United States Department of the Interior
Heritage Conservation and Recreation Service

National Register of Historic Places
Inventory—Nomination Form

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

1. Name

historic

and/or common Homer G. Phillips Hospital

2. Location

street & number 26101 Whittier Street

city, town St. Louis

state MO code 29 county City of St. Louis code 510

3. Classification

<table>
<thead>
<tr>
<th>Category</th>
<th>Ownership</th>
<th>Status</th>
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<td>commercial</td>
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<tr>
<td>structure</td>
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<td>educational</td>
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<td>Accessible</td>
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<tr>
<td>object</td>
<td>in process</td>
<td>yes: restricted</td>
<td>government</td>
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</tbody>
</table>

4. Owner of Property

name City of St. Louis, c/o The Hon. Vincent Schoemehl, Mayor

street & number Room 200 City Hall

city, town St. Louis

state MO 63103

5. Location of Legal Description

courthouse, registry of deeds, etc. St. Louis City Hall

street & number Market Street at Tucker Boulevard

city, town St. Louis

state MO 63103

6. Representation in Existing Surveys

title Landmark of the City of St. Louis

has this property been determined eligible? yes × no

date February 1980

depository for survey records Heritage and Urban Design Commission, Room 416 City Hall

city, town St. Louis

state MO 63103
Continuation of Item 10, Verbal Boundary Description

Kennerly; thence turning west, continue approximately 400 feet to its intersection with the east side of the north/south alley of CB 3675; thence turning south, continue approximately 340 feet to its intersection with the north side of Cottage Avenue; thence turning west, continue along said side of Cottage approximately 150 feet to its intersection with the east side of Goode; thence turning south, continue approximately 275 feet along said side of Goode to its intersection with the north side of St. Ferdinand Avenue; thence turning east, continue approximately 150 feet to its intersection with the north/south alley of CB 3677; thence turning south, continue along said alley approximately 125 feet; thence turning west, continue approximately 150 feet along the southern property line of St. Phillip's Lutheran Church to its intersection with the east side of Goode; thence turning south, continue along said side of Goode approximately 200 feet to its intersection with the north side of North Market Street; thence turning east, continue approximately 520 feet along said side of North Market to point of origin.
Homer G. Phillips Hospital was constructed between 1932 and 1936 at a cost of $3,160,000 as a municipal hospital for St. Louis blacks. Designed by City Architect Albert A. Osburg, the hospital complex (See Site Plan.) comprises a central administration building with four radiating patient wards, a service building and a nurses' home—all faced with brick and trimmed with Art Deco terra cotta.

Among the design achievements of the hospital are the extent to which the plan, elevations and materials are successfully adapted to and integrated with the residential character of the area. Although skyscraper hospitals of twenty to thirty stories were gaining favor in urban centers in the late twenties, the choice of a six and seven story plan for Homer G. Phillips indicates sensitivity to pedestrian scale and a thoughtful address to the neighborhood streetscape. (Photo #1) To avoid any feeling of a strictly utilitarian, monolithic block, the architect employed contrasts of form, color and texture with restraint but to great effect throughout the buildings. While simple and direct in plan, devices such as angled wings interrupted by polygonal towers and bows, and varied roof shapes (hipped, flat and polygonal) add interest and saliency to the design. (Photos #2 & #3)

The hospital also profits from the excellent disposition and quality of materials and ornamental detail. Rising from a polished, rose granite water table, the white terra cotta of the first story is continued above in second story pointed-arch window surrounds (accented with rosettes) and used again as a string course to differentiate the first stage of the building. The brick curtain wall is enlivened by a variety of colors in warm earth tones (green, ochre, red-brown, etc.); brick pilasters articulate shafts of the wings into two-bay units. Muted yellow terra cotta Art Deco ornament of surprising intricacy bands the top stories of the wings and central unit as well as the middle stories of the polygonal towers; each band is executed in a different geometric pattern. (Photo #2) The horizontal courses help ground the building, relating it to the scale of the surrounding neighborhood houses. The polygonal unit joining the wings is enhanced by a two story ensemble of round-arched windows and terra cotta balustrade. (Photo #3)

