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

<table>
<thead>
<tr>
<th>Historic name</th>
<th>Central Institute for the Deaf Building</th>
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<tbody>
<tr>
<td>Other names/site number</td>
<td>CID</td>
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<tr>
<td>Name of related Multiple Property Listing</td>
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2. Location

<table>
<thead>
<tr>
<th>Street &amp; number</th>
<th>800 South Euclid Avenue</th>
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<tbody>
<tr>
<td>City or town</td>
<td>St. Louis</td>
</tr>
<tr>
<td>State</td>
<td>Missouri</td>
</tr>
<tr>
<td>Code</td>
<td>MO</td>
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<tr>
<td>County</td>
<td>Independent City</td>
</tr>
<tr>
<td>Code</td>
<td>510</td>
</tr>
<tr>
<td>Zip code</td>
<td>63110</td>
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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

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

Signature of certifying official/Title Toni M. Praw, Ph. D., Deputy SHPO, Missouri Department of Natural Resources

Date 07/10/15

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:)

Signature of the Keeper Date of Action
Central Institute for the Deaf Building

5. Classification

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

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

Category of Property
(Check only one box.)

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

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

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<tr>
<th>Contributing</th>
<th>Noncontributing</th>
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<tr>
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<tr>
<td>1 district</td>
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<tr>
<td>1 site</td>
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<tr>
<td>1 structure</td>
<td></td>
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<tr>
<td>1 object</td>
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Total: 1

Number of contributing resources previously listed in the National Register

N/A

6. Function or Use

Historic Functions
(Enter categories from instructions.)

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

Current Functions
(Enter categories from instructions.)

- VACANT

7. Description

Architectural Classification
(Enter categories from instructions.)

- Late 19th and 20th Century Revivals

Materials
(Enter categories from instructions.)

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

X NARRATIVE DESCRIPTION ON CONTINUATION PAGES
8. Statement of Significance

Applicable National Register Criteria
(Mark “x” in one or more boxes for the criteria qualifying the property for National Register listing.)

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

Criteria Considerations
(Mark “x” in all the boxes that apply.)

Property is:

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

Areas of Significance

HEALTH/ MEDICINE

Period of Significance

1929-1951

Significant Dates

1929 (building placed in service)

Significant Person

(Complete only if Criterion B is marked above.)

N/A

Cultural Affiliation

N/A

Architect/Builder

Ittner, William Butts /Architect

9. Major Bibliographical References

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

Previous documentation on file (NPS):

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

Primary location of additional data:

- [X] State Historic Preservation Office
- [ ] Other State agency
- [ ] Federal agency
- [X] Local government
- [X] University
- [X] Other

Name of repository: CID Archives, St. Louis

Historic Resources Survey Number (if assigned):

N/A
Central Institute for the Deaf Building  
St. Louis, Independent City, MO.

10. Geographical Data

**Acreage of Property**  
Less than one acre

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

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**UTM References**
(Place additional UTM references on a continuation sheet.)

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**Verbal Boundary Description** (On continuation sheet)

**Boundary Justification** (On continuation sheet)

11. Form Prepared By

<table>
<thead>
<tr>
<th>name/title</th>
<th>Matt Bivens/Historic Preservation Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>organization</td>
<td>Lafser &amp; Associates, Inc.</td>
</tr>
<tr>
<td>street &amp; number</td>
<td>1215 Fern Ridge Pkwy., Suite 110</td>
</tr>
<tr>
<td>city or town</td>
<td>St. Louis</td>
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<tr>
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<tr>
<td>zip code</td>
<td>63141</td>
</tr>
<tr>
<td>telephone</td>
<td>314-560-9903</td>
</tr>
<tr>
<td>e-mail</td>
<td><a href="mailto:msbivens@lafser.com">msbivens@lafser.com</a></td>
</tr>
<tr>
<td>date</td>
<td>8.1.14;6.29.2015</td>
</tr>
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</table>

Additional Documentation
Submit the following items with the completed form:

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

- **Continuation Sheets**
- **Photographs**
- **Owner Name and Contact Information**
- **Additional items:** (Check with the SHPO or FPO for any additional items.)

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

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

Name of Property: Central Institute for the Deaf Building

City or Vicinity: St. Louis

County: Independent City

State: Missouri

Photographer: Matt Bivens

Date Photographed: 7-11-2014 (and November 2014); Photo Key is on page 32.

1 of 35: Primary elevation facing west; camera facing northeast.
2 of 35: Primary elevation facing west; camera facing east.
3 of 35: Primary elevation foundation detail and 1st floor; camera facing southeast.
4 of 35: Primary elevation facing west detail; camera facing northeast.
5 of 35: Primary elevation solarium porch detail; camera facing northeast.
6 of 35: Primary elevation entrance; camera facing southeast.
7 of 35: Primary elevation stair tower detail; camera facing east.
8 of 35: Primary elevation wing detail; camera facing east.
9 of 35: Northwest cornerstone; camera facing southeast.
10 of 35: North elevation detail; camera facing southeast.
11 of 35: North elevation window detail; camera facing south.
12 of 35: North elevation wing; camera facing southwest.
13 of 35: North elevation wing where new CID is located; camera facing southwest.
14 of 35: North elevation wing where new CID is located; camera facing southwest.
15 of 35: Northeast corner of old and new CID, note expansion joint flashing; camera facing southwest.
16 of 35: East elevation wing (right side); camera facing west.
17 of 35: East elevation of original CID in courtyard; camera facing west.
18 of 35: East elevation of original CID in courtyard; camera facing west.
19 of 35: East elevation of original CID in courtyard (left side); camera facing northwest.
20 of 35: East elevation of original CID in courtyard (right side); camera facing southwest.
21 of 35: East elevation of original CID in courtyard (left side), new CID (middle & right); camera facing northeast.
22 of 35: Southeast corner of old (left) and new (right) CID, note expansion joint flashing; camera facing northwest.
23 of 35: Southeast corner of old (left) and new (right) CID, note expansion joint flashing; camera facing northwest.
24 of 35: South elevation wing (middle) with new CID behind east elevation (right); camera facing northeast.
25 of 35: Interior entrance foyer, 1st floor; camera facing west.
26 of 35: Interior reception hall facing entry; camera facing west.
27 of 35: Interior 1st floor hall; camera facing north.
28 of 35: Interior 1st floor typical office or room; camera facing west.
29 of 35: Interior original dining hall; camera facing northwest.
30 of 35: Interior original serving room; camera facing north.
31 of 35: Interior of original auditorium/gym; camera facing southeast.
32 of 35: Interior stair hall detail at south end of building; camera facing west.
33 of 35: Interior 2nd floor hall; camera facing north.
34 of 35: Interior 2nd floor typical room (similar to third and fourth floors); camera facing north.
35 of 35: Fourth floor exterior atrium area; camera facing north.
Figure Log:

Figure 1 (page 6): Original construction drawing detail of air space between exterior walls where 1928 and 1999-2000 buildings face each other. ("4" E. J." is space between separate buildings). Source: Mackey Mitchell Associates, 1999.

Figure 2 (page 10): Historic photographs of the CID site. Top photo shows south and east sites. Bottom photo shows the north site; all buildings have since been demolished. Dates unknown. Source: CID Archives, St. Louis.


Figure 7 (page 15): CID Building Evolution. Source: Matt Bivens drawing over 1950 Sanborn Fire Insurance Map.

Figure 8a (page 16): 1928 CID Building 1st floor (at left in heavy black line) and 2000 CID (at right) existing conditions. Note the potential existence of the 1916 building foundation below ground. Source: Mackey Mitchell Associates 1999, 1st floor plan for CID; revised by Bivens based on site visits.

Figure 8b (page 17): Close-up detail of Figure 8, 1st floor, north end. 1928 CID Building (at left in heavy black line) and 2000 CID (at right). Notes on existing conditions are also as-built based on site visits. Top photo is fire escape door in 1928 CID which originally led to an exterior stair (since demolished); behind it is permanent masonry wall. Bottom photo is of a window section showing 1928 brick opening and new CID construction behind; otherwise condition is permanent masonry behind. Source of drawing: Mackey Mitchell Associates 1999, 1st floor plan for CID; revised by Bivens. Bivens photographs taken on March 10, 2015 during SHPO site visit.

Figure 8c (page 18): Close-up detail of Figure 8, 1st floor, south end. 1928 CID Building (at left in heavy black line) and 2000 CID (at right). Notes on existing conditions are also as-built based on site visits. Note light dotted line at bottom of drawing indicating location of an exterior ramp— not built. Photograph shows wall condition at 1928 CID; a permanent masonry wall is behind it for fire separation. Source: Mackey Mitchell Associates 1999, 1st floor plan; revised by Bivens. Bivens photograph taken on March 10, 2015 during SHPO site visit.

