VLR Listed: 6/15/2023

NPS Form 10-900

OMB Control No. 1024-0018
expiration date 03/31/2022

United States Department of the Interior
National Park Service

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.

1. Name of Property

Historic name: De Paul Hospital Complex Historic District
Other names/site number: St. Vincent de Paul Hospital, VDHR # 122-6120
Name of related multiple property listing:
N/A
(Enter "N/A" if property is not part of a multiple property listing)

2. Location

Street & number: 150 Kingsley Lane
City or town: Norfolk State: Virginia County: N/A
Not For Publication: N/A Vicinity: N/A

3. State/Federal Agency Certification

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

I hereby certify that this X 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 X 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 X local
Applicable National Register Criteria:

X A ___B ___C ___D

Julie V. Langan 8/24/23

Signature of certifying official/Title: **Date**

Virginia Department of Historic Resources

State or Federal agency/bureau or Tribal Government

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

Signature of commenting official: **Date**

Title : **State or Federal agency/bureau or Tribal Government**

4. National Park Service Certification

I hereby certify that this property is:

___ entered in the National Register

___ determined eligible for the National Register

___ determined not eligible for the National Register

___ removed from the National Register

___ other (explain:) _____

_____

Signature of the Keeper Date of Action

5. Classification

Ownership of Property

(Check as many boxes as apply.)

Private:	X
Public – Local	
Public – State	
Public – Federal	

Category of Property

(Check only **one** box.)

Building(s)	
District	X
Site	
Structure	
Object	

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

Contributing	Noncontributing	
2	0	buildings
0	0	sites
0	1	structures
0	2	objects
2	3	Total

Number of contributing resources previously listed in the National Register 0

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6. Function or Use
Historic Functions
(Enter categories from instructions.)
HEALTH CARE: Hospital

Current Functions
(Enter categories from instructions.)
VACANT/NOT IN USE

7. Description

Architectural Classification
(Enter categories from instructions.)
MODERN MOVEMENT: International Style; Moderne

Materials: (enter categories from instructions.)
Principal exterior materials of the property: BRICK; METAL; CONCRETE; GLASS; OTHER: Cast Stone

Narrative Description
(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable. Begin with **a summary paragraph** that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity.)

Summary Paragraph

The De Paul Hospital Complex Historic District (De Paul) is located in a suburban environment between the Riverpoint and Talbot Park neighborhood areas in Norfolk, Virginia. The current, approximately 13.67-acre property is situated on a large rectangular parcel facing Kingsley Lane to the southwest. The complex includes a total of five resources: the main hospital building (150 Kingsley Lane), which includes multiple additions; a separate office building at 110 Kingsley Lane; a dumpster enclosure; a flagpole; and a stone pillar. Both of the buildings are contributing to the district; the structure and two objects are noncontributing. The buildings have a cohesive design featuring a mix of Moderne and International Style elements and incorporate the smooth textures, flat roofs, minimal ornamentation, and treatment of windows characteristic of the styles. The main building is a multiple-bay, six-story, irregularly shaped building with multiple additions (c. 1950, c. 1957, c. 1958, c. 1970, 1973, c. 1980, 1988). The c. 1970 addition is addressed as 100 Kingsley Lane but it has been attached to the main building since its construction. The 1988 De Paul Medical Atrium addition also has a separate address, 160 Kingsley Lane. Although the main hospital building has multiple additions, each section was designed by architects who strove to harmonize the exterior treatments while updating elements such as entries and signage to meet evolving needs. The complex retains high integrity of location, materials, workmanship, feeling, and association as a mid-twentieth century suburban hospital in regard to its historic role, appearance, and place in the community. The district's integrity of design has been altered as the main building evolved over 40 years to meet expanding needs. The property's setting was somewhat altered during the early 2010s

when older nurses' dormitories and school buildings on the west end of the campus were demolished in anticipation of new construction; some unused storage facilities at the corner of Kingsley Lane and Newport Avenue also were removed. The district's larger setting has been altered as professional office complexes and single-family neighborhoods were constructed around it during the mid- to late twentieth century.

