PRELIMINARY INFORMATION FORM (PIF) for HISTORIC DISTRICTS

Purpose of Evaluation
Please use the following space to explain briefly why you are seeking an evaluation of this property.

Are you interested in applying for State and/or Federal Rehabilitation Tax Credits?  
Yes ___ X___ No _____

Are you interested in receiving more information about DHR’s easement program?  
Yes ______ No ___ X___

1. General Information
District name(s):  De Paul Hospital Complex Historic District 
Main Streets and/or Routes:  Kingsley Lane, Granby Street, Newport Avenue, Painter Street 
City or Town: City of Norfolk, VA

Name of the Independent City or County where the property is located:  City of Norfolk

2. Physical Aspects
Acreage:  10.8

Setting (choose only one of the following): 
Urban _____ Suburban ___ X___ Town _____ Village _____ Hamlet _____ Rural_____

Briefly describe the district’s overall setting, including any notable landscape features:

The De Paul Hospital Complex Historic District (commonly called De Paul) is located on a flat 10.8-acre site facing Kingsley Lane to the southwest; across Kingsley Lane is a large medical office building, and substantial surface parking. To the northwest is Newport Avenue and an apartment complex beyond. To the southeast is Granby Street, a busy six lane road. Finally, to the rear (northeast) of the complex is a variety of multiunit residential housing buildings. Overall the site is bordered by the Talbot Park neighborhood to the northeast, the River Point neighborhood to the northeast and northwest and, across Granby Street, the Cromwell Farms/Elsworth neighborhood to the southeast.

The former hospital and two separate office buildings occupying the majority of the site, with the hospital largely centered and the two separate buildings in the southeast quadrant of the site. The northwest third of the site consists of a large parking lot and two large green spaces which serve to buffer the apartment complex across Newport Avenue from the parking lot. The northeast corner of the site has another large ‘L’ shaped parking lot, and there is a final parking lot in the southeast corner. There are driveways at multiple points along Granby Street, Kingsley Lane, and Newport Avenue which served as drop points for patients, or to access parking. All three public sides of the parcel are planted with shrubs and trees interspersed with areas of grass. The rear of the complex is accessed via Painter Street and a small service parking area.
3. Architectural/Physical Description

Architectural Style(s): **Moderne/International Style; Brutalism; New Formalism**

If any individual properties within the district were designed by an architect, landscape architect, engineer, or other professional, please list here:

James R. Edmunds, Jr. (architect, 1942, Federal Works Agency); T. David Fitz-Gibbon (architect with Rudolph, Cooke & Van Leeuwen, Inc., Norfolk, 1942, associate architects); Crout, Snyder & Randall (structural engineers, 1942); Egli & Gompf, Inc., mechanical engineers, 1942); J. Gerald Phelan, architect, Bridgeport, Conn, 1956; T. David Fitz-Gibbon (Norfolk, 1956); Baskerville and Son (Richmond, 1969); William Tazewell and Cooke & Associates Inc. (architect, 1988, Kingsly Lane office building addition); L.J. Hoy Inc. (builder, 1988)

If any builders or developers are known, please list here: **Doyle & Russell, Inc., Richmond (contractor, 1969)**

Date(s) of construction (can be approximate): 1942, 1956 (Nash addition); 1965 (Kingsley Lane office building); 1969 (addition); 1970 (Granby St, east expansion); 1988 (Kingsley Lane office building addition)

Are there any known threats to this district? **Vacant, neglect**

Narrative Description:

In the space below, briefly describe the general characteristics of the entire historic district, such as building patterns, types, features, and the general architectural quality of the proposed district. Include prominent materials and noteworthy building details within the district, as well as typical updates, additions, remodelings, or other alterations that characterize the district.

The DePaul Hospital Complex Historic District is composed of the titular former hospital building itself and two unattached office buildings. There are also three parking lots present.