Figure 9 (page 19): Second floor of CID showing construction details. 1928 CID Building (at left) and 2000 CID (at right). Notes on existing conditions are also as-built based on site visits. Again the intention was to provide access from the 1928 CID to the new CID via the original fire escape door in a future Phase 3; that plan was abandoned and a permanent masonry wall installed behind in the new CID. Windows were also infilled or abandoned (see Figure 8b). No internal connections were proposed in the south wing of the 1928 CID and thus associated windows were simply infilled with masonry. Source: Mackey Mitchell Associates 1999, 2nd floor plan for CID; revised by Bivens. Bivens photographs taken March 10, 2015 at SHPO site visit.

Figure 10 (page 24): Goldstein office where CID began at Vandeventer Avenue and Westminster Place; circa 1915, since demolished. Source: Missouri Historical Society Archives.


Figure 13 (page 27): Exterior of 1928 CID building as completed. Source: Helen Schick Lane. “History of the CID,” 1981, page 29. Note the south wall of the 1916 building near the right, bottom corner.


Figure 15 (page 28): Dining room & kitchen views; date unknown. Source: Helen Schick Lane. “History of the CID,” 1981, page 30. See also Figure 3, page 11.


Figure 19 (page 37): 1963 Sanborn Fire Insurance Map showing original 1916 building, the 1928 building, and 1951 building.

Figure 20 (page 43): “Central Institute for the Deaf Building Boundary Map.” Source: Google Earth, Lafser, 2015.

Figure 21 (page 44): Photo Key: Current site plan; locations of photos. Left side is 1st floor; right side top is 2nd floor; right side bottom is 4th floor. Matt Bivens, photographer, 2014 and 2015.
Central Institute for the Deaf Building
Name of Property
St. Louis, Independent City, MO.
County and State
N/A
Name of multiple listing (if applicable)

ARCHITECTURAL DESCRIPTION

Summary
The Central Institute for the Deaf (CID) Building located at 800 South Euclid Avenue in St. Louis (Independent City), Missouri, is a four-story, reinforced concrete and steel structure, with generally rectangular shape footprint set on an exposed concrete aggregate foundation and clad with variegated buff face brick and terra cotta. The red clay Spanish tile roof is original and features cross gable projections and towers; an exterior atrium (or solarium) is situated at the top floor between the towers. Designed by prominent local architect William B. Ittner in 1927 and essentially original in design (with the exception of two small, since-demolished, ancillary additions at the rear) the building clearly reflects its historic function as a locally-significant property in association with health and medicine. On the interior, the original floor plans are intact with terrazzo and tiled floors, ceramic wall tile, multi-light doors, crown molding, plaster walls and ceilings, and retains multi-use spaces, offices, and original classrooms. A contemporary building which now houses CID operations was completed behind the east elevation of the nominated building in 2000; the buildings are separate structures with a four-inch plus airspace, no shared entry points, and separate mechanical systems; in addition the buildings are owned by separate entities and are identified by separate legal descriptions. The CID Building illustrates significant aspects of its past and it resembles its historic appearance (minus two minor ancillary additions at the rear). The building also retains its physical materials, design features, and aspects of construction dating to its original completion and those present throughout the period of significance. Its overall sense of past time and place are evident. Although the later building has some impact on the setting, its scale, materials, and basic design were executed in order to create a sympathetic structure that would complement the original CID building. This positive approach to sensitive design caused Landmarks Association of St. Louis—a preservation advocacy organization and local architectural history experts—to award the 2000 CID building an Honor Award for Most Enhanced Property in 2001.

Site
The city block containing the subject building is bound by Clayton Avenue to the north, a contemporary and separate CID building to the east, Highway 64/40 to the south and at the west is a large parking lot. The building is on the southern edge of the Barnes-Jewish Hospital and Washington University School of Medicine complexes and is currently vacant. This building, and especially its major primary elevation which faces west, is highly visible to motorists and pedestrians passing through the western edge of St. Louis City.
Central Institute for the Deaf Building

Name of Property
St. Louis, Independent City, MO.

County and State
N/A

Name of multiple listing (if applicable)

**History of the Site**
The building site has evolved over time as needs for both space and newer technology impacted CID operations. The greatest land disturbance occurred between 1916 and 1928 when the first and the final “historic” CID facilities on this site were constructed. Ground for the first CID teacher’s school (since demolished) was broken in July of 1916 for a Georgian style building designed by local architect Lawrence Ewald. This building was intended as a stand-alone structure which would later include wing additions that would extend westward towards Kingshighway (now a surface parking lot). These planned additions were never constructed. The nominated building was built on the front yard of the 1916 building, thus obliterating the older building’s view to the west. This action also hid the primary elevation of the 1916 building from the public view for the remainder of its active life. Ittner took advantage of the partially-enclosed space within by calling for two small, ancillary structures that would inter-connect the two larger buildings and thus create an enclosed, private, interior courtyard. The role of the 1916 building on site was drastically reduced and was relegated to house secondary operations in comparison to the main 1928 building. All of the significant activities which occurred between the period of significance 1929 through 1951 happened within the nominated building. Later, the 1916 building was demolished as were the smaller additions. Construction for a new, separate CID building began on site in 1999 and was completed in 2000; this building was placed adjacent to the 1928 building and, in the spirit of the historic secluded space within, gave new life to the 1928 enclosed courtyard.

**Exterior**
The major primary façade (and primary historic façade) of the CID building faces west where South Euclid Avenue (earlier South Kingshighway) once extended south from Clayton Avenue—now a paved parking lot to service the building and adjoining medical campus. The symmetrical three and four-story façade is comprised of a central entrance bay flanked by three bays of paired window openings set at the same plane; adjacent the tripartite configuration is a one bay, slightly projecting, taller stair and elevator tower which extends above the primary roof line with a shaped parapet (Photo 1). Flanking at the building edges is a front gable, three or four-story wing which extends one bay from the adjacent towers (Photo 2). Beginning at the raised basement within the central portion of the building are flat head, rectangular shaped window openings protected by iron bars and set back within an exposed concrete aggregate foundation (Photo 3). Ground floor (or 1st floor) windows are set back above the foundation and recessed within semi-circular arch brick openings with a second recess containing a brick sill (Photo 3). Original circular arch wood windows...
have been replaced with one-over-one, metal windows with flat heads; some sash are in-filled with metal panels but the original fenestration is clearly evident. A heavy terra cotta sill course separates the first from the second floor within the central mass of the building. The second and third stories have paired, one-over-one, flat head metal windows also on brick sills and with brick lintels (Photo 4). The highly ornamented fourth floor contains an exterior atrium with elaborate terra cotta balcony and lattice balustrade; rosettes and additional decoration accent the balcony. Paired columns with Corinthian capitals support an entablature upon which is set a Spanish clay tile roof (Photo 5); original metal fencing is intact behind to prevent falls as well as for bird protection.

The centerpiece of this primary exposure is the ornamented central entrance bay which is framed with terra cotta blocks and fluted terra cotta columns on projecting, paneled bases. Engaged columns support a full entablature with ornamental frieze, scrolls, egg and dart motifs, dentils, and other details. The frieze contains the inscription “Central Institute for the Deaf” in raised Gothic lettering (Photo 6). Above is a dentilled pediment with terra cotta frame flanked by urns (Photo 6). The frame envelopes the second floor which contains a pair of windows enclosed by fluted terra cotta columns, Corinthian capitals, an ornamental frieze, and shaped parapet. Both the entry and the window bay contain replacement metal frame and glass double door and windows respectively; a metal frame canopy with plexi-glass roof extends to the sidewalk (Photo 6); it does not connect to the building facade. A concrete walk underneath is flanked by cobble stone paving and retaining walls of an unknown construction period.

Flanking the central portion of the building is a combined elevator and stair tower with ground level entrance framed with terra cotta block and stylized parapet supporting a terra cotta framed window with half urn at the second story (Photo 4). While the third story contains an unadorned one-over-one window set within the brick field, the fourth story has one set upon a terra cotta sill course with bracketed terra cotta frame and pediment (Photo 7). Above is a quatrefoil terra cotta vent window opening with metal grille and screen to prevent birds from entering; a shaped parapet of terra cotta is above and topped with a finial (Photo 7). Edges of the mass are detailed by brick quoins. A low gable roof clad with Spanish clay tiles extends behind the parapet.

