The front façade of Saint Margaret's Hospital is set back approximately 100 feet from Vermont Avenue to accommodate a circle drive and a small grassy courtyard shaded by mature deciduous trees. The grade of the front lawn and drive rises significantly from north to south. A retaining wall between the north entrances to the drive allows for additional parking along Vermont Avenue. Rough-cut stone and concrete retaining walls line the west and south borders of the property to address the change in grade.

EXTERIOR

The front façade faces north onto Vermont Avenue. The blocks at the north end of the complex form a U-shaped plan with a seventeen-bay-wide central block and nearly 70-foot long (front) wings that extend north at the east and west ends of the central block. The east wing was built in 1910 for the earlier hospital and when the 1954 building was constructed, the 1910 wing was renovated inside and out in order to match the façade, fenestration patterns, and finishes of the new building. Two 80-foot (rear) wings extend south from the east and west ends of the south elevation of the center block. A smaller wing extends southward from the southeast corner of the front east wing. The 1947 boiler wing extends south from the southwest corner of the rear east wing. The boiler wing has red brick walls. The tall one-story front west wing contains the hospital chapel. The remaining wings have similar façade ornament and fenestration patterns.

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Buff-colored brick clads the walls of each elevation. Narrow limestone blocks frame horizontal bands that run the length of each façade. Dark brown brick fills the wall area between the windows within the limestone frame, contrasting with the buff-colored field brick. Vertical bands with similar materials identify stairwells. The chapel has tall, narrow two-story windows punched in the buff brick walls on the east and west elevations. The canted concrete roof deck overhangs the top of the wall along the east elevation. Solid limestone panels clad the north elevations of both front wings. A relief carving of Saint Margaret and her hound is featured on the west (chapel) wing. A three-story metal Christian cross is mounted to the limestone on the east wing.

Regular fenestration pierces each elevation. The horizontal bands on the front elevation contain paired one-over-one double-hung wood windows. The other elevations have single and paired windows. The vertical bands have single one-over-one wood windows. Historic wood windows fill the openings. In the first story, east of the entry doors, non-historic aluminum-framed storefront windows fill the wall. Metal-framed stained glass windows fill the vertical window openings in the east and west chapel walls. Multi-light steel windows with pivot sashes fill window openings on the rear (south) elevation at the east end of the main building and in the 1947 wing.

A one-story entrance block projects north from the central block and spans the five easternmost bays. A limestone band frames the block and the recessed door. The main entrance retains its historic aluminum storefront with paired doors, sidelights, and transoms. The interior brick wall extends outward beyond the entrance on the east side of the doors. The rest of the facade has non-historic aluminum storefronts with single doors and large fixed windows. A long horizontal brick-faced planter encloses the patio in front of the entrance.

INTERIOR

The interior of Saint Margaret's Hospital retains its original spatial arrangement and finishes. In keeping with the Modern Movement styling on the exterior, finishes and decorative treatments on the interior are simple and restrained.

The main entry stairs, the lobby, and the information desk remain intact at the front of the building. The entry foyer/stair hall walls feature long, narrow Roman bricks with stacked coursing. Stairs are terrazzo. The historic aluminum-framed glazed door/sidelight/transom assemblies remain at the top and bottom of the stairs. The lobby retains its historic checkerboard terrazzo floor. The information desk lines the west side of the lobby. The historic coffee shop space east of the lobby appears to have newer finishes and some updated partitions.

Centrally located just south of the entry lobby, the main elevator lobby has two elevator cabs. Simple finishes include terrazzo floors with integral base trim, glazed ceramic tile affixed to the wall between the elevator doors, and curved edges to the elevator entry doors. A secondary single elevator is at the west end of the complex, near the chapel. Open nurses stations are strategically located opposite the elevator lobbies on the upper floors. They retain the original counters with smooth plaster finish and terrazzo base trim.

Throughout the complex, the wide double-loaded corridors are intact and retain the characteristic wide doors designed to accommodate gurneys, wheelchairs and other medical equipment. Painted plaster walls are in poor condition with abundant areas of peeling paint and deteriorated or damaged plaster. A non-historic dropped ceiling hangs below the plaster ceiling. The historic terrazzo floors and integral base remain intact.