Narrative Description

De Paul Hospital Complex Historic District

The district includes a total of six resources: the main hospital building (150 Kingsley Lane), which includes multiple additions; a c. 1970 building (100 Kingsley Lane), a separate office building (110 Kingsley Lane); a dumpster enclosure; a flagpole; and a stone pillar. The three buildings are contributing to the district; the structure and two objects are noncontributing. The buildings have a cohesive design featuring a mix of Moderne, International Style, and Brutalist elements and incorporate the smooth textures, flat roofs, expanses of brick and concrete, minimal ornamentation, and treatment of windows characteristic of the styles. The main building is a multiple-bay, six-story, irregularly shaped building with multiple additions (c. 1950, c. 1957, c. 1958, 1973 c. 1980, 1988). Erected c. 1970, the building at 100 Kingsley Lane was attached to the main building via a two-story hyphen during the early 2000s. The medical atrium (160 Kingsley Lane) has a separate address from the main building. (Figure 1).

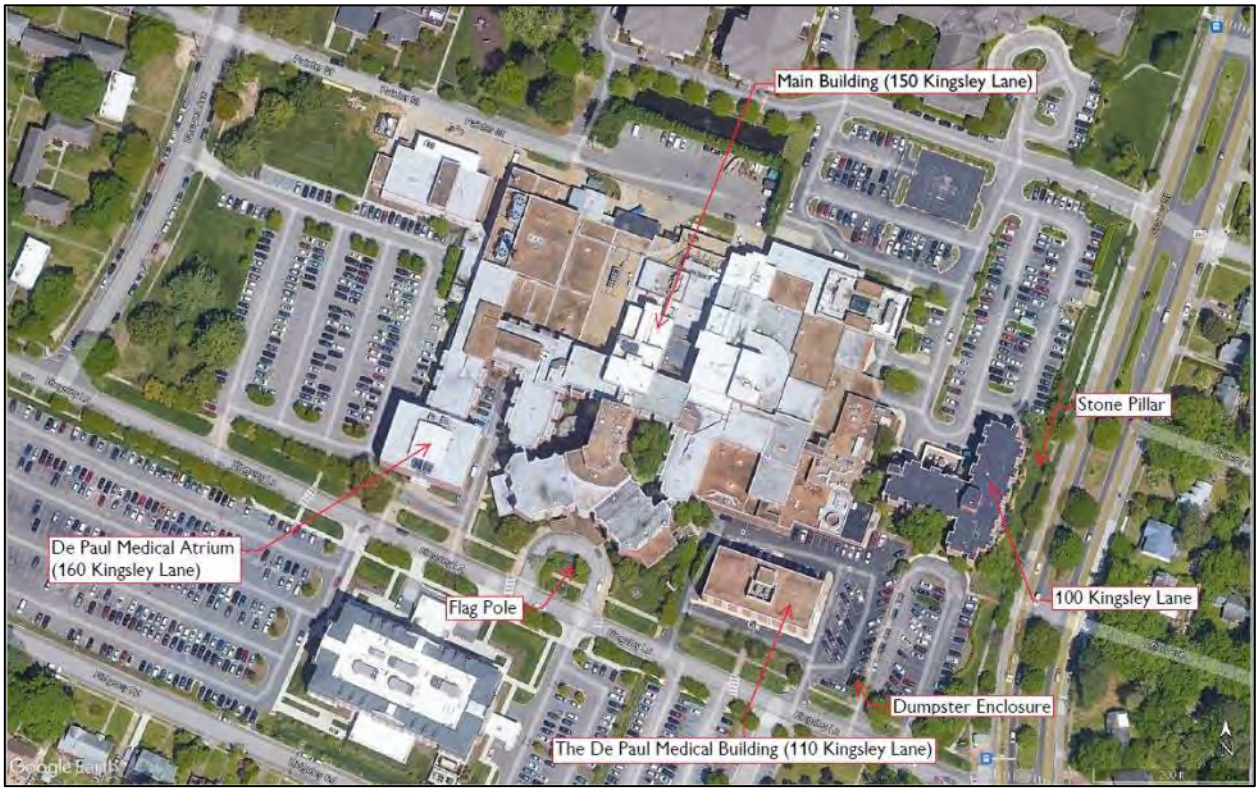

Figure 1: De Paul Hospital Complex Historic District Aerial (Google, 2019)