Opposite the elevator and stair towers and framing the edges of the building are a three or four-story, front gable roof wing that projects from the tower one whole bay (Photos 1 and 8). The south wing, which shelters a gymnasium, has three stories of windows set within a masonry block that is identical in height to the four-story north
wing (Photos 1 and 2). Above an exposed concrete aggregate foundation at the north wing are three bays comprised of pairs of metal replacement, one-over-one, double hung, flat head windows at the first floor; the windows are framed with terra cotta (Photo 1, left side). The south wing has three arched, original multi-light wood windows set within a terra cotta frame with flat arch voussoirs on both the west and south facing elevations (Photo 1, right side).

The second and third floor of the north tower and the second floor of the south tower have three additional sets of flat head, double-hung, metal replacement, paired windows without terra cotta surrounds but containing brick sills and headers (Photo 8). This fenestration continues at the adjacent tower elevations facing north and south (described later). A terra cotta sill course separates the uppermost floor where three paired, one-over-one, metal replacement windows with flat heads (set behind arches) are framed with semi-circular arch terra cotta block with a pilaster-style center mullion; infill panels below the windows illustrate the original use as balcony doors (Photo 8). Windows have wrought iron balconies. Under the apex of the gable is a small, rectangular shaped vent window framed with terra cotta surround. The inner-most return walls adjacent the towers contain narrow, flat head, one-over-one, metal replacement windows from the first through the fourth floors while the fourth floor window has a semi-circular arch brick surround. The terra cotta sill course continues along the elevation between the upper floors and across the elevator and stair tower to the main body of the building where it continues below the fourth floor atrium (or solarium).

Turning at the northwest corner is the building’s cornerstone which is inscribed “CENTRAL INSTITUTE FOR THE DEAF” at the west elevation and “ERECTED 1928” at the north (Photo 9). The exposed concrete aggregate foundation extends along the elevation where it projects slightly underneath two pairs of tripartite, one-over-one window bays framed by terra cotta pilasters, and a formal entablature at the first floor (Photos 10 and 11). Below, and set in the ground are window wells which provide light into the basement space. Flanking these center-most bays is a single, similar window without the terra cotta nearer the building edges. The second through the fourth floors contain four similar bays at each floor but with two pairs of doubled windows in the center. The terra cotta sill course extends around the elevation and supports two pairs of windows at the center and one flanking at either side; these windows are framed in semi-circular arch terra cotta and contain balconies. Above is a bracketed roof overhang. The northeastern-most portion of the elevation is a front gable, projecting wing that contains two pairs of one-over-one, flat head windows with brick sills and
headers at the first through the third floors (Photo 12). Again the terra cotta sill course supports two pairs of semi-circular arch terra cotta-framed windows with metal balconies at the fourth story (Photo 12). A round window framed with brick is set under the apex of the gable.

Turning the northeast building corner is an extension of the roof which is bracketed and covers one bay width (Photo 12). Below is a single, metal replacement, one-over-one, double-hung window with brick sill and header at the first through the fourth floor. The terra cotta sill course turns into a belt course here and terminates at a projecting chimney which extends above the roofline (Photo 13). An additional bay which is closed in with recessed brick is at the first through the third floors adjacent a separate, newer CID structure (not included within the National Register boundary because it is not physically inter-connected or historically/functionally-related). A metal replacement, one-over-one, double-hung window with brick sill and header is at the fourth floor. A chimney stack projects above the roofline.

CID constructed a new building in 1999-2000 (described later), wholly separate from the original building, and adjacent the east-facing elevation (Photos 13 and 14). Each building is owned by separate entities and there is no internal connection. Its scale (immediately adjacent the CID building), style, and footprint were sympathetic to the original CID building and for purposes of integrity, do not detract from the architectural characteristics or historical significance of the nominated building. A four-inch plus air space (capped with metal at the exterior plane) further physically separates the two individual buildings (Photo 15, white vertical strip is metal covering air space).

The bulk of the east elevation is set within an enclosed courtyard—a feature which was created in 1928 and is extant today. Although the eastern exposures of the north and south towers are partly visible from the ground on site, only the fourth floor of the central portion containing the exterior atrium (or solarium) is partially visible (Photo 16). Within the courtyard, the “private” eastern façade is extant (Photo 17). Below ground at the right side are basement windows which are cut in the concrete foundation; windows are reached via a concrete window well with metal rail (Photo 17). The symmetrical façade has a central entrance bay which projects from the building and contains a two-story bay framed with ornamental wood columns and panels with a Spanish clay tile-clad shed roof (Photos 17 and 18). The entry is flanked at both sides by a flat head, double-hung, one-over-one, metal replacement window with concrete sill; a single, similar window is at the return wall. The second story of the bay contains three similar windows facing east with a single similar window at the return wall. The first floor
The Central Institute for the Deaf Building is stuccoed with three sets of paired, multi-light, original wood windows recessed within semi-circular arch openings with in-filled transoms (Photos 17 and 18); one bay contains a metal replacement window. A header brick sill course separates the first and second floors above the stucco. The second and third floors have identical windows comprised of flat head, double-hung, one-over-one, metal replacements on brick sills with brick headers—twelve windows at the second and fourteen at the third (Photos 17 and 18). Above a terra cotta belt course is the exterior solarium which has cast iron columns to which is attached a metal screen. The roof overhangs. The 1999-2000 CID building is separated by a four-inch plus air space over which is applied a thin, vertical, metal strip (Photos 19 and 20); its presence preserves the historic courtyard (Photo 21).

Upon close inspection of the southern-most façade of the 1999-2000 CID where it is in proximity to the eastern-facing rear wall of the nominated 1928 CID Building, the completely separate construction becomes more evident. In between the two freestanding buildings is an air space which is capped with a thin, vertical, metal strip where an expansion joint has been provided (Photos 22 and 23 and Figure 1).

**Figure 1**: Original construction drawing detail of air space between exterior walls where 1928 and 1999-2000 buildings face each other. (“4” E. J.” is space between separate buildings). Source: Mackey Mitchell Associates, 1999.
Still at the eastern elevation, and visible at both sides within the building towers flanking at the north and south elevations is the stair tower where a single bricked in window is at the third floor (Photos 19 and 20). Above is a quatrefoil terra cotta vent window opening with metal grille and screen to prevent birds from entering; a shaped parapet of terra cotta is above and topped with a finial (Photos 19 and 20). A low gable roof clad with Spanish clay tiles extends behind the parapet. The south wing is similar but contains a flat head window at the fourth floor (Photo 20). The location of a former rear addition, demolished historically, as well as additional window infill (potentially to provide a bay for future connection between separate buildings) can be seen in the courtyard (Photo 20); concrete block was used to infill the wall. The new CID building encloses three sides of the courtyard (Photo 21 shows two sides). According to respected local architectural historian Esley Hamilton, the CID building completed in 2000 (Photo 14) was “specifically designed to harmonize with the original building.”

Also at the eastern elevation, first floor of the 1928 CID building there is evidence of a one-story structure (Photo 16) which was demolished historically. Two entry doors penetrate the wall to the outside but are permanently closed-in (Photo 16). Above the doors is solid brick field with an entry door and missing fire-escape stair. A paired window assembly, a single window, and a bricked-in window penetrate the elevation above; windows are flat head, double-hung, one-over-one, metal replacements with brick sills and lintels (Photo 16). The terra cotta belt course continues across the east-facing wall and is broken by an entrance with semi-circular arch transom and brick surround at the upper story of the south wing. Four similar arches contain flat head windows. A small, rectangular-shaped vent window framed in terra cotta is set below the apex of the front gable roof (Photo 16).

The south-facing elevation has an exposed concrete aggregate foundation. At the center of the facade is a small concrete ramp and loading dock which leads to an entry framed in terra cotta; a frieze above is inscribed “AUDITORIUM” (Photo 24). Above, a wide, semi-circular arch window opening is boarded and includes a louvered vent and is surrounded with terra cotta voussoirs (Photo 21). Flanking the entry at both sides is a similar shape, multi-light wood window with boarded transom (with applied window grille) flanked by smaller flat head, one-over-one windows nearest the building edges. Above and separating the upper floors is a terra cotta sill course which supports three paired, semi-circular arch window bays flanked by similar (but single) bays nearer

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the building edges containing double-hung, metal replacement windows with paneled bases. Bays have metal balconies. Below the terra cotta course are five corresponding similar window bays but with flat heads, brick sills and headers. The roof overhang is bracketed (Photo 24).