The 1973 main entrance of the former hospital is accessed via a curved driveway, where the entry façade can be viewed: the entry is also curved, and with a matching curved concrete canopy, and made of brick and concrete. It features a central cylindrical stack of windows that make a fulcrum between the two adjacent wings of the façade. The wings themselves are sharper, with large, squared windows surrounded by thick frames of beveled concrete. Still visible, recessed behind the two sides of the 1973 entrance, are the two distinctive three-story curved brick former porch sections which helped define the original 1944 façade.

There is a ca 1980s entrance on the northeast corner of the central structure complex that is surrounded by a brick, stepped parapet decorated in the middle with an engraved cross design, referencing the hospital’s longstanding Catholic association. This highlights what was the emergency room entrance to the hospital. Red brick facades make up the exterior faces adjacent to this parapet, and the windows on these facades are topped with lintels of the same light concrete.

The rear facades of the complex are industrial-looking, with blank veneers and garage doors, though the brick is laid decoratively in a Common Bond. Additionally, there is a tall, rounded chimney structure visible, rising high above the roofline.

Inside the complex’s 1973 entrance foyer the interior echoes the exterior with curving walls. The foyer features what appears to be an intact ca 1973 wood paneled and marble topped reception desk. The circulation pattern in the 1973 entry addition also appears to be intact. Additionally, an octagonal-shaped 1973 chapel is present and highly intact. It is decorated with dark wood paneling. The center of the roof is cut into
a circular skylight with eight, thin, stained-glass windows radiating out from it, some of them connecting to floor-to-ceiling height stained-glass windows on the walls.

![De Paul Hospital Chapel, constructed in 1973](Image)

The 1965 office building in the southeasternmost corner of the district’s boundary has rectangular massing, along with details that emphasize verticality, such as a covered, arched colonnade surrounding the building’s base, and stripes of brick that separate sets of windows and begin at the second story. The windows have concrete panels above and below each opening. There is a concrete cornice topping the building on all four sides.

An unattached 1970 building is situated to the east of the hospital along Granby Street. It is designed with an irregular, boxy roofline, and its facades are also box-shaped overall. There is a continuation of emphasis on verticality due to heavy, brick partitions that protrude from the building creating alternating bays with the vertical sections of windows. The entire base of the building is concrete up to the second story, and there are concrete panels above and below each window, echoing the 1965 office building. Narrow coping provides a small hint of a cornice along the roofline.

Discuss the district’s general setting and/or streetscapes, including current property uses (and historic uses if different), such as industrial, residential, commercial, religious, etc. For rural historic districts, please include a description of land uses.
For the setting of the district, please see the site description above. In regards to property uses, the main hospital is currently closed and vacant. The separate office building, and two additions are currently in use as medical offices. The uses of all buildings in this district were historically related to the medical industry and remained so for their entire existence.

4. District's History and Significance

In the space below, briefly describe the history of the district, such as when it was established, how it developed over time, and significant events, persons, and/or families associated with the property. Please list all sources of information used to research the history of the property. (It is not necessary to attach lengthy articles or family genealogies to this form.) Normally, only information contained on this form is forwarded to the State Review Board.

If the district is important for its architecture, engineering, landscape architecture, or other aspects of design, please include a brief explanation of this aspect.

Early History

The devastating 1855 yellow fever outbreak in Hampton Roads, called “The Great Pestilence,” occurred when there was no hospital for the public in the City of Norfolk. The work of eight sisters of the Sisters of Charity during the epidemic, and the donation of the home of Ann Plume Behan Herron, at the corner of Wood and Church streets, soon after, led to the creation of The Hospital of St. Vincent De Paul on March 3, 1856. It was Norfolk’s first hospital for the public. The hospital was expanded several times, growing from the single dwelling to an institution with 150 rooms and a school of nursing. A fire in 1899 destroyed the hospital, but a new, even larger building was erected in the same location by 1901.