The east wing (1910) and the rear west wing (1954) have double-loaded corridors lined with narrow rooms. Many of the original patient rooms are intact. Most have built-in metal lockers or closets, a toilet, and a sink. Floors are terrazzo. Ceilings and walls are painted plaster. The only decorative treatment is the marble windowsills. Windows have simple wood casings and plaster returns. The configuration of corridors and rooms, finishes, and windows in the 1910 wing were extensively renovated in 1954 to match the new construction and are indistinguishable from the rest of the building.

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The rooms in the rear center wing (1954) were historically designated as offices, operating rooms, and labor and deliver rooms. Although several rooms have a larger volume of space than the patient rooms found in other wings, the finishes in these rooms were altered when the building became a nursing home and rooms dedicated to medical procedures were no longer necessary. Non-historic wood paneling covers the ceramic tile walls. The kitchen occupies the basement level of the center wing. The large open space has ceramic tile walls and floors and plaster ceilings. The built-in freezers retain their insulated wood doors.

The chapel wing at the northwest corner of the building also has minimal finishes. The two-story space has a balcony spanning the south end. A raised altar platform stands at the north end of the room. Plaster covers the walls and ceiling. Marble covers the altar floor. Composition tile covers the terrazzo floor in some areas of the chapel. Tall, narrow stained glass windows line the east and west walls.

INTEGRITY

Saint Margaret's Hospital retains integrity of location, setting, design, materials, workmanship, feelings of its mid-twentieth century date of construction, and associations with the health care industry in Kansas City, Kansas. Although water infiltration and vandalism have damaged many of the interior wall and ceiling finishes, the terrazzo floors with integral base trim and the polished marble windowsills are in good condition. Despite non-historic dropped ceilings, carpet, and wall coverings in some areas of the building, the interior of Saint Margaret's Hospital retains all of the significant spaces and materials that identify the building as a health care facility designed in the mid-twentieth century. The building's minimal decorative features, massing, and materials continue to convey its original Modern Movement design and its institutional function.

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8. Statement of Significance

Applicable National Register Criteria

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

- A Property is associated with events that have made a significant contribution to the broad patterns of our history.
- B Property is associated with the lives of persons significant in our past.
- C Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- D Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations

(Mark "x" in all the boxes that apply.)

Property is:

- A Owned by a religious institution or used for religious purposes.
- B removed from its original location.
- C a birthplace or grave.
- D a cemetery.
- E a reconstructed building, object, or structure.
- F a commemorative property.
- G less than 50 years old or achieving significance within the past 50 years.

Areas of Significance

(Enter categories from instructions.)

HEALTH CARE

ARCHITECTURE

Period of Significance

1954-1963

Significant Dates

1954

Significant Person

(Complete only if Criterion B is marked above.)

N/A

Cultural Affiliation

N/A

Architect/Builder

Smiley, S.C. (Architect)

Walter Butler Company (Builder)

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Period of Significance (justification)

The period of significance begins in 1954 with the date of construction, also reflecting changes in health care facility design and administration of services. It concludes in 1963 with the fifty-year closing date for periods of significance where activities begun historically continue to have importance but no more-specific date can be defined.

Criteria Considerations (explanation, if necessary)

N/A

Statement of Significance Summary Paragraph (Provide a summary paragraph that includes level of significance and applicable criteria.)

Saint Margaret's Hospital at 263 South 8th Street, Kansas City, Wyandotte County, Kansas, is locally significant under National Register Criterion A for the area of HEALTH CARE and under Criterion C for the area of ARCHITECTURE. The nominated building occupies the property where the first Saint Margaret's Hospital stood from 1887 until 1954, illustrating the long-standing tradition of providing health services on the site. The board of Saint Margaret's Hospital, founded in 1886, constructed the existing building in 1954 to replace their older, out-of-date, sprawling hospital complex. The Sisters of the Poor of Saint Francis managed the private hospital for more than seventy-five years, helping it to grow into one of the largest modern hospitals in the area while providing superior patient care. Under Criterion A, Saint Margaret's Hospital reflects the design changes adopted nationwide following medical advancements made during World War II. It was constructed during a period of extensive hospital improvement projects throughout the country due to the availability of federal funds for hospital construction. Saint Margaret's Hospital, designed by Minneapolis architect S.C. Smiley, continues to convey associations with its historic function and the design aesthetic of the Modern Movement as applied to institutional facilities. Under Criterion C, the building is a highly intact example of institutional architecture designed during the mid-twentieth century. On the exterior of Saint Margaret's Hospital, the rectangular massing, strong horizontal banding, and minimal ornament clearly communicate the Modern Movement design aesthetic. The building's design and materials are characteristic of the period of construction as well as the mid-twentieth century hospital building type. The wide, double-loaded corridors lined with small patient rooms illustrate its historic function while the chapel conveys its religious affiliation.