Setting

The De Paul Hospital Complex Historic District is located in a suburban environment between the Riverpoint and Talbot Park neighborhood areas in Norfolk, Virginia. The current, approximately 13.67-acre, property is situated on a large rectangular parcel facing Kingsley Lane to the southwest. It is bound by a main six-lane thoroughfare, Granby Street, to the east, Kingsley Lane to the southwest, Newport Avenue to the northwest, and Painter Street to the northeast along the rear. The district has a substantial amount of surface parking, particularly along the western portion of the property, as well as the southeast and northeast corners. There are concrete driveways at multiple points along Granby Street, Kingsley Lane, and Newport Avenue, which served as drop points for patients or access to parking.

A combination of historic and modern concrete sidewalks provide access from parking lots to multiple building entrances and to different resources within the complex. Landscaping is limited, with the majority of plantings placed along the building foundations and flanking the main sidewalk along Kingsley Lane. However, two sizeable grass lawns, which feature several large trees, are located at the southwest and northwest corners of the site bordering the larger western parking lot. Other larger plantings and street trees are situated along the edges of the property, providing limited privacy along Kingsley Lane, Granby Street, and Newport Avenue.

Other site features include a flagpole (noncontributing object), situated in the center of a small, landscaped area, which is enclosed by a curved driveway, at the main entrance facing Kingsley Lane. Directly east of this is a stone base surrounded by a circular planting bed which is all that remains of a former Virgin Mary statue. A trash enclosure (noncontributing structure) is sited at the southeast corner of 110 Kingsley Lane, and a stone pillar (noncontributing object) is situated at the northeast corner, along Granby Street, of 100 Kingsley Lane. Two temporary sheds and a gas/oil tank are located along the rear of the site in the service parking area, which is accessed from Painter Street. Additionally, a chain-link fenced enclosure, which features two liquid oxygen tanks, is located at the northwest corner of the site next to that corner of the main building. Modern wayfinding signage is situated throughout the site at various entry points, directing visitors to the correct area of the complex and entrance. Street light poles of varying sizes are placed throughout the site along the sidewalks and within parking lots.

(1) Main Hospital Building, 150 Kingsley Lane (Alternate addresses include 100 Kingsley Lane and 160 Kingsley Lan), 1944, c. 1950, c. 1957, c. 1958, c. 1969-1973, c. 1980, 1988, c. 1990-2000 – Contributing Building, 122-6120-0001

The 1944 main building in the historic district is a six-story, irregularly shaped building with multiple additions (c. 1950, c. 1957, c. 1958, 1973 c. 1980, 1988) that were constructed as the hospital expanded its services. It has a concrete slab foundation and common-bond brick walls. Later additions have obscured much of the 1944 building from view, but its footprint remains visible on aerial photos (Figures 1-2). The 1973, Y-shaped main entrance on the main building's south façade features a distinctive curved entry and matching curved driveway, which are centered on the façade; the original 1944 façade remains partially visible beyond this entrance. The main building and its addition today present as International Style in design with character-defining features such as smooth textures, belt courses that emphasize horizontality of massing, flat roofs with coping (some covered with metal sheathing), and minimal ornamentation. Expansive amounts

of brick with contrasting concrete and cast stone elements subtly separate the buildings features and add a streamlined element of trim that provide visual relief and break up the large, multiple-story, multiple-bay elevations.