With the huge increase in Norfolk’s population during World War II, the demand for hospital space and services outstripped what the St. Vincent De Paul Hospital could provide. The building at Church Street had been expanded several times and was considered too outdated to improve, so the decision was made to build an entirely new hospital facility. The new hospital opened in 1944 in the location of a former soybean field at the corner of Granby Street and Kingsley Lane at the edge of the Talbot Park neighborhood; the hospital was renamed De Paul Hospital, but would be run by the staff of St. Vincent De Paul. The land for the hospital was donated by the City of Norfolk, in exchange for the old St. Vincent De Paul Hospital on Church Street. This location represented a dramatic change from its original location just outside downtown.

De Paul Hospital

The new hospital was built by the Federal Works Agency (FWA), using Lanham Act funding at a final cost in the range of two million dollars. It was the largest hospital project overseen by the FWA in the southeastern region. The FWA administered multiple types of public works projects, including large construction projects, independently of the federal government from 1939 to 1949. The FWA was created by the 1939 Reorganization Act which allowed President Roosevelt to reorganize the executive branch and streamline the many programs and agencies which had been created during the Great Depression. The FWA was dissolved in 1949.
Construction of the new De Paul Hospital began in late 1942 and the hospital officially opened on May 13, 1944, with the first patients being admitted on May 22. The funding for the project came from a combination of the FWA and the City of Norfolk. The Sisters of Charity, which owned and operated the new hospital, provided much of the new equipment. The three-story new hospital featured 275 beds and numerous medical advances not seen in other regional hospitals. One of the most notable and visually impressive building features were the two curved protruding sections of the façade which each held open sun porches for convalescing patients. Attached to the hospital was a home and training school for nurses attending the De Paul nursing school. In 1953 the relatively new hospital set a new standard in Virginia by being the first in the state with oxygen for patients piped directly into every room.
In December 1953, less than a decade after the hospital opened, a new wing costing approximately $750,000 was announced for De Paul Hospital. The initial funding for the new wing came almost entirely from the estate of Mrs. Lucia Smith Nash, leaving $700,000 for the hospital expansion which was named the Smith-Nash Memorial Wing in honor of her parents. The three-story addition was to be located on the south end and was built for the pediatrics department. The architect was J. Gerald Phelan (from Bridgeport, Connecticut) assisted by local architect T. David Fitz-Gibbon, who also served on the hospital building committee. In 1954 The De Paul School of Nursing was accredited by the National League of Nursing joining the minority of 253 accredited programs out of a total of 1,139 nationally. This was the first nursing program in Hampton Roads to be accredited, and the first in the entire mid-Atlantic region which wasn’t affiliated with a university.

Construction for the Smith-Nash Memorial Wing began in 1956 and was completed in 1958. The new wing was a three-story addition to the west of the main entrance and abutting the existing nurses’ home. The Smith-Nash Memorial Wing was fully airconditioned, even though much of the hospital did not yet have this advancement. It contained a cafeteria, medical records department, library, conference rooms, boards rooms, the pediatrics department, and additional patient space. In addition, there were extensions added to the rear (north) ends of the wings on the east end of the hospital, near to Granby Street: the St. Francis wing and the new out-patient wing. Finally, much of the existing interior space was renovated and repurposed. The resulting facility had 306 beds, 55 bassinets, and a greatly expanded patient capacity. The final cost, including
changes and equipment, ended up being approximately $1,750,000, with the full cost paid for by private subscription in addition to funds sourced via the Hill-Burton Act. Competing with De Paul at this time, Norfolk General Hospital was also undergoing a huge expansion.

Dr. Helen W. Taylor was appointed chief of the medical staff for De Paul Hospital in 1959. This was the first time for the region, and potentially the entire state, that a woman held this position. Continuing the long history of social progressivism for the hospital, in 1961 De Paul became the first private hospital in the region to adopt a retirement plan for its employees. In 1964, De Paul removed the remaining vestiges of segregation, following the lead of public hospitals as required by the Hill-Burton Act. As a result of its successful adherence to the requirements of the 1964 Civil Rights Act, De Paul Hospital was certified to participate in the Medicare program in 1966.