**Interior**

The historic and current primary entrance at the west elevation is entered via replacement metal framed, glass double-doors with wide transom above that fit the original opening. A small entry foyer leads to a series of tiled steps of unknown vintage (Photo 25). Along the walls and continuing above the rails is a yellowish clay tile with ornamental foliage border with blue background. Walls are painted plaster with crown molding at the ceiling; the ceiling is replacement and comprised of small, composite, acoustic tiles. A wide entry leads to the original reception hall (Photo 26). Farthest east is a rear entry bay with wide windows that leads into an exterior courtyard. Flanking the reception hall are offices and nearest the west elevation are circulation halls (Photo 27). The floor tile from the entry continues into the space and terminates at the halls. The walls are painted plaster; the ceiling has smaller crown molding than the foyer and the ceiling contains similar acoustic tiles. The hall floors are concrete with terrazzo; some portions have carpeting. Wood casing frames the doors and areas which lack wood base have been replaced with vinyl cove. A number of smaller rooms, offices, classrooms, locker rooms, restrooms, etc. flank each hall to the east and west (Photo 28). Office spaces have drop ceiling, painted plaster and drywall walls, carpeted floors and various furniture; some contain private bathrooms with tile floors. Drinking fountains along the walls have tile splash guards identical to the primary entry foyer (Photo 27).

An elevator and stair tower are attached to the main building portion at the north and south. At the end of the north hall is an original double wood door assembly that leads into the original dining room and kitchen/service area (Photo 29). The space drops down a series of steps to ground level and the floors are terrazzo. Painted plaster walls also contain crown molding at the ceiling; support columns are concrete squares and pilasters with Corinthian capitals supporting heavy concrete beams running north and south (Photo 29). Smaller beams run in between, east and west. Tile identical to the entry foyer continues around the walls underneath the window sills and wrap the column bases. Beyond this open space is a smaller serving room with white-glazed clay “Sanitary Tile” with green-glazed border, painted plaster walls, high chair and crown molding and painted ceiling (Photo 30). Built-in “McCray” refrigerators are inset the wall. Through this space and nearest the east interior wall is the former kitchen,
refrigeration areas, and storage space/pantry. The boiler room is underneath this area. There is no physical access into the 1999-2000 CID Building.

At the southern end is the auditorium which is a two-story open space with wood court floor in average condition; a raised stage is set closest the east wall (Photo 31). The stage opening is framed with stone block; an entablature is bracketed. Behind the stage there is permanently blocked access which originally led to a smaller addition attached at the east wall (exterior doors which led into the addition are visible in Photo 16).

At either end of the first floor hall is an enclosed stair hall with terrazzo floors and painted plaster walls. Ornamental iron stair balusters with wood hand rails extend up to the fourth floor (Photo 32). Double doors at each floor allow access into the circulation halls where individual rooms, similar to those on the first floor flank the hall both east and west. Several original nine-light, paneled doors are intact. Carpeting covers most of the hall floors (Photo 33). The ceiling paint is chipping and much of the tile behind the hall drinking fountains is damaged or missing. Some larger rooms are at the upper stories (Photo 34) and access to the exterior solarium or original “play room” is at either stair hall at the fourth floor (Photo 35). A bronze plaque on the fourth floor also indicates the original location of an infirmary. The penthouse areas can be accessed via an iron ladder at each stair hall.

**Integrity**

The Central Institute for the Deaf Building is essentially original in design, and contains intact exterior design elements as well as original construction materials. A pair of minor, since-demolished, one and two-story rear additions as well as typical changes including replacement windows and entrance doors, do not negatively impact the long, historical significance of the building. On the interior the original floor plans are mostly intact with terrazzo and tiled floors, ceramic wall tile, multi-light doors, crown molding, plaster walls and ceilings, and multi-use spaces. In fact, many of the original rooms are retained with minimum change. The building clearly reflects its historic function. The building thus retains integrity of location, design, materials, workmanship, feeling and association.

Regarding integrity of setting, a newer CID building completed in 2000 from designs of John Guenther of Mackey-Mitchell Architects, is adjacent and is separate from the 1928 CID building. The setting has been in a constant state of evolution and was earlier characterized as a residential street; over time it saw the construction of a school and
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medical campus. Historic photographs in the collection of CID show the appearance of the neighborhood setting after the 1960s when a multi-family apartment building and residential flats surrounded CID (Figure 2). Demolition of buildings on the city block surrounding CID began in the 1970s and continued through until 2000 when the new CID medical building was constructed. The minor additions to the 1928 CID building were demolished historically but currently unknown exact dates. The new CID building was constructed as a wholly separate, non-functionally-related complex which replaced the purposes of the 1928 CID as well as a second structure to the south of the highway (described later). All of CID’s activities, treatments, experiments, and offices were transferred to the new complex after 2000.

Figure 2: Historic photographs of the CID site. Top photo shows south and east sites. Bottom photo shows the north site; all buildings have since been demolished. Dates unknown. Source: CID Archives, St. Louis.
The following figures (Figures 3-6) illustrate the original design concepts of Ittner in comparison to the extant conditions. No as-built drawings were located so any deviations from the plan could be in fact historic. The figures also show the earlier, rear additions (discussed later).

**Figure 3:** Ground Floor Plan. Right image shows original design. Source: William B. Ittner “Central Institute for the Deaf” building plans, September 1927. Bottom, left image shows existing conditions today. Source: The Lawrence Group. Feasibility Study, 2013-14.
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**Figure 6:** Fourth Floor Plan. Top image shows original design. Source: William B. Ittner “Central Institute for the Deaf” building plans, September 1927. Bottom left image shows existing conditions today. Source: The Lawrence Group. Feasibility Study, 2013-14.
The following figure (Figure 7) illustrates the construction history of the CID Buildings on site originally and historically. Based on both a physical inspection and archival research, it has been determined that there were two large CID buildings built in 1916 and 1928 (buildings 1 and 2 in Figure 7 below) and that once the 1928 building was completed, the 1916 building took on a secondary role. Ittner had planned for an ancillary connection (buildings 3, 4, 5 below) between the buildings in order to create an enclosed inner courtyard; these connectors provided secondary support for the primary CID building (building 2). Buildings 1 (built 1916), 3, 4, and 5 (all built 1928-29) were demolished after 1960 and considered non-significant to the 1928 CID.

Figure 7: CID Building Evolution. Source: Matt Bivens drawing over 1950 Sanborn Fire Insurance Map.
The following figures (Figures 8 through 9) illustrate the existing conditions based on a series of site visits. The proposed construction plans for the new CID were studied and subsequently revised or noted by hand where applicable. Specifically, Figure 8a is an overview of the 1st floor while 8b-c show more details of the buildings with notes on existing conditions. In essence, original windows and doors of the 1928 CID building were in-filled with masonry with some instances where said were retained in the 1928 CID but walled-off at the new CID building. The new CID construction was proposed in three phases, the last of which was to connect the two buildings. However, significant changes in floor heights from one building to the other required construction of an interior ramp within the new CID building at each proposed connection (marked “RAMP UP”): a ramp was built in the south wing of the new CID but the access into the 1928 CID was blocked by a permanent masonry wall on the new side and a drywall finish wall on the old side. There is no physical connection between the two separate buildings and each building is in fact owned by separate entities and are defined by separate parcels and legal id’s. Each building has its own heating plant as well as its own mechanical and utility connections and sources.

**Figure 8a:** 1928 CID Building 1st floor (at left in heavy black line) and 2000 CID (at right) existing conditions. Note the potential existence of the 1916 building foundation below ground. Source: Mackey Mitchell Associates 1999, 1st floor plan for CID; revised by Bivens based on site visits.
Figure 8b: Close-up detail of Figure 8, 1st floor, north end. 1928 CID Building (at left in heavy black line) and 2000 CID (at right). Notes on existing conditions are also as-built based on site visits. Top photo is fire escape door in 1928 CID which originally led to an exterior stair (since demolished); behind it is permanent masonry wall. Bottom photo is of a window section showing 1928 brick opening and new CID construction behind; otherwise condition is permanent masonry behind. Source of drawing: Mackey Mitchell Associates 1999, 1st floor plan for CID; revised by Bivens. Bivens photographs taken on March 10, 2015 during SHPO site visit.
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Figure 8c: Close-up detail of Figure 8, 1st floor, south end. 1928 CID Building (at left in heavy black line) and 2000 CID (at right). Notes on existing conditions are also as-built based on site visits. Note light dotted line at bottom of drawing indicating location of an exterior ramp—not built. Photograph shows wall condition at 1928 CID; a permanent masonry wall is behind it for fire separation. Source: Mackey Mitchell Associates 1999, 1st floor plan; revised by Bivens. Bivens photograph taken on March 10, 2015 during SHPO site visit.
Figure 9 below illustrates a section of the second floor; above the second floor of the 1928 CID the former openings are infilled with masonry.