Narrative Statement of Significance (Provide at least one paragraph for each area of significance.)

CRITERION A - HEALTHCARE

Saint Margaret's Hospital reflects the importance of this institution as one of the city's primary private health care facilities as well as its oldest. The first building, built on the site of the current hospital in 1887, operated for more than three-quarters of a century, with additional wings and outbuildings constructed as needed to fulfill the mission of the institution. As Kansas City grew during the late nineteenth and early twentieth centuries, the number of patients increased. Saint Margaret's Hospital added wings, patient rooms, and treatment rooms until the complex nearly filled the lot. Despite the establishment of four additional private hospitals in Kansas City, Kansas early in the twentieth century, Saint Margaret's maintained a strong presence at the heart of the growing city. Bethany Hospital was established in 1892 as the first Protestant hospital west of St. Louis and south of Omaha. A grand new building was constructed for it in 1911. Douglass Hospital was founded in circa 1899 to serve the African American residents of Kansas City who were denied health care services at other hospitals. The University of Kansas Eleanor Bell Memorial Hospital was established and completed in 1906. The Sisters of Charity of Leavenworth founded Providence Hospital in 1919 as the second Catholic hospital in the city.¹ None of these original historic hospital buildings are extant, except for portions of Providence Hospital, which is no

¹ Perl W. Morgan, editor, "Chapter XXXIII: Hospitals and Medical Schools," *History of Wyandotte County Kansas and Its People*, (Chicago: The Lewis Publishing Company, 1911) 411-416.

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longer in use as such, and the University of Kansas Hospital and Medical School buildings, which are incorporated into a sprawling modern complex at the Kansas-Missouri state line.

By the mid-twentieth century, the original Saint Margaret's Hospital facilities were considered out-of-date and incongruous with the ways in which health care services were administered. The accumulation of wings and additions lacked formal planning and were inefficient for patient care. Large open wards filled with beds gave way to the desire for private and semi-private patient rooms lining wide corridors and centralized nurses' stations on each floor. These changes would have been costly to implement throughout the complex.

Advancements in medical and physical sciences made during World War II, along with the influx of servicemen in need of treatment, translated into an immediate nationwide desire for improved medical facilities.² Advances in weaponry paired with combat operations in foreign territory necessitated improvements in wound care and disease treatment. The military tested surgical procedures and medicines in the field, generating results that supported their adoption in the civilian medical community. Another important advancement that came out of World War II was the use of specialists trained to address a narrow set of issues.³ Increased specialization required spaces designated for such treatments and practices. The federal government passed the Hospital Survey and Construction Act of 1946, known as the Hill-Burton Act, establishing a program to authorize grants and loans for hospital improvement projects. The stringent guidelines accompanying the funds included creating a general plan, implementing high standards for construction, and developing a provision for matching funds at the state and local levels.⁴ Often administered by the State Board of Health, hospitals, clinics, and nursing homes across the country utilized the grants and loans to improve their facilities. The act was originally designed to expire in 1955 but it was renewed until 1969, resulting in 10,240 projects across the country that created 447,000 inpatient beds.⁵

The Kansas State Board of Health, along with delegates from the Kansas Medical Society and Kansas Hospital Association, initiated a survey of the state's 156 hospitals. The survey identified a significant number of hospitals throughout the state in need of improvement as well as a substantial shortage of beds. The statewide plan generated from the survey focused on two base areas, Kansas City and Wichita, where the concentration of hospitals was naturally greater based on the sizes of the cities. Eleven intermediate areas contained at least one general hospital.⁶ By 1950, fifty-nine hospital projects had begun in fifty-two Kansas counties. These included thirty-eight new construction projects and seventeen additions. The majority of these early projects were located in the western half of the state where rural communities were in desperate need of modern healthcare facilities. Many of the projects in the eastern half of the state were still in the planning stages in 1950.⁷ Although the goal was to distribute efforts to avoid overbuilding in some areas while leaving other areas underserved, each of Kansas City's hospitals benefited from the federal funds. Saint Margaret's, Bethany, Providence, and the University of Kansas Medical School all grew in some way with assistance from the federal government.⁸

The decision to build a new Saint Margaret's Hospital was made during an era when municipalities and organizations across the country were building new hospitals to replace outdated ones. The building is an excellent example of this nationwide trend. The hospital chose to remain at the same location within a residential neighborhood and atop the hill

² Thomas N. Bonner, *The Kansas Doctor: A Century of Pioneering*. (Lawrence, KS: University of Kansas Press, 1959) 264-265.