![Figure 4](image-url)  
*Figure 4 – “Dr. Taylor Head Staff at De Paul,” Norfolk Ledger-Dispatch, June 10, 1960.*

The five-story office building, located on Kingsley Lane at the southeast corner of the De Paul campus, was opened in 1965. It is a brick building with pre-cast stone finish. It was called the De Paul Medical Building and cost $1,250,000 to complete. It originally held the offices for doctors and dentists. The building materials were selected to blend with the main hospital, but also featured an arcaded walkway along the front of the building in a nod to contemporary design. By this time De Paul was one of sixteen hospitals run by the Sisters of Charity of St. Vincent De Paul.
In 1967, De Paul initiated a $2 million public capital campaign to complete a $12.5 million expansion and modernization of the existing hospital facilities, which would also incorporate a capacity increase from 300 to 417 beds. The expansion would again make use of funds through the Hill-Burton Act and a loan granted through the Norfolk Port and Industrial Authority saved the hospital $50-100,000 per year in interest payments. A study by Dr. Anthony Rourke estimated a shortfall of up to 405 beds by 1970, primarily as a result of the new Medicare program increasing the number of patients. At that time De Paul treated 28% of the patients in the region. The architect for this expansion was Baskerville and Son of Richmond, and the contractor was Richmond based construction firm Doyle & Russell, Inc.

*Figure 5 – “Med Unit Due to Open In February,” Norfolk Ledger-Star, June 18, 1964.*
The plan called for a Y-shaped addition of four stories attached to the front of the current hospital entrance. Construction began in December 1969 and it was completed in September of 1973 with a final cost of $16.2 million. The addition included new bedrooms, a surgical suite with eight new operating rooms, a new emergency room, a new and expanded laboratory, pharmacy incinerator and delivery room. Separately, a $1.6 million extended care facility featuring 150 beds was constructed 1969-1970 on Granby Street to the east of the hospital and near the intersection with Kingsley Lane. The facility was physically connected to De Paul Hospital by a hyphen, but run by National Medical Care, Inc. Continuing its long list of achievements, in 1980 De Paul Hospital created the first home hospice program in South Hampton Roads for terminal cancer patients. By 1981, De Paul was the forty-eighth oldest public hospital in the nation and the oldest Catholic public hospital in Virginia.

In March of 1980, De Paul launched another substantial expansion with a budget of approximately $18 million to construct a large, approximately 66,000-square-foot administrative building, and a four-story office building for doctors. Located in the new administrative building would be the main hospital offices, medical records library personnel offices and a residential section for the chaplain and nuns. It would have been located close to the corner of Kingsley Lane and Newport Avenue with approximately 33,000 square feet of offices and a laboratory. The new doctors’ office building appears not to have been built and this appears to be the beginning point of a forty-year decline in the status and viability of De Paul hospital.

Another office building for doctors was eventually built in 1988 along Kingsley Lane at the southwest corner of the hospital. The five-story building was 42,500 square feet and cost $4.2 million, funded entirely by a group of physicians. This building was part of a new trend of many medical buildings being built and managed without involvement by developers or real estate firms. The style was described at the time as post-modern with small, square windows and highlighted by “a central glass atrium wall topped with a pediment skylight.” The building is connected to the main hospital complex. The architects were William Tazewell and Cooke & Associates Inc; the builder was L.J. Hoy Inc.

In 1990, a $12 million renovation project was announced for De Paul Hospital, by this time the oldest hospital in Norfolk. This project would result in substantial interior changes and updates, as well as alterations in the services the hospital offered. However, there were no new buildings or substantial additions. In 1996, De Paul Hospital changed ownership for the first time in its history to the Bon Secours Health System. In 1999, the Province Place assisted living facility at De Paul opened on Granby Street behind the hospital; construction was approximately $8.5 million.
A new 300,000-square-foot “full service” hospital located at De Paul was approved by the Virginia state health commissioner’s office in 2009. The new hospital would replace the existing hospital at a cost of $200 million and was slated for completion in 2014. In anticipation of construction, the older nurses’ dormitories and school buildings on the west end of the campus were demolished; some unused storage facilities at the corner of Kingsley Lane and Newport Avenue were also demolished. This new hospital, however, was never constructed.