The most richly treated elevation is the facade of the sixteen-bay central block with projecting end bays (the Administration Building) which today is unfortunately compromised by a new entrance which conceals the first three stories. Still highly visible, however, is the fine display of decorative brickwork and terra cotta in the window spandrels of the shaft, climaxing in the top story where ropes of terra cotta outline concentric brick arched window surrounds and blue roundels highlight the spandrels. A terra cotta cornice and dentilled string course dramatically frame the top story which is also nicely capped by a red tile, hipped roof. A single story, out-patient clinic constructed in 1959-60 connects to the south side of the hospital by an exterior corridor. (Photo #3 and Site Plan.) An effort was made to integrate the clinic with the hospital by the use of similar brick. However, because of the recent date of construction, the clinic is considered a non-contributing addition.
A detached, five story nurses' home with a two story wing (planned as apartments for the superintendent and medical director) was also part of the original building program completed in 1936. (Photo #1 and Site Plan.) The nurses' building connects to the hospital through an underground tunnel and once provided housing for 146 student nurses and laboratories and lecture rooms for course instruction. The style and design of the building complement the hospital. (Photo #4)

Since August 1979, Homer G. Phillips Hospital has been closed as a full-service facility; patient care is currently limited to the clinic and emergency room. (See Section 8.) Both the exterior and interior of the hospital have been maintained in very good repair. The consideration originally given to siting, plan and elevation makes the hospital today a significant architectural contribution to the north side and a source of pride to all of St. Louis.
8. Significance

<table>
<thead>
<tr>
<th>Period</th>
<th>Areas of Significance—Check and justify below</th>
<th>Specific dates</th>
<th>Builder/Architect</th>
<th>Statement of Significance (in one paragraph)</th>
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<td>prehistoric</td>
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<td>1932-36</td>
<td>Albert A. Osburg, architect</td>
<td>Considered by many to be the most tangible achievement of St. Louis' black community, Homer G. Phillips Hospital has also become the most widely known symbol for that community. Constructed between 1932 and 1936 as one of the few, fully equipped hospitals in the country where black doctors, nurses and technicians could receive training, the influence of Homer G. Phillips spread throughout the nation. Locally, the presence of Homer G. Phillips not only provided medical services to the community but along with Sumner High School, Antioch Baptist Church and the Annie Malone Children's Home formed a closely related network of stability and pride during the years of restrictive covenants in housing and segregation in education.</td>
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<td>archeology-historic</td>
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<td>In St. Louis on June 18, 1931, a 51-year-old lawyer rose at 7:00, had breakfast, said goodbye to his wife, and left his home at 1121 Aubert Avenue. Noted for his punctuality, he walked southward on Aubert to Delmar at 7:45 a.m. to take a streetcar to his office at 23 North Jefferson. He stopped to buy a newspaper. As he waited for his streetcar and read his paper, two men approached. The first walked up and said something to him. The lawyer lowered his paper. The first man struck him in the face and then drew an automatic, firing several shots into him. The lawyer fell, and the two men ran north to an alley and east in the alley. Although two people were arrested for the murder of Homer Gilliam Phillips, both were released. This yet-unsolved tragedy prevented the man most responsible for the successful outcome of decades of struggle for adequate health care and medical training for St. Louis' black citizens to see construction begin on the facility which was to bear his name.</td>
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<td>1500-1599</td>
<td>agriculture</td>
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<td>In the early twentieth century, black St. Louisans became increasingly vocal about the lack of adequate health care or medical training. Taxes from black citizens supported municipal facilities open only to whites. Attempts to promote a change in policy whereby blacks and whites could train in the same institutions were met by threats of strikes by white doctors. In 1914, a committee of seventeen concerned black physicians convinced city officials to purchase the abandoned Barnes Medical College at Garrison and Lawton Avenues. Renamed City Hospital #2, the facility was renovated and opened as a 177-bed health care center for blacks in 1919. The 1920 U. S. Census reported a sixty percent increase in St. Louis' black population in one decade. Only two years after City Hospital #2 opened, it became apparent that 177 beds could not serve the needs of seventy thousand people. The</td>
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committee of seventeen was reorganized and attorney Phillips worked actively for the support of an 87 million dollar bond issue with the understanding that 1 million would be spent for site acquisition and construction of a first-rate health care facility for blacks. Although the bond issue passed in 1923, the opponents obtained an interpretation from City Counselor Muench that construction of the hospital was not implied. City officials, aldermen and the local medical society endorsed construction of a "colored annex" to City Hospital #1 instead of a separate hospital. Phillips and other black leaders argued that the proposed annex was "remote from their people's center of population; that a hospital there would immediately become a 'stepchild' of the main institution; that development of proper health service for their race might be hampered."³ After several years of debate, Phillips ultimately carried the battle to a successful conclusion in the Board of Aldermen's Welfare Committee chaired by Alderman Neiderlucke. A 6.3 acre site for the new hospital and nurses' home and school was acquired in the Ville, a center of the black residential community in St. Louis. Construction began in October 1932, some ten years after the original bond issue was passed.⁴