³ Col. Richard V. N. Ginn, *The History of the U.S. Army Medical Services Corps*, (Washington, D.C.: Office of the Surgeon General and Center of Military History, 1997) 169. Available on-line: <http://history.amedd.army.mil/booksdocs/HistoryofUSArmyMSC/msc2.html> (accessed 6 September 2012).

⁴ Schiller Institute, "Hill-Burton Act" 2001. Online article: http://www.schillerinstitute.org/health/hill_burton.html (accessed 23 July 2012).

⁵ Robert E. Toomey and Richard K. Toomey "The role of governing boards in multihospital systems," Montague Brown, ed. *Integrated Health Care Delivery. Theory, Practice, Evaluation, and Prognosis* (Gaithersburg, MD: Aspen Publications, 1996) 233. Online at Google Books: http://books.google.com/books?id=E9bFfb5yp80C&dq=integrated+health+care+delivery&source=gbs_navlinks_s (accessed 23 July 2012).

⁶ Bonner, 265.

⁷ "Federal Assistance for Hospital Construction," *Kansas Governmental Journal*, 36.5, May 1950, 13.

⁸ Bonner, 266.

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overlooking both sides of the state line. The interior configuration and the exterior banding of Saint Margaret's Hospital clearly convey its historic institutional function. The presence of the chapel and the relief carving on the exterior communicate the building's original religious associations and continue to link the building to its long history of providing health care sponsored by a religious organization on this site.

CRITERION C - ARCHITECTURE

Saint Margaret's Hospital is an excellent example of Modern Movement architecture applied to the hospital building type. The lack of applied ornamentation, the smooth wall face, and an overall geometric aesthetic expressed with horizontal and vertical banding characterize the building. Hospital designers of the 1940s and 1950s evaluated and manipulated space and materials in different ways than they had in prior decades. Flexibility and efficiency were the primary goals of these new plans, which were designed to easily accommodate future changes in technology and treatment. Concrete framing and plenums between floors to run ducts, piping, and wiring allowed for greater flexibility of floor plan. Moving interior partitions to provide more space for treatment rooms did not compromise the integrity of the structural system, as they were not load-bearing walls. While heavy masonry and Classical ornament once conveyed the stature and dependability of hospitals, beginning in the late 1940s and early 1950s Modern Movement massing and façade arrangement were used to highlight how new, clean, bright, and up-to-date a facility was. There was a direct association between the modernity of medical facilities and the perceived quality of care provided within. Saint Margaret's Hospital retains all of the physical characteristics that illustrate the Modern Movement design, while the institutional quality of the design clearly identifies the building as a hospital.

SAINT MARGARET'S HOSPITAL PROPERTY HISTORY

As the founding pastor of Saint Mary's parish in Kansas City, Kansas, Father Anton Kuhls established Saint Margaret's Hospital in 1886. When its construction was finished in November of 1887, it was the first hospital in the city. The hospital's location high above the Kansas River provided healthful fresh air and expansive views. With a floorplate of 50 by 100 feet, it cost \$20,000 to erect and could accommodate 50 patients at any one time.⁹ Father Kuhls turned management of the hospital over to the Sisters of the Poor of Saint Francis. The Sisters operated the hospital until Saint Margaret's merged with Providence Hospital and moved to a new facility in 1976.