The continued economic pressures on De Paul Hospital resulted in its final closure in 2021.

**Eligibility Evaluation**

The De Paul Hospital complex represents seventy-five years of building evolution from its initial construction in 1944 through numerous expansions and renovations. The style of the original hospital was transitional with elements of Moderne and the International Style. The materials emphasized the brick and stone of traditional buildings. The building is also an important part of the story of Norfolk’s development, particularly suburbanization outside the traditional urban, downtown core. The hospital was originally located on the outskirts of downtown, in a residential area. However, when the hospital decided to leave that building in 1943, they chose a new location in the rapidly developing suburbs far up Granby Street, north of the Lafayette River. The primary hospital for downtown Norfolk became Norfolk General.

Additionally, De Paul Hospital tells several stories about the City of Norfolk and the region: medical development and trends are clearly seen in the changes made to the hospital through the decades and the new services offered. The hospital also has a very strong tie to the surrounding neighborhoods and served a similar unifying role as is often seen by a longtime local school. The hospital also is representative of the history of Catholic hospitals in the United States during the twentieth century, and their role in community-based care. Finally, many of the changes seen in greater society are reflected in the history of the hospital: racial integration, progression of the professional role of women, care of the poor.

The exterior of the building retains strong architectural integrity. The original façade, particularly the defining semi-circular former sun porches, is retained in many areas, though somewhat obscured by later additions. A key element in the architectural development of the building is the 1973 entry wing which is entirely intact and is now established as part of the historic development of the hospital. Many of the other additions, and separate office buildings still remaining also date from what would be the likely Period of Significance, ending in 1973. The location and setting are completely intact with the site appearing much as it did seventy years ago. The historic feeling and association are also intact with its historic role, appearance, and place in the community as clear as ever, with its surroundings little changed.

The De Paul Hospital Complex Historic District is eligible under Criterion A in the area of significance of Health/Medicine as one of the two main hospitals for the City of Norfolk which served the community for over seventy years. In addition to providing care for the regional population, the hospital was the location of multiple local and regional innovative changes in health care. The De Paul Hospital Complex Historic District has a Period of Significance from its construction in 1944, until 1973, the date of the last major addition.

**Bibliography**

**Newspapers:**

“$700,000 Pledged to De Paul.” *Virginian-Pilot*, June 7, 1968.

“1,000 Children Are Invited to De Paul Birthday.” *Ledger-Dispatch*, May 6, 1954.
“Bishop to Bless De Paul Wing In Opening Ceremonies Today.” Virginian-Pilot, October 20, 1958.

“Contents of Cornerstone Box To Be Shifted to New de Paul Hospital from St. Vincent’s.” Unknown, September 19, 1943.


“De Paul Hospital Rapidly Assuming Shape.” Virginian-Pilot, June 21, 1943.

“De Paul Hospital, Founded in Plague, Marking 100 Years of Medical Progress.” Ledger-Dispatch, May 12, 1956.

“De Paul Hospital.” Virginian-Pilot, February 6, 1972.


“De Paul To Train Richmond Students.” Ledger-Dispatch, December 14, 1966.

“De Paul Wing Will Be Built Early in Fall.” Virginian-Pilot, February 25, 1955.


“De Paul Hospital To Be Opened on Sunday, April 16.” Virginian-Pilot, March 8, 1944.


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“Hospital Expansions In the Public Interest.” *Ledger-Dispatch*, December 10, 1953.


“Hospital Seeks Improvement Funds.” *Virginian-Pilot*, December 6, 1967.