Figure 9: Second floor of CID showing construction details. 1928 CID Building (at left) and 2000 CID (at right). Notes on existing conditions are also as-built based on site visits. Again the intention was to provide access from the 1928 CID to the new CID via the original fire escape door in a future Phase 3; that plan was abandoned and a permanent masonry wall installed behind in the new CID. Windows were also infilled or abandoned (see Figure 8b). No internal connections were proposed in the south wing of the 1928 CID and thus associated windows were simply infilled with masonry. Source: Mackey Mitchell Associates 1999, 2nd floor plan for CID; revised by Bivens. Bivens photograph taken March 10, 2015 at SHPO site visit.
STATEMENT OF SIGNIFICANCE

Summary

The Central Institute for the Deaf Building (CID) located at 800 South Euclid Avenue in St. Louis (Independent City), Missouri, is eligible for local listing in the National Register of Historic Places (NRHP) under Criterion A in HEALTH/MEDICINE. Founded in 1914, the Central Institute for the Deaf became a world leader in developing oral education as well as being responsible for ground-breaking research that contributed directly to the development of the science of audiology. Construction of the CID Building as its first combined research, clinical, teachers training, and treatment facility began in 1928 from designs of William B. Ittner and was completed in 1929. CID staff provided elementary education in the building for child patients with hearing and speech issues who were housed there for longer periods of time. Many early research activities resulting in the initial technological advances in the fields of speech and hearing were conducted in the nominated building and included such firsts as: the early study of identifying infant hearing issues, the development of foundations for cochlear implants, and the creation of the nation’s first hearing aid clinic in 1941. Technisonic Studios, the brainchild of Charles E. “Bud” Harrison (credited as one of the country’s leading authorities on recording), began as CID’s sound lab in 1929; essential field recordings done there including the word test lists known as CID W-22 and Hughes PB-50 today still form the basis of speech and word recognition for the deaf and hard-of-hearing. Further, CID’s teacher training program was the first to affiliate with a university, offering undergraduate degrees from Washington University. By 1936 (within the nominated building) CID and Washington University offered the nation’s first Master’s Degree program in deaf education—this program today is recognized internationally as one of the most prestigious of its kind in the world. A CID teacher’s school was constructed on site earlier in 1916 and was incorporated into the use of the 1928-29 building but its role was secondary to the latter and since demolished. The nominated building retains its original footprint and all of its original exterior construction materials including variegated brickwork, elaborate terra cotta panels, Spanish clay tile roof and fence rows, projecting chimneys, and other details. Of note is the existence of the original solarium space on the upper floor which originally provided a safe, open-air place for deaf children to play. Some original windows and transoms are intact and although many of the entrance doors are more recent they correspond to original fenestration patterns; modern windows fully fill the historic openings. The interior appears much as it did in 1928 with some changes in floor materials and modernization or minor expansion of interior rooms, however the primary spaces are intact. The period of significance begins with the completion of the building in 1929 and extends to 1951 when all of the research and treatment activities were transferred to the south of the site in a new...
state-of-the-art, separate facility; after this period the building still served components of the CID mission but little new work in the field was conducted within its walls. By 2000 when the new CID building was constructed to the east the nominated building was entirely vacated. The building retains integrity and its historic function is clearly evident today.

**Background – Treatment of the Deaf and Deaf Education in St. Louis**

Prior to the widespread presence of hospitals and medical clinics in the 1920s, especially those that offered out-patient care, doctors in St. Louis (likewise across the nation) during the 1800s and early 1900s made home visits to provide general health care. Uncommon ailments and abnormalities were ordinarily left untreated and cases such as deafness or speech difficulties, especially those in children, were typically misunderstood with common treatment including physical and social separation from other children. Instead of receiving medical treatment, these children were taught lip-reading as well as general speech. The first Missouri School for the Deaf (MSD) was established in Fulton by an act of the Missouri Legislature in 1851. Reference to the school by the general citizenship (typical for the day) as the “deaf and dumb asylum” instilled the separation of “normal” children from those with “defects.”

Earlier in St. Louis, formal education of deaf children was first begun by the Sisters of St. Joseph of Carondelet in 1837. By 1885, the Sisters had established their school as the St. Joseph Deaf-Mute Institute which was later chartered as the St. Joseph’s Institute for the Deaf in 1895. This school continues to provide assistance for deaf children in both St. Louis and Indianapolis in modern-day buildings—specifically working with children with hearing aids and cochlear implants. In St. Louis it was quite common for religious orders to operate not only private schools but also separate schools for children with physical or mental challenges; in many cases these children were provided separate classrooms within the main school building. The former was true at Immaculate Conception where the sisters had established a school for the deaf in 1885. At both St. Joseph’s and Immaculate Conception, deaf children were taught basic lip-reading, some speech, and eventually sign language—however this method only allowed them to communicate well with other deaf children and thus resulted in continued

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4 Ibid.
5 Helen Schick Lane. “History of the CID.” [St. Louis: CID, 1981], page 3. The school was originally located in the city of Carondelet and then relocated to St. Louis (all since demolished).
separation from other students. At St. Joseph’s school, a doctor named Max Goldstein was disturbed by this method and there he began teaching a class of sixteen girls, ages six to eighteen years old, and instructed teachers on how to administer acoustic stimulation to pupils. Quickly his methods began to revolutionize the quality and efficiency of deaf education locally.

Background – Max Aaron Goldstein establishes the Central Institute for the Deaf
Born on April 19, 1870 in St. Louis, Missouri of Jewish ancestry from Poland, Max Goldstein graduated from Central High School in 1888 and received his M. D. Degree from the Missouri Medical College (later Washington University School of Medicine) in 1892. Completing a year-long internship at the original St. Louis City Hospital (since demolished), he continued his post-graduate study in otolaryngology (the study of ear, nose, and throat conditions) in Berlin, Vienna, Strassburg, and London. Upon his return to St. Louis in 1895, Goldstein established his own practice, as well as serving as Professor of Otology in 1900 at the Beaumont Medical College (since demolished) and its successor, the St. Louis University School of Medicine (SLU)—a position he would hold until 1912.

Goldstein was also active in the associated field organizations and was founder and primary editor of the publication “Laryngoscope,” a journal devoted to ear, nose, and throat disorders in 1896. This journal provided analysis of the latest technology in the field and is still being published world-wide today.

Perhaps one of the single most significant insights came to Goldstein while in Vienna during the early 1890s where he had become extremely engrossed in the issues surrounding the teaching of deaf children to speak. Back in the United States, researchers and educators had used a variety of methods including sign language, manual spelling, oral means, or a combination of each—but these methods lacked any cohesion. Goldstein investigated the use of an “acoustic method” with children who had some residual hearing while working earlier in his career at the St. Joseph School for the Deaf in St. Louis. He became convinced that amplified sound would further improve the hearing of such children. But learning to speak was just the first

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7 Helen Schick Lane, Ibid.
9 Ibid, page 270. And Helen Schick Lane, page 3.
10 Ibid. Goldstein’s colleague Frank M. Rumbold assisted with editing and co-writing articles in the Laryngoscope between 1896 and 1898. Goldstein founded “Oralism and Auralism” a quarterly journal of deafness and speech disorders in 1922 and edited it until 1933; he served as president of the American Otological Society (1927-28), the American Laryngological, Rhinological, and Otological Society (1930-31), and the American Speech and Hearing Association (1937-38).
11 Ibid.
12 Ibid.
step, for Goldstein believed that only through the combined efforts of scientists, doctors, trained teachers, and other professionals in the field, that the study of those physical mechanisms associated with speaking and hearing could be fully explored. Goldstein realized that otologists and the medical profession in general were not familiar with the problems of the deaf and that here was an undeveloped field. So Goldstein set out to study special schools across the United States and particularly of those in Missouri—such as the St. Louis Day School for the Deaf (SLDSD)—where he found that only a small percentage of those engaged in teaching the deaf were adequately qualified to be doing so. SLDSD was established in 1878 as a public school by Delos Albert Simpson of Michigan, deaf himself, who had attended the National College for the Deaf in Washington D. C. Simpson’s school was conducted in one room of the Franklin Branch school formerly at 1413 Lucas Avenue (since demolished) and was comprised of one teacher and eight students whom focused their efforts on lip-reading. Meanwhile in Joplin, a day school for the deaf was established in 1911—again simply offering lip-reading and speech provided by an unqualified staff.