Saint Margaret's Hospital continued to adapt its facilities to meet the demand for health services in the growing city while maintaining a high standard of care. During its first year of operation, the busy hospital served 545 patients. Two wings were added to the hospital within the first five years, which quadrupled the accommodations to 200 beds. By 1911 a third addition expanded the building to more than 250 beds and the hospital was able to serve approximately 2,400 patients annually. Saint Margaret's had modern surgical facilities with steam-sterilizing appliances and an etherizing room.¹⁰ It was also one of the first hospitals in the Midwest to offer X-ray diagnostic services.¹¹ The University of Kansas Medical School utilized Saint Margaret's Hospital as a clinical training facility in the 1910s when its own clinical facilities were ranked too low to maintain accreditation. Saint Margaret's Hospital accommodated all people, especially those with little or no money. Although it was managed by a Roman Catholic organization, the hospital had no religious or sectarian restrictions on its patients and Protestant ministers were allowed to freely minister to their congregants there.¹²

During the first half of the twentieth century, Kansas City's population expanded, improvements in health care developed, and ideas about adequate patient care evolved, prompting the Sisters to add buildings and additions to accommodate their needs. By 1950 there were nearly 20 different additions and structures on the property. These included a chapel, a

⁹ Morgan, 411.

¹⁰ Morgan, 412.

¹¹ Patricia Schurkamp, "Healing Hands: The History of Hospitals in Wyandotte County," *The Historical Journal of Wyandotte County* (Kansas City, KS: Wyandotte County Historical Society, 2003), 428. Special Collections, Kansas City (Missouri) Public Library.

¹² Morgan.

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boiler building, a laundry building, a greenhouse, storage buildings, and facilities maintenance buildings. An enclosed walkway linked the building sections, and an underground tunnel passed under Vermont Avenue to the nurses' home across the street. An image on a historic post card shows a landscaped rear courtyard with a large stone fountain and glass conservatory.

Although Saint Margaret's Hospital expanded the facility throughout its first six decades of existence, by the mid-twentieth century, medical advances rendered the majority of the complex functionally obsolete. The costs to maintain and adapt the existing facility soon outweighed the cost of building a new structure. In 1953 the old building was demolished and the new building begun. The hospital hired the Walter Butler Company to build the new hospital designed by S. C. Smiley, a Minneapolis architect with previous experience designing health care facilities.¹³ When the new Saint Margaret's Hospital opened, it had twenty-two departments logically organized throughout the building. There were private and semi-private patient rooms, surgical and delivery suites, physical therapy space, a laboratory, and an intensive care unit. The bright, open lobby and adjacent coffee shop welcomed patients and visitors. The nurses stations were placed at the intersection of corridors to provide centralized observation points. Serving kitchens on each floor had dumbwaiters to bring food from the central preparation kitchen in the basement. The attached chapel and convent wing accommodated the religious functions for the Sisters of the Poor of Saint Francis. The amenities and streamlined aesthetic of the new building emphasized the modernity of the hospital.

The pace of advancements in medical technology and treatment and the expenditure of resources needed to keep up with them was difficult for each hospital to maintain on its own. The 1960s began with a trend towards cooperation and merger of hospitals. While the Wyandotte County Medical Society proposed the merger of all four of the city's private hospitals, only Saint Margaret's and Providence Hospitals completed the merger. The two hospitals combined efforts to build a new complex in the western section of the county where the population was spreading. The new building opened in 1976.¹⁴ Saint Joseph Convalescent Home occupied the former Saint Margaret's Hospital from the time Saint Margaret's left until 2001. The building has been vacant since then.

ARCHITECT – SAUL C. SMILEY¹⁵

Saul C. Smiley was born in Minneapolis in February 1918. Upon graduating from the University of Minnesota with a degree in architecture in 1942, Smiley joined the U.S. Navy and served in the Pacific throughout World War II. At the end of the war, Smiley returned to Minneapolis where he worked for three different architecture firms before starting his own practice, S.C. Smiley & Associates in 1950. Throughout his career, Smiley designed multiple clinics and hospitals in Minnesota, particularly in and around Minneapolis. His earliest works include Swatez Clinic (1953) in Minnesota and Grand Rapids Clinic (1954) in Grand Rapids, Michigan. Eveleth Hospital (1960) and Sanford Hospital (1967) were both awarded Modern Hospital of the Month from Modern Hospital Publication. The Minnesota Society of Architects awarded Smiley Honorable Mention for his designs for the Harrison Elementary School (1961) and Rivers Edge Clinic (1965), both in Minneapolis. Saul C. Smiley retired in the late 1990s. Saint Margaret's Hospital was one of Smiley's early designs and exemplifies the Modern Movement aesthetic he employed in many of his healthcare-related works.

CONCLUSION

The Saint Margaret's Hospital was built in 1954 as one of the Kansas City's primary private hospitals. Minneapolis architect S. C. Smiley designed numerous health care facilities in the Midwest, including Saint Margaret's Hospital. The

¹³ S. C. Smiley, architect. "Addition to St. Margaret's Hospital," Building plans (Saint Paul, MN: Walter Butler Company, 1954). Private collection of DB Midwest Properties, LLC.