“Hospital To Remove Last Racial Barrier.” *Virginian-Pilot*, May 12, 1964.

“Hospital's Special Unit Open.” *Virginian-Pilot*, March 17, 1960.


“Med Unit Due To Open In February.” *Ledger-Dispatch*, June 18, 1964.

“New De Paul Hospital About Ready; Opening Must Await Road Surfacing.” *Virginian-Pilot*, January 30, 1944, sec 2.

“New de Paul Hospital Open House Planned.” *Virginian-Pilot*, May 3, 1944.

“New De Paul Hospital Open to Public Friday; First Patients May 22.” *Virginian-Pilot*, May 5, 1944.


“New Wing, Enlarged Departments At De Paul to Open Oct. 24-25.” *Virginian-Pilot*, October 13, 1958.

“Now a New Wing at De Paul.” *Virginian-Pilot*, December 12, 1953.


“Start Near On New Wing At De Paul.” *Virginian-Pilot*, December 10, 1953.


“Strike to delay wing at DePaul for three weeks.” *Ledger-Dispatch*, June 2, 1972.


Burgess, Elisabeth. “Special Coronary Care Unit Will Open Soon at DePaul.” Ledger-Dispatch, February 12, 1966.


Jeter, Amy. “Bon Secours gets the OK to replace DePaul Hospital.” Virginian-Pilot, 2009.


Smith, Robert. “Oxygen, Giver of Life, Now on Tap In Every Room in Norfolk Hospital.” Virginian-Pilot, May 3, 1953.


Tennant, Diane and Joyce, Marie. “Service marks transfer of DePaul Hospital care.” Virginian-Pilot, September 24, 1996.


Department of Historic Resources Preliminary Information Form
Rev. January 2018
Sanborn Maps:


5. Property Ownership (Check as many categories as apply):
   Private:  X  Public\Local  Public\State  Public\Federal

6. Applicant/Sponsor (Individual and/or organization sponsoring preparation of the PIF, with contact information. For more than one sponsor, please list each below or on an additional sheet.)
   name/title:  Frank Gadams - Member
   organization:  Marathon Acquisitions LLC
   street & number:  PO Box 11659
   city or town:  Norfolk  state:  VA  zip code:  23517
   e-mail:  bgadams@marathondevelopmentgroup.com  telephone:  757-627-9873, X 113
   Applicant’s Signature:  
   Date:  6.29.2022

   • • Signature required for processing all applications. • •

   In the event of organization sponsorship, you must provide the name and title of the appropriate contact person.
   Contact person:  
   Daytime Telephone:  

   Applicant Information (Individual completing form if other than applicant/sponsor listed above)
   name/title:  Marcus Pollard
   organization:  Commonwealth Preservation Group
   street & number:  536 W 35th Street
   city or town:  Norfolk  state:  VA  zip code:  23508
   e-mail:  admin@commonwealthpreservationgroup.com  telephone:  757-923-1900

7. Notification
   In some circumstances, it may be necessary for DHR to confer with or notify local officials of proposed listings of properties within their jurisdiction. In the following space, please provide the contact information for the local County Administrator, City Manager, and/or Town Manager.
   name/title:  Larry “Chip” Filer, City Manager
   locality:  City of Norfolk
   street & number:  810 Union Street, Suite 1101
   city or town:  Norfolk  state:  VA  zip code:  23510
   telephone:  757-664-4242
De Paul Hospital Complex Historic District
Kingsley Lane, Norfolk, VA 23505
DHR ID: 122-6120

A: 36°54'1.56"N / 76°16'59.53"W
B: 36°53'59.40"N / 76°16'45.47"W
C: 36°53'52.53"N / 76°16'48.08"W
D: 36°53'57.43"N / 76°17'1.72"W
De Paul Hospital Complex Historic District
Kingsley Lane, Norfolk, VA 23505

DHR ID: 122-6120

Contributing

100 Kingsley Ln

110 Kingsley Ln

Contributing

Google Earth