Designed by City Architect Albert A. Osburg,⁵ Homer G. Phillips Hospital appeared at a time when American hospital design for general community service was viewed as one of the most complex problems for the architect. While the need for a highly efficient physical plant which would support an increasingly specialized professional staff and technical facilities was a primary concern, architects were also charged with environment planning and with creating institutional images that would dispel fear and welcome patients through attractive facades. With respect to these concerns, Homer G. Phillips Hospital brought St. Louis the best in current design both functionally and artistically.

The dedication of Homer G. Phillips Hospital on February 22, 1937, was celebrated with a parade of two thousand people and attended by five thousand. The principal speakers included St. Louis Mayor Bernard F. Dickmann, Governor Lloyd C. Stark of Missouri and U. S. Secretary of the Interior, Harold I. Ickes. Remarking that Homer G. Phillips was the "largest and finest of its sort in the world," Secretary Ickes emphasized that the new hospital marked:

... a notable advance in Negro hospitalization, a field which, I regret to say, has been sadly neglected in many sectors of our country. ... Its real significance is that at one and the same time it symbolizes the just demands and needs of our Negro citizens and the willingness on the part of those in authority to help to achieve your rightful place in our economic system.⁶

Mayor Dickmann commented that when he assumed office in 1933, he was determined he would "not deal with humanity as if it were a lot of cattle" and he therefore committed himself to ensuring the completion of Homer G. Phillips. (During Dickmann's administration two additional bonds were issued for construction of the hospital.)
For Dickmann the dedication was "one of the happiest moments in my administration" and a "great day for the colored people, a great day for St. Louis, and a great day because it gives us another opportunity to advance civilization."^7

Despite general acknowledgement of Homer G. Phillips' significance, during the early years the hospital budget was limited and the staff soon earned a reputation of being "underpaid and overworked."^8 In 1944, Homer G. Phillips ranked in the upper third of the ten largest general hospitals in the country; by 1948, the hospital was training one-third of the graduates of the two black medical schools in the country. The hospital was also gaining a national reputation for treatment of the acutely injured and the staff was making valuable contributions to the development of techniques for intravenous protein feeding and for the treatment of gunshot wounds, burns and bleeding ulcers.9 In addition to providing a fully accredited training program for interns and residents and school of nursing, between 1938 and 1946 Homer G. Phillips established schools for x-ray technicians, laboratory technicians and medical record library service. Starting in the early 1950s, the hospital also offered a program of advanced training to certified foreign doctors which helped ease the ever-present staff shortage as well as giving opportunity to foreign doctors who, because of race or creed, were denied training in other hospitals.