In an effort to effectively change this condition moving forward, Goldstein had conceived of an idea to establish a holistic institute for the deaf in the early 1910s. This institute would require an effective cooperation between the teacher, the otologist, and other specialties in order to provide a liberal and unbiased method of implementing techniques of education for deaf children, the training of teachers, and the development of field technology. This comprehensive approach to speech and hearing problems led Goldstein to found the Central Institute for the Deaf (CID) in 1914. Goldstein had the complete support of the American Laryngological, Rhinological, & Otological Society as well as that of the International Otological Congress and with the financial support of his colleagues, he opened the very first CID school with four students and two teachers in a tiny apartment above his medical office then located

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13 Helen Schick Lane, page 4.
14 Ibid.
16 Ibid.
18 Ibid, page 5.
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at Vandeventer Avenue and Westminster Place (since demolished; see Figure 10). Here, Goldstein first experimented with auditory amplification and musical stimulation. Ultimately his school would grow to provide teacher training, specialized research in hearing and speaking, clinics for out-patients, and by 1917, Goldstein would establish the Society of Progressive Oral Advocates—an organization responsible to promote better cooperation between teachers for the deaf and ear specialists as well as to establish standardized methods used in state schools for the deaf. Free instruction for St. Louis deaf children was offered as a general invitation during the summer school session of 1915. This training course was intensive; intended for teachers of various state institutions and it allowed teachers to study actual cases.

Figure 10: Goldstein office where CID began at Vandeventer Avenue and Westminster Place; circa 1915, since demolished. Source: Missouri Historical Society Archives.

Background – Construction of the first Central Institute for the Deaf Teacher’s College
Growth of the institution followed and Dr. Goldstein’s office proved too small and limited to provide the necessary facility to support his mission. On March 16, 1916, the official Charter for the Central Institute of the Deaf was authorized. Announcements that “$20,000 Pledged for Building of School for Deaf” were made in February of 1916. Given to the Board of Directors of CID from local citizens and philanthropists, these funds would help to build the then proposed $60,000 school at Sarah and McPherson Avenues in St. Louis city. Mayor Rolla Wells donated a portion of his family’s land which

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20 Jan Onofrio, Ibid.
21 Ibid, pages 270-271. He was married to Leonore Weiner in 1895, had one daughter Helen Ruth, received an honorary LL D. from Washington University in 1937 and died on July 27, 1941.
he held title to in order to provide a site. Construction on the building was proposed to start in March of 1916 and be completed by September of that year from designs by local architect Lawrence Ewald. Later proposed on a site at Papin Street and Kingshighway, the building’s design was purely Georgian in style—symmetrical with variegated brick accented by a recessed central entrance clad in Bedford stone (Figure 11). The style was selected for its “domestic character” and gave the building more the “appearance of a home rather than an institution.”

The official announcement for the ground breaking was made on Thursday, July 20, 1916; estimated to cost $50,000 fully equipped, the main building mass would be capable of housing 20 resident pupils, 50 day pupils, and a full-time faculty. By September of 1917, the new CID school (without the wings) was full with 38 students and seven teachers. Controlled by a large Board of Trustees, the institute was considered by scientists in the field as one of the leading schools in the country that taught pure oralism to deaf persons and by the late 1920s, CID’s reputation for success had led to burgeoning enrollment and long waiting lists. By 1918, CID fulfilled an important role offering unparalleled speech and hearing treatment.

The 1916 building was intended as a stand-alone structure which would later include wing additions that extended westward towards Kingshighway (now a surface parking lot). These planned additions were never constructed (Figure 12). Over a decade later CID’s efforts in research, teaching, and curing had expanded significantly and its Board of Directors determined that an entirely new building was essential to their program. The 1916 building would not be demolished as it was still useful; however, research activities and educational training were severely reduced there in favor of the new building. The 1916 building found temporary, new life providing space for a playroom, adult lip-reading, and a domestic arts department (cooking, sewing, & art) all on the first floor with eleven student classrooms and a music room on the second floor.31

Figure 12:
Final construction of the original CID building in 1916.

Elaboration – Construction of the 1928 facility to meet the needs of CID
Commissioned with the design for a new CID facility, prominent school board architect William B. Ittner began drafting a monumental, separate building in August of 1927. Designed of four elevations with varying degree of ornamentation, the structure eventually was built on the front yard of the 1916 building, thus obliterating the older building’s view to the west. This action also hid the primary elevation of the 1916 building from the public view for the remainder of its active life. Work commenced on the CID Building in July of 1928 with the cornerstone set on September 25th of that

31 Helen Schick Lane, page 31.
In January of 1929, the National Research Council and the Rockefeller Institute sent representatives to St. Louis to observe the school and the Committee on Substitutions for Sounds of the General Research Board of Washington, D. C. sent several visitors. To connect the new CID building to the old 1916 school, Ittner designed ancillary, utilitarian structures which ultimately created a small interior courtyard (building portions are numbers 3, 4, and 5 as seen in Figure 7 on page 15). First, a one-story connector was built to provide access from the new building into the school (building 3, Figure 7). Immediately behind the auditorium stage, a one-story structure with concrete roof housing both a men’s and a women’s dressing room was built (building 4, Figure 7) without access into the school. The final component was another one-story structure with concrete roof (building 5, Figure 7) which provided housing for permanent help at CID as well as a separate dining and living room for them (all since demolished).

By June 13, 1929, the new building was officially dedicated and placed in service. Comprised of a “modified Spanish exterior,” the three-unit building contained the school at the center, a science wing on the Papin Street side, and a residence wing on the Clayton Avenue side (Figure 13).

Behind the building (and thus created by the ancillary structures) was a Spanish patio separating the building from the old school to the east (extant but enlarged, Figure 7, page 15). A formal reception lobby was on the ground floor within the building’s center (extant, Figures 14 and 3). Press reports touted the “bright dining room, a kitchen that was a marvel of culinary efficiency (Figures 15 and 3) with maid’s quarters behind the kitchen...with the largest facilities for preschool age children in the world.”

All of these elements are extant today.


Figure 15: Dining room & kitchen views; date unknown. Source: Helen Schick Lane. “History of the CID,” 1981, page 30. See also Figure 3, page 11.

34 Ibid, page 29.
The southern-most wing housed the scientific areas as well as the library and an acoustical laboratory that was sound-proofed on the 3rd and 4th floors (Figures 5 and 6 on pages 13 and 14). This lab contained a modern audiometer (an instrument designed by acoustic engineers in order to study the nature of hearing) built by the Western Electric Company in St. Louis especially for Dr. Goldstein’s research. Although the equipment has since been removed to the CID archive, the lab appears much as it did during the period of significance. Also in the third floor wing was a lecture room for “Normal School” students (a school that gave a two-year course to high school graduates preparing to be teachers), an anatomical laboratory, and a phonetic lab for the OSISO (Figure 5, page 13). This OSISO was a recently invented oscillograph designed to translate speech into written shorthand for the deaf—a way that also helped them to begin reading.

An Infirmary was designed with 15 beds including five cubicles separated by glass partitions for infectious patients so that they could be isolated but still able to lip-read one another (Figures 16 and 6); the wing also included treatment rooms for ears, eyes, noses, and throats as well as a space for a permanent dentist. Situated at the fourth floor was a Solarium (used as an open play area and still intact) with views of Forest Park and with a roof to provide shelter (Figure 17, next page). The outdoor solarium was important in that it was high above the ground pollution, safe and secure, and it offered an incredible view of the city and nearby park.

Figure 16: Infirmary showing glass walls. Source: Helen Schick Lane. “History of CID,” 1981, p. 30. Date unknown.

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35 Ibid, page 31. This “1-A Audiometer” was one of only 25 such instruments that were produced.
36 Goldstein went to New York in 1927 to accept the OSISO device from the Westinghouse Electric and Manufacturing Company.
37 Helen Schick Lane, page 31.
The concept of the solarium was essential to CID’s mission and it was carefully designed by Ittner with safety as well as inspiration in mind (Figure 6, page 14). Situated on the upper floor in between the dorms and wards, it provided a quality of life for the children of CID set within a safe environment. Although the extent of usage of the solarium in St. Louis has not been fully explored (primarily due to lack of documentation), personal research on other properties over the past fifteen years has shown that several roof-top playgrounds were created on roofs of schools as well as on commercial buildings in the early 1900s. Poro College (1918, since demolished) in the
Ville for instance had a roof-top garden but it had served for entertainment and business purposes and not amusing children.

CID diagnostic clinics were located in the basement where booths were constructed for deafness prevention and speech correction (Figure 18). A total of 30 classrooms measuring 14 by 15 feet were designed to hold a maximum of seven pupils in order to prevent future teachers from crowding more children in the rooms (eleven of these were located in the 1916 building). CID from the beginning had low teacher-student ratios in order to allow for an intensive, highly individualized education for each and every child.38

Growth of the Institution

Seeing the significance of the impact that CID could make, Dr. Goldstein proposed to the Board of Directors in October of 1929 that a drive for a $5 million dollar fundraising campaign be implemented to support research and future endowments fulfilling the mission of CID. Originally supported by a small Central Institute fund as well as the personal resources of the Director, by 1930 a grant from the General Education Board of the Rockefeller Foundation allowed implementation as well as expansion of the institute’s mission. This undertaking from the onset was to provide a research department devoted to development in the biological sciences, physics and engineering, and psychology as they pertained to speech and hearing exploration and that could now be achieved.\(^39\) The grant brought such esteemed scientists as Bud Harrison, Max Meyer, Lorente de No, and Helen Schick to CID at the end of 1929 and provided modern laboratories in the nominated building for them up to 1950.