¹⁴ "Our History" Providence Medical Center website, 2012. <http://www.providence-health.org/pmc/body.cfm?id=24> (accessed 23 July 2012).

¹⁵ Unless otherwise noted, information about Saul C. Smiley comes from the American Institute of Architects. "Smiley, Saul C(harles)." *The AIA Historical Directory of American Architects*. 1956, 1962, 1970, pg. 513, 650, and 847. <http://communities.aia.org/sites/hdoaa/wiki/Wiki%20Pages/1956%20American%20Architects%20Directory.aspx> (accessed 24 July 2012).

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building retains the character-defining features of a hospital designed in the mid-twentieth century for a private institution. It retains integrity of location, setting, design, materials, workmanship, feeling, and association. The building clearly communicates its historic function and the period in which it was constructed. Saint Margaret's Hospital retains all of its Modern Movement architectural features, including horizontal and vertical banding, and low, rectangular massing along with its historic interior configuration. The history of the building and associated property reflect the evolution of health care facilities that respond to advances in medical technology and changes in health services.

9. Major Bibliographical References

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

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http://books.google.com/books?id=E9bFfb5yp80C&dq=integrated+health+care+delivery&source=gbs_navlinks_s. Accessed 23 July 2012.

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Previous documentation on file (NPS):

preliminary determination of individual listing (36 CFR 67 has been requested)
 previously listed in the National Register
 previously determined eligible by the National Register
 designated a National Historic Landmark
 recorded by Historic American Buildings Survey # _____
 recorded by Historic American Engineering Record # _____
 recorded by Historic American Landscape Survey # _____

Primary location of additional data:

State Historic Preservation Office
 Other State agency
 Federal agency
 Local government
 University
 Other
Name of repository: Kansas City (Kansas) Public Library
Kansas City (Missouri) Public Library

Historic Resources Survey Number (if assigned): 103-484

10. Geographical Data

Acreage of Property 2.4 acres
(Do not include previously listed resource acreage.)

UTM References

(Place additional UTM references on a continuation sheet.)

1	<u>15</u>	<u>359128</u>	<u>4328828</u>	3	_____	_____	_____
	Zone	Easting	Northing		Zone	Easting	Northing
2	_____	_____	_____	4	_____	_____	_____
	Zone	Easting	Northing		Zone	Easting	Northing

Verbal Boundary Description (Describe the boundaries of the property.)

The property includes Railroad Addition, Block 1 Lots 21 to 23, 5FT vacated street on west and 30FT vacated street on north; also begin 655.25FT north and 360.38FT east of southwest corner of NW1/4; north 297.56FT, east 270.38FT, south 297.56FT, west 270.38FT.

Boundary Justification (Explain why the boundaries were selected.)

The boundary includes the parcel of land historically associated with the property.

11. Form Prepared By

name/title Elizabeth Rosin, Principal, Kristen Ottesen, Associate, Rachel Nugent, Associate
organization Rosin Preservation, LLC date September 18 2012
street & number 215 West 18th Street, Suite 150 telephone 816-472-4950
city or town Kansas City state MO zip code 64108
e-mail elizabeth@rosinpreservation.com and rachel@rosinpreservation.com

Saint Margaret's Hospital
Name of Property

Wyandotte County, Kansas
County and State

Additional Documentation

Submit the following items with the completed form:

- **Maps:** A **USGS map** (7.5 or 15 minute series) indicating the property's location.

A **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
- **Continuation Sheets**
- **Additional items:** (Check with the SHPO or FPO for any additional items.)

Photographs:

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map.

Name of Property: Saint Margaret's Hospital
City or Vicinity: Kansas City
County: Wyandotte **State:** Kansas
Photographer: Brad Finch
Date Photographed: June 2012

Description of Photograph(s) and number:

All digital images labeled as follows: KS_WyandotteCo_StMargaretsHospital_#.tif

- 1 of 15. Front (north) elevation.
- 2 of 15. North and west elevations.
- 3 of 15. West elevation.
- 4 of 15. 1947 Boiler and laundry wing.
- 5 of 15. South and east elevations.
- 6 of 15. North and east elevations.
- 7 of 15. Vermont Avenue, view east.
- 8 of 15. South 8th Street, view south.
- 9 of 15. South 8th Street, view north.
- 10 of 15. Main entrance vestibule, view northwest.
- 11 of 15. Typical corridor.
- 12 of 15. Typical corridor and nurses' station.
- 13 of 15. Typical patient room.
- 14 of 15. Kitchen.
- 15 of 15. Chapel, view south.