Homer G. Phillips was no longer to be an exclusively black institution following a 1955 order from the Mayor that patients of any race, color or creed living in the western part of the city must be admitted by the hospital. Yet in 1960, every department of the hospital was staffed by a black doctor or associate director who was also a faculty member of St. Louis University or Washington University.10 When Homer G. Phillips celebrated twenty-five years of service, the hospital could claim the distinction of having trained the largest number of black doctors and nurses in the world. Out of eight hundred interns trained at Homer G. Phillips, by 1962, six hundred were American blacks, and there was no sizable black community in the United States that was not served by at least one Homer G. Phillips-trained doctor.11

During the fall of 1964, St. Louis newspapers reported attempts were underway to reduce medical service or possibly close Homer G. Phillips Hospital. According to Alderman Clark of the 4th Ward, the city was "trying to move a hospital from a place where it is needed mostly" in an effort to centralize municipal hospital care at City Hospital #1 on the near south side. The transfer to City Hospital #1 of divisions such as the neuro-psychiatric clinic was explained as a convenience to Washington University teaching staff who were affiliated with City Hospital #1. Discrepancies between the salaries of medical directors and operating budgets of the two city hospitals were noted as inequity to Homer G. Phillips.12 Difficulty was reported in recruiting qualified staff at Homer G. Phillips because salaries were not competitive and Washington University and St. Louis University would no longer make their personnel available to the hospital.13 The St. Louis Post-Dispatch published finding of a "long-suppressed" management report which concluded that
"Phillips was being operated effectively despite management power shortages, but that patient care and emergency service at City Hospital [#1] was inadequate." Additional support was given to Homer G. Phillips by testimony of doctors such as Carl A. Meyer, Professor of Surgery at Washington University School of Medicine, who stated that "... if Phillips were closed the St. Louis area would suffer a loss of its reputation in the medical field." The threat of closing Homer G. Phillips Hospital was stayed for fifteen years until August 17, 1979, when the north side's only public acute care facility was closed and reduced to the out-patient clinic and emergency care. The closing (which brought unsuccessful protest from the black community) was assessed by one writer as reflecting:

... directly on the position of Blacks in St. Louis and also indicative of the political maneuvering on the part of area businesses, universities and elected officials who decide on civic issues outside the influence of the electorate. In a more general sense, the struggle over Homer G. calls into account the problems associated with health care delivery to the poor today and in the future. The same writer also observed that:

In an area with a 99.9% Black population and a paucity of private physicians, the hospital is critical. It is critical for both the health care of the area's citizenry and community pride - a Black hospital run by and for Black St. Louisans. As with any group, the community has a value in itself apart from the functioning of any hospital.

The designation of Homer G. Phillips Hospital as a City Landmark in February 1980, was viewed by local black leaders as an important recognition of the institution's contribution to the city and hopes were raised that the landmark status would advance the cause to reopen the hospital.

As of March 1982, medical service remains restricted to the out-patient clinic and emergency care. However, hope exists among north side residents and hospital staff that results of a feasibility study for the reopening of Homer G. Phillips (to be announced in April 1982) will enable the black community to reclaim their own health care. While prospects of reopening the hospital are viewed by many as regrettably slim, listing in the National Register would acknowledge the black pride and achievement which the hospital has represented for the city since the Depression-era.

Footnotes

1Ernest Calloway, "Why Was Homer Phillips Killed?" St. Louis Argus, 5 June 1975, p. 16.
2Phillips, the son of a Methodist minister, was born in 1880 in Sedalia, Missouri. Orphaned in infancy and reared by an aunt, Phillips lived in the home of the noted black poet Paul Lawrence Dunbar while attending Howard University Law School in Washington, D.C. After graduation Phillips moved to St. Louis where he became a prominent figure in civic affairs while maintaining a versatile law practice representing universities as well as deposed union officials.

3St. Louis Post-Dispatch, 23 February 1937, p. 2C.

4According to the Post-Dispatch, 21 February 1937, p. 11A, the funding sources were: 1923 bonds, $1,530,000; 1933 bonds, $845,000; 1934 bonds, $180,000; PWA grants, $545,000 received and $80,000 expected.