During the period of significance of 1929 and 1951,\(^40\) most of the initial research activities leading to the first technological advances in the fields of speech and hearing were conducted in the nominated building. Materializing immediately upon the building opening in 1929, this early work implemented at CID provided a firm foundation for continued advancement in the field, ultimately seeing CID as a world-leader in speech and hearing sciences. Subsequent efforts in the decades to follow were made in order to create funding to provide preschool education and speech correction, to offer a two-year course for teachers, and to develop a long-range research program.\(^41\)

From 1929 into the late 1930s

Dr. Goldstein’s selection of qualified staff included those able to continue CID’s research activities as well as instruct future teachers. Putting theory into practice in 1931, CID’s teacher training program was the first to affiliate with a university, offering undergraduate degrees from Washington University.\(^42\) By 1936, CID and Washington University offered the first Master’s Degree program in deaf education and audiology with speech and hearing sciences soon following. Also in 1931, famous Spanish neuroanatomist (expert on the anatomy and stereotyped organization of nervous systems), Rafael Lorente de No, became CID’s first research director. Lorente de No developed the study for mapping the microscopic structures of the inner ear in a small

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\(^39\) Helen Schick Lane, \textit{Ibid}.

\(^40\) 1951 marked when the CID Clinic and Research Building (NR listed 10-21-2004) was placed in service at 909 South Taylor Avenue to the south, thus relocating the major research and lab efforts of CID.

\(^41\) Helen Schick Lane, \textit{Ibid}.
suite located on the third floor of CID (suite extant) until 1935; in the same office, he investigated the conduction of nerve impulses with Helen Graham of Washington University.\textsuperscript{43}

Never before in the history of deaf education in Missouri (or nation-wide for that matter) had such a concerted effort been made on behalf of the deaf. For the first time, this comprehensive approach including: a deaf school with qualified staff; an outpatient clinic for the treatment and diagnosis of speech and hearing problems; a teacher training program including bachelor’s, master’s, and doctor’s degrees; and a dedicated research department epitomized Goldstein’s philosophy and elevated CID to national prominence.\textsuperscript{44}

Psychologist Max Friedrich Meyer worked at CID between 1929 and 1932 and was joined by Helen Schick Lane in 1930. While at CID, Meyer (later Professor of Experimental Psychology at the University of Missouri) worked on a hydraulic model of the inner ear, visual speech aids for deaf children, and conducted research on psychogalvanic skin resistance response audiometry in infants while Lane developed some of the early nonverbal tests of intelligence that demonstrated deaf children to have an intellectual range similar to children with normal hearing.\textsuperscript{45} Meyer, the 1930 President of the Midwestern Psychological Association and of the Southern Society for Philosophy and Psychology, has been identified as “one of the most important psychologists of the period 1600 to 1967.”\textsuperscript{46}

Also during this period were phonetic research experiments conducted at CID by George Oscar Russell between 1930 and 1931. Russell, professor and later chair of Ohio State University’s division of phonetics as well as the director of the language laboratories from 1930 to 1941, came to CID to test the then generally held

\textsuperscript{42} CID archives. \\
\textsuperscript{43} Donald Eldridge and Donald Calvert. “Developing Research Careers for Scientists: Report of 40 Years Experience at CID.” (St. Louis: Central Institute for the Deaf, 1987), page 6. According to the source, the 1981 publication of “The Primary Acoustic Nuclei” (New York: Raven Press) was based on Lorente’s work done at CID. \\
\textsuperscript{44} Vivian Swain. “Inspires Deaf to be Self-Sufficient.” St. Louis Post-Dispatch. September 3, 1961. And CID Archives. \\
\textsuperscript{45} Ibid, pages 6-7. \\
“Helmholtzian” notion. Russell was able to prove, via x-ray for the first time, that the method was in fact inconsistent.

Technisonic Studios, brainchild of Washington University graduate, Charles E. “Bud” Harrison, began on the third floor as the sound lab for CID in 1929 (Figure 5, extant). Harrison was an inventor as well as audio engineer and known as one of the country’s leading authorities on recording. The CID studio was capable of producing high fidelity disc recordings for the deaf. In the studio, the first commercial recordings of CID Auditory tests W-1, W-2, W-22 and the Rush Hughes version of the PB-50 word lists were made. The word list tests known as CID W-22 and Hughes PB-50 today still form the basis of speech and word recognition in persons with both speech and hearing difficulties.

Perhaps in celebration of its tenth year in the new building in 1939, CID invited Helen Keller as guest of Honor in a ceremony at the Municipal (later Kiel) Auditorium (also in conjunction with CID’s 25th Anniversary). Here, CID featured a national Mutual Broadcasting system radio broadcast of teaching demonstrations. Keller touted CID as a pioneer in the field and praised them for instigating hearing tests in public schools. In this historic event Keller and Dr. Goldstein drove home to the nation the fact that physically handicapped children were not receiving enough care and that something had to be done about it.

1940s

In December of 1940, CID suffered a massive blow when its founder Dr. Max A. Goldstein had a stroke—he would die the following year in July at age 71. CID’s research activities increased and in 1941 they would open the nation’s first hearing aid clinic within the nominated building. This clinic, in the south wing of the third floor (extant) saw S. Richard Silverman develop early work on defining the thresholds of sound tolerance. Comprised of a two-room audiometric suite, the facility was noted in

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47 This is the notion that air in the mouth cavities possesses, as a rule, only one or two important modes of vibration. Assessed from www.haskins.yale.edu/Reprints/HL1144. Ignatius G. Mattingly. “A Short History of Acoustic Phonetics in the U. S.” (Haskins Laboratories and the University of Connecticut, no date), page 2.
48 Eldridge and Calvert. And Technisonic Studio online archives.
49 Ibid.
50 CID Archives. Despite popular belief, Helen Keller DID NOT sleep here—she stayed at the Hotel Chase (Later Chase Park Plaza) in St. Louis. Keller knew Goldstein earlier as he helped her to increase the volume of her voice as well as teach her the “two-step” dance in 1913 (CID archives).
51 St. Louis Globe-Democrat. October 8, 1939.
52 CID Archives.
53 Ibid.
the “Annals of Otology, Rhinology, and Laryngology” in the development of technology for the deaf.\textsuperscript{54} Auditory research would reach new heights in 1943 when the National Defense Research Committee awarded CID with a military grant to expand on the study of hearing. Endowments were provided to develop and validate diagnostic methods to isolate issues of impaired hearing as well as to develop an apparatus for aural rehabilitation; such funding allowed military hospitals to treat servicemen during World War II.\textsuperscript{55} All of these activities occurred in the nominated building.

In 1946, Harvard Medical doctor Hallowell Davis accepted an offer to establish and direct a specialized research department at CID in addition to taking on a position with the Washington University School of Medicine’s (WUSM) Departments of Physiology and Otolaryngology. Davis’s contact with CID however began much earlier as he contributed to the development of hearing aids with CID.\textsuperscript{56} At CID, Davis (with Chilean scientist Santiago Riesco) began the nation’s very first testing of “intracochlear electrodes” on guinea pigs from the WUSM. Intracochlear electrodes were the foundations of the later cochlear implant—a surgically implanted electronic device that provided a sense of sound to a person who is profoundly deaf or severely hard of hearing.\textsuperscript{57} Also at CID, Davis experimented with the use of speech and conducted specialized hearing tests which would later culminate in the beginning of speech audiometry—today a fundamental tool in hearing loss assessment. Davis became a leading figure in the development of the first American Standards for Audiometers and the adoption of the international zero reference level as part of the standard—earning the National Medal of Science by President Gerald Ford in 1976.\textsuperscript{58}

The cycle of military grants which began in 1943 continued in a series of grants that became a major stimulus to auditory research in the later 1940s at CID. In 1946 and 1947, the Office of Naval Research and the Armed Forces-National Research Council supported projects at CID and other national facilities. Under the Navy contracts, CID was able to analyze physiological acoustics of the middle and inner ear thus improving diagnostic methods for impaired hearing and listening with two ears rather than with just one.\textsuperscript{59} The number of affected and inflicted patients grew both in the civilian and