Saint Margaret's Hospital
Name of Property

Wyandotte County, Kansas
County and State

Additional Documents:

Site Plan



Saint Margaret's Hospital
Name of Property

Wyandotte County, Kansas
County and State

Additional Documents:

Photo Key Map



Saint Margaret's Hospital
Name of Property

Wyandotte County, Kansas
County and State

Property Owner:

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

name Vermont Avenue Holdings, LLC
street & number 759 Vermont Avenue telephone 775-846-9451
city or town Kansas City state KS zip code 66101

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management, U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
EVALUATION/RETURN SHEET

REQUESTED ACTION: NOMINATION

PROPERTY Saint Margaret's Hospital
NAME:

MULTIPLE
NAME:

STATE & COUNTY: KANSAS, Wyandotte

DATE RECEIVED: 11/16/12 DATE OF PENDING LIST: 12/14/12
DATE OF 16TH DAY: 12/31/12 DATE OF 45TH DAY: 1/02/13
DATE OF WEEKLY LIST:

REFERENCE NUMBER: 12001123

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 1.2.13 DATE

ABSTRACT/SUMMARY COMMENTS:

Entered in
The National Register
of
Historic Places

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.





















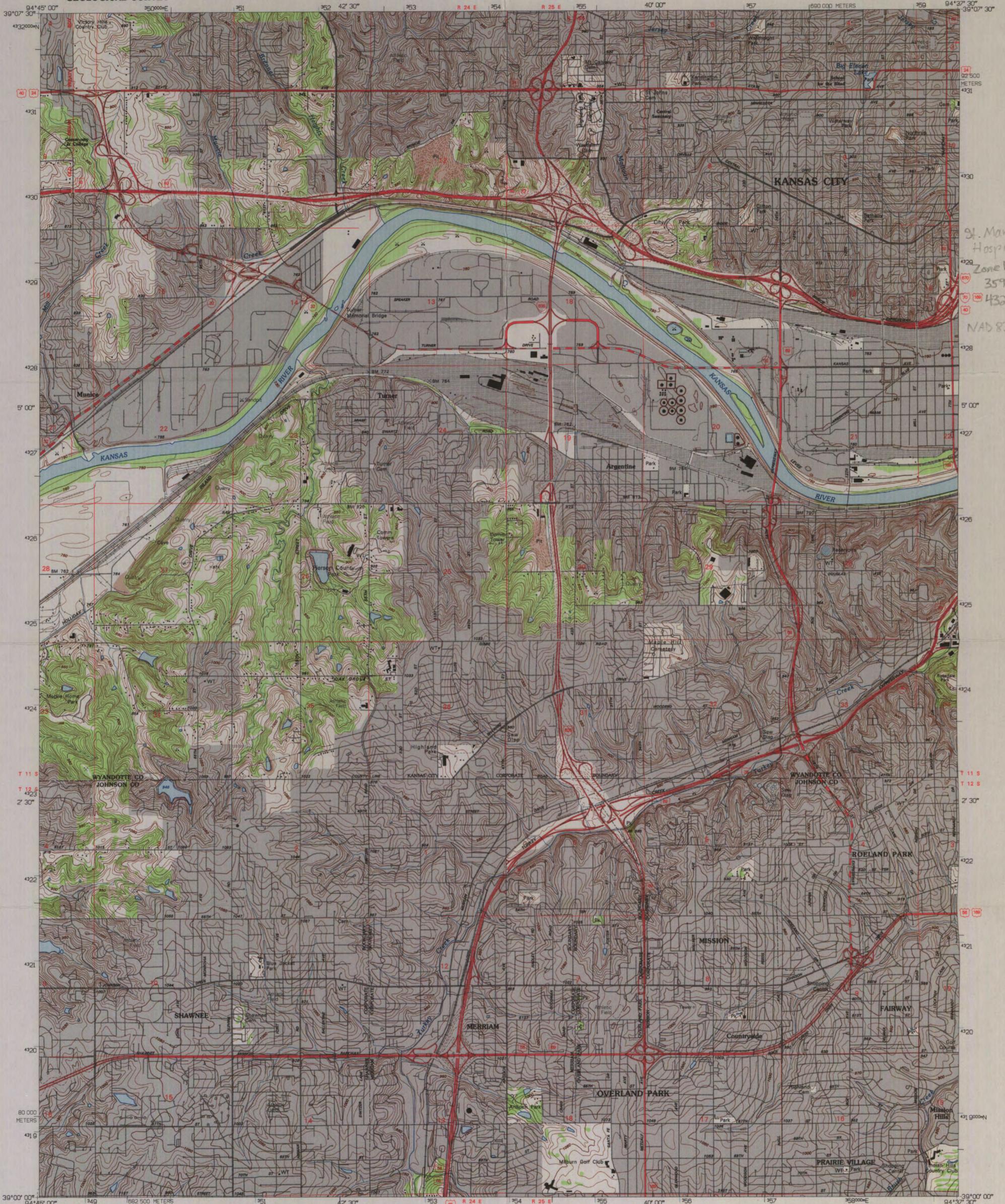






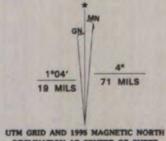






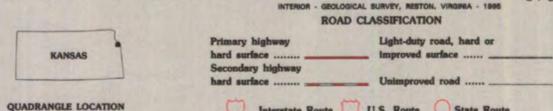
St. Margaret's
Hospital
Zone 15 S
359128E
4328828N
NAD 83

Produced by the United States Geological Survey
Planimetry by photogrammetric methods from imagery dated 1955
Topography by plane-table surveys 1933-34. Revised 1964
Revised from imagery dated 1991. PLSS and survey control
current as of 1933-34. Map edited 1995. Contours not revised
Contours that conflict with revised planimetry are dashed
North American Datum of 1983 (NAD 83). Projection and
blue 1000-meter ticks: Universal Transverse Mercator, zone 15
2 500-meter ticks: Kansas Coordinate System of 1983 (north zone)