5Albert A. Osburg (1887-1976) was born and educated in St. Louis. He trained two years at Washington University's School of Fine Arts (night school) before beginning work as a draftsman in 1904. In 1912, he was employed as a draftsman for the City of St. Louis and by 1919, he was listed as an architect for the Board of Public Service. He rose to the rank of Chief Architect for the City where he worked as late as 1954.

6St. Louis Globe-Democrat, 23 February 1937, p. 5A.

7Ibid., and [Homer G. Phillips Hospital], Homer G. Phillips Hospital: 25th Anniversary (St. Louis: Homer G. Phillips Hospital, 1962), unpaged.

8St. Louis Star, 17 December 1948.

9Park J. White, M.D. Papers, Washington University School of Medicine, St. Louis, Missouri.


12St. Louis American, 8 October 1964.


14St. Louis Post-Dispatch, 16 November 1964.


17Ibid.
## 10. Geographical Data

### Acreage of nominated property
- approx. 10 acres

### Quadrangle name
- Granite City, IL/MO

### Quadrangle scale
- 1:24,000

### UMT References

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### Verbal boundary description and justification

Homer G. Phillips Hospital is located in portions of City Blocks 3675, 3676 and 3677. Beginning at the northwest corner of N. Market and Whittier continue north along the west side of Whittier approximately 950 feet to its intersection with the south side of

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

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<thead>
<tr>
<th>state code</th>
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</table>

### 11. Form Prepared By

© 1982, Landmarks Association of St. Louis, Inc.

- **name/title**: Mary M. Stiritz, Research Associate and Carolyn Hewes Toft, Executive Director
- **organization**: Landmarks Association of St. Louis, Inc.
- **date**: 31 March 1982
- **street & number**: 706 Chestnut Street, Room 1217
- **telephone**: (314) 421-6474
- **city or town**: St. Louis
- **state**: MO 63101

### 12. State Historic Preservation Officer Certification

The evaluated significance of this property within the state is:

- X national
- ___ state
- ___ local

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

- **State Historic Preservation Officer signature**
- **title**: Director, Department of Natural Resources and State Historic Preservation Officer
- **date**: 

For HCRS use only

By my signature below, I hereby certify that this property is included in the National Register.

- **Keeper of the National Register**
- **Attest**: 
- **Chief of Registration**: 

GPO-834-835
United States Department of the Interior
Heritage Conservation and Recreation Service

National Register of Historic Places
Inventory—Nomination Form

St. Louis
Continuation sheet Homer G. Phillips Hospital Item number 9

Bibliography

Announcement: Homer G. Phillips School of Nursing (St. Louis), 1939-1960.

Architectural Forum, December 1928.


St. Louis American, 8 October 1964.

St. Louis Argus, 9 October 1964.

St. Louis Globe-Democrat, 21 February 1937, p. 3C; 23 February 1947, p. 5A; and 12 February 1980, p. 11A.

St. Louis Post-Dispatch, 21 February 1937, p. 11A; 23 February 1937, p. 2C; 5 May 1959; and 16 November 1964.

St. Louis Star, 17 December 1948.

St. Louis, Missouri. Washington University School of Medicine Library Archives, Park J. White, M.D. Papers.


HOMER G. PHILLIPS HOSPITAL
St. Louis, MO

UTM REFERENCE POINTS
A--15/480470/4282475
B--15/480625/4282400
C--15/480480/4282125
D--15/280320/4282220

Granite City IL/ MO Quadrangle
Scale, 1:24,000
SITE PLAN: HOMER PHILLIPS CITY HOSPITAL
ST. LOUIS, MO.

MAP: MARCH 1982 BY PAT HAYS BAER
Photo Log:

Name of Property:  Phillips, Homer G., Hospital
City or Vicinity:  St. Louis [Independent City]
County:  St. Louis [Independent City]  State:  MO
Photographer:  Mary M. Stiritz (unless otherwise noted)
Date Photographed:  Mar. 1982 (unless otherwise noted)

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

2 of 4. E (principal) elevation, facing NW.
3 of 4. S elevation, S ward wings, facing NW.
4 of 4. S and W elevations of Nurses’ Home & Superintendent’s apartments with SW ward wing in right background, facing NE.