\textsuperscript{55} Eldridge and Calvert, page 10.
\textsuperscript{56} Bernard Becker Medical Library Archives, Hallowell Davis Papers, Washington University, St. Louis.
\textsuperscript{58} Bernard Becker Medical Library Archives.
\textsuperscript{59} CID Archives.
the military populations and CID answered the need by providing an improved institution based both on resolving the negative affects of war on veterans’ health as well as providing the new technology to treat hearing loss. The year 1947 was also important in that under Director S. Richard Silverman, the American Medical Association entrusted CID with the testing of hearing aids and audiometers—no doubt due to CID developing the nation’s first hearing aid clinic in the United States earlier in 1941.60

Expansion of CID Planned
CID’s research efforts had significantly increased and with it new technological and space requirements. Ultimately by 1949, a CID committee comprised of Doctors S. Richard Silverman, Hollowell Davis, Helen Schick Lane, Keron Morrical, and others began internal meetings to strategize for a new Clinic and Research Building (CRB) to be custom-built to meet the need. Grants comprised mostly of private endowments from St. Louis citizens beginning in 1946 culminated by 1951 in total payment of the new structure. Keron Morrical, a Professor of Electrical Engineering at Washington University, assisted with the planning of this new building to the south of the 1928 CID building (now across Highway I64/US40) and was responsible for the design of its acoustical and mechanical features.61

Beginning construction at the end of January 1950 and opening in the spring of 1951, the CRB was the only building at the time in the world designed and constructed exclusively to study and to improve problems of speech and hearing through research and clinics.62 New technology including a suspended anechoic chamber for acoustical research made the facility indispensable in the study of “the secrets of sound.” Eventually military contracts waned by the mid-1950s but the National Institutes of Health and National Sciences Foundation provided the financial support. When the new CRB opened in 1951 the St. Louis Globe Democrat touted that “with the exception of the Anheuser-Busch Brewery and Monsanto Chemical Company, that there was nothing in St. Louis as well known outside of the United States as the Central Institute for the Deaf.”63

Meanwhile in 1951 (and corresponding to the end of the period of significance), the research department moved from the nominated building into the new CRB at 909

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60 Ibid.
61 Eldridge and Calvert, page 7.
62 Ibid. And according to Lane there was a cornerstone ceremony on June 13th, 1950.
63 CID Archives.
South Taylor Avenue (NR listed 10-21-2004) and use of the 1928 CID building (and interconnected complex) was relegated to teaching and providing general treatments. From the mid-1950s onward most of the new work in speech and hearing research was then conducted in the CRB building. Eventually, expansion of the “Express Highway” (later Highway I64/US40) after the 1960s separated the 1928 CID building from the 1951 CRB completed to the south (Figure 19).

CID remained an essential force in continued development in the field of hearing sciences through the 1950s including the first design of a jet plane helmet for supersonic speed tests in 1952, being named the headquarters of a new Military-Civilian Research Body formed in 1953, acoustical engineering for civil defense purposes, and opening the first parent-infant program to help parents work with their children at home in 1958.

**Figure 19**: 1963 Sanborn Fire Insurance Map showing original 1916 building, the 1928 building, and 1951 building.
Contemporary History of CID

CID continued its efforts from the 1960s through the 1990s expanding its mission, and pioneering new technologies. Ultimately it would outgrow its several properties and by 1962, its annex (an apartment building) was demolished to make way for the widening of the future Highway I64/US40. Directors of the Board determined that a new complex had to be built to meet the changing technology of the 21st Century. Announcements of the January 14, 2000 dedication of the new CID school located immediately behind the nominated building, were made with the promise of an $8 million, 42,000 square foot, state-of-the-art facility.\(^{64}\) Launched as the first part of a three-phase project in 1998, the new structure held 20 classrooms, observation areas, modern learning equipment, art and music rooms, a library, a full-size gym, and a computer room.

Divided by Highway I64/US40, Executive Director Donald Nielsen saw the need to combine all of the institution’s many buildings into one “little village” integrated by “connecting architecture and walkways.”\(^ {65}\) Designed to block out all outside noise, the building was constructed behind the 1928 building; the 1928 building was planned for eventual rehabilitation and connection to the new complex during a third phase in the future. This plan would never materialize and the buildings remained independent of each other. The 2000 building was designed to harmonize with the earlier CID building and was constructed of similar materials, colors, Spanish clay tile roof and fenestration patterns. Architecturally, albeit contemporary, the building mimicked the earlier CID building and has been viewed by architectural historians as compatible and non-intrusive. Landmarks Association of St. Louis awarded the 2000 building a “Most Enhanced Award” for compatible architecture in 2001.

As part of the construction of the new facility the old 1916 school was razed. As the ancillary structures adjoining the 1928 CID building to the 1916 school (Figure 7) were no longer needed they were also removed. These structures served a utilitarian purpose that was obsolete by the time the 1951 CRB was completed. The loss of these structures has little to no impact on the significance of the 1928 CID building.

Later in January of 2003, CID moved its clinic and research center from the 909 South Taylor Avenue CRB building across Highway I64/US40 in order to combine all of its facilities at the north where the 2000 building was constructed. Celebrating this move, Director of Audiology and Clinical Services at CID Brad Stach stated that “the new site

\(^{64}\) West End Word. “Central Institute for the Deaf to open new school.” (St. Louis: West End Word, volume 29, number 2, January 13, 2000), front page.

\(^ {65}\) Ibid.
is closer to the heart of the Washington University Medical Center and more convenient..." The source also indicated that 909 South Taylor was under consideration to be sold. Today the building is operated by the St. Louis College of Health Careers.

**Conclusion**

The nominated building today stands as the physical symbol of Goldstein’s philosophy regarding the treatment and education of the deaf. Although there were other schools in St. Louis and in Missouri, none of these provided the holistic approach to the field that CID developed. The building housed significant medical firsts as well as innovative developments in research and technology in the fields of speech and hearing; these efforts laid the foundation in those fields. All of the activities conducted in the building during the period of significance from 1929 to 1951, such as creating the nation’s first degree program in deaf education, establishing standardization of deaf education in the United States, and improving the technology and testing of hearing aids, were vital to the world-wide study of sound and have continued to influence the field today. The spaces in which these activities occurred are largely intact, many with original sound-proofing wall treatments still extant. The building appears much as it did upon construction and its evolution as a leading center for speech and hearing development. The building clearly reflects its original and continued function in the fields of speech and hearing. There were no other similar buildings in St. Louis which housed similar activities until CID constructed the CRB after 1951; the 1951 CRB is on the National Register for its individual and separate accomplishments which were conducted after the 1928 CID laid the early foundations. After 1951, the nominated building’s role within the health and medicine fields was drastically reduced and eventually the building was entirely vacated. The nominated CID building retains its highly visible “landmark” status with its westward-facing, iconic façade greeting thousands of motorists and pedestrians each day. The building is patiently awaiting an adaptive reuse and a new lease on life.

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Central Institute for the Deaf Building

Name of Property
St. Louis, Independent City, MO.

County and State
N/A

Name of multiple listing (if applicable)

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**Verbal Boundary Description**

The Central Institute for the Deaf Building located at 800 South Euclid Avenue in St. Louis (Independent City), Missouri, is located in city block 5234 North and consists of approximately .67 acres on all or portions of lots 1, 2, 3, 58 and 59 in Block 1 of the Kingshighway Terrace Addition. The nominated property and the adjoining property to the East are in the process of re-subdivision, at which point an exact legal description will be provided. The property is currently known by the St. Louis City Assessor’s Office as parcel ID 5243000100 and tax record ID 5243-00-0010-0. A dotted line on the accompanying map entitled “Central Institute for the Deaf Building Boundary Map” (Figure 20) indicates the boundary of the nominated property.

**Boundary Justification**

The boundary of the nominated property includes the building footprint historically associated with the 1928 CID building. The rear of the site to the east of the building complex includes a new CID complex which is separated from the original complex via four inches-plus of air space; there is no internal connection and facing walls are solid masonry construction. To close the airspace from animals and weather a thin, vertical metal strip was installed in between the buildings (and is clearly identifiable in photos 15, 22, and 23). In between the buildings is an enclosed courtyard which has been modified and no longer resembles what it looked like during the period of significance. A modern parking lot to the west of the building is not included in the boundary.

**Figure 20:** “Central Institute for the Deaf Building Boundary Map.” Source: Google Earth, Lafser, 2015.
Central Institute for the Deaf Building
Name of Property
St. Louis, Independent City, MO.
County and State
N/A
Name of multiple listing (if applicable)

Figure 21: Photo Key: Current site plan: locations of photos. Left side is 1st floor; right side top is 2nd floor; right side bottom is 4th floor. Matt Bivens, photographer, 2014 and 2015.