North American Datum of 1927 (NAD 27) is shown by dashed
corner ticks. The values of the shift between NAD 83 and NAD 27
for 7.5-minute intersections are obtainable from National Geodetic
Survey NADCON software



SCALE 1:24000
CONTOUR INTERVAL 10 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR RESTON, VIRGINIA 22092
AND KANSAS GEOLOGICAL SURVEY, LAWRENCE, KANSAS 66044
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST



QUADRANGLE LOCATION

1	2	3
4	5	6
7	8	

1 Wolcott
2 Parkville
3 North Kansas City
4 Edwardsville
5 Kansas City
6 Gladys
7 Lenexa
8 Grandview

SHAWNEE, KS
39094-A6-TF-024
1991

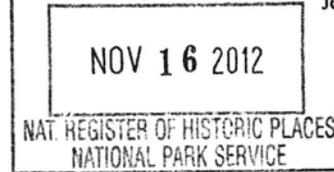
DMA 7862 II SW-SERIES V878



Kansas Historical Society

RECEIVED 2280

Sam Brownback, Governor
Jennie Chinn, Executive Director



November 9, 2012

Carol Shull
National Register of Historic Places
National Park Service
1201 Eye Street, N. W.
8th Floor (MS 2280)
Washington, DC 20005

Dear Ms. Shull:

Please find enclosed the following National Register documents

New nominations:

- St. Thomas Hospital – Colby, Thomas County, KS
- St. Margaret's Hospital – Kansas City, Wyandotte County, KS
- Marysville High School & Jr. High School Complex – Marysville, Marion County, KS
- Beni Israel Cemetery – Eudora, Douglas County, KS
- Eureka ATSF Depot – Eureka, Greenwood County, KS
- William R. Gray Photography Studio & Residence – St. John, Stafford County, KS

Requests for Removal from the National Register:

- Brookville Hotel – Brookville, Saline County, KS (Individual nomination)
- Krueger Building – Hays, Ellis County, KS (It is individually listed in 2006 and part of the Chestnut Street Historic District listed in 2008.)

Additional Documentation:

- Wetzel Cabin – Geary County, KS

Please do not hesitate to contact me if you have any questions. I may be reached at 785-272-8681 ext. 216 or smartin@kshs.org.

Sincerely yours,


Sarah J. Martin
National Register Coordinator

Enclosures