Original 1944 Section

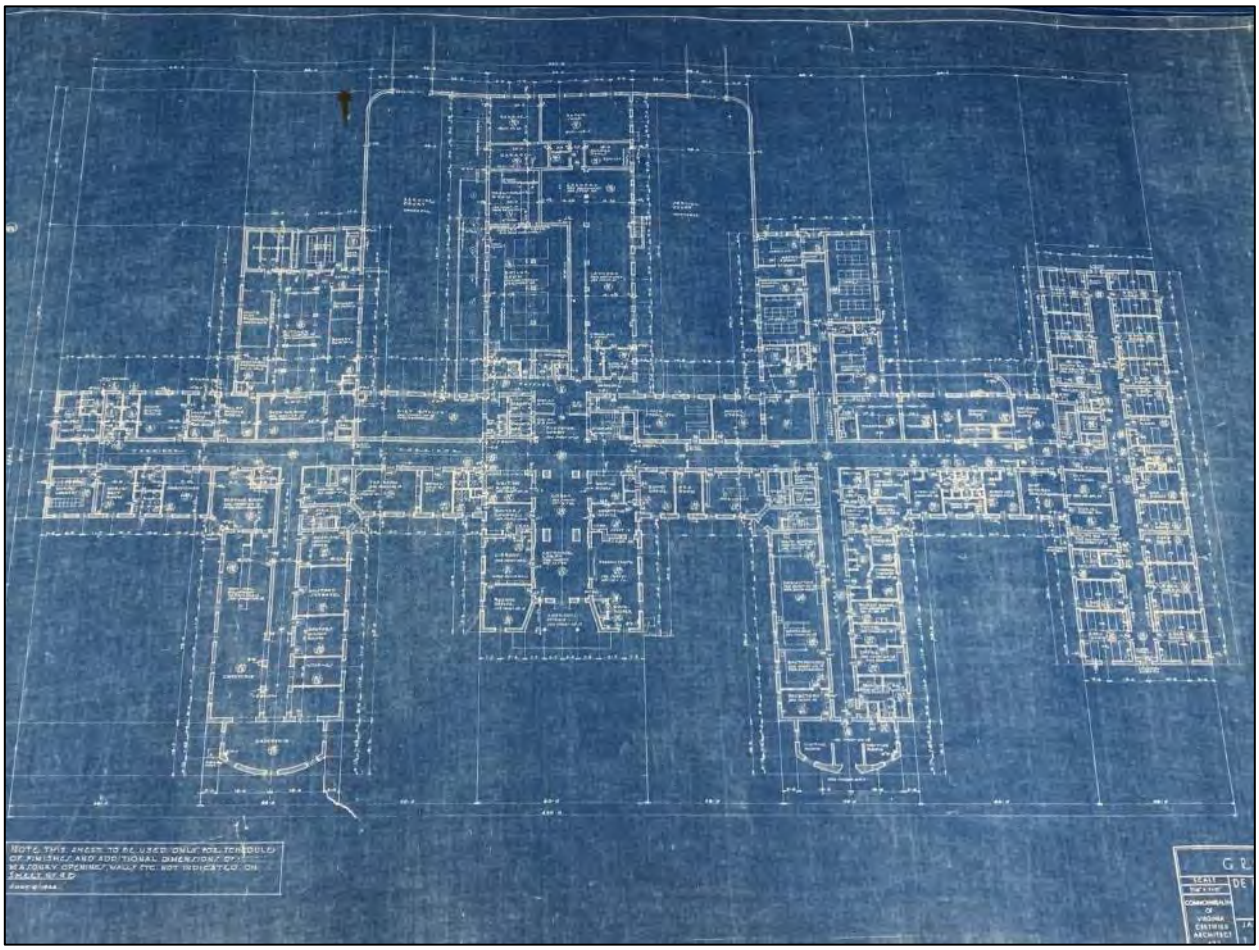

Figure 2: Ground Floor Plan, Original 1944 Section (Sheet 4, 1944 Plan Set, De Paul Archives)

The original 1944 building consisted of a long central, rectangular section running northwest/ southeast with three major, perpendicular, rectangular wings extending from the core section (Figure 2). Designed by architect James R. Edmunds, Jr., who was assisted by local architect T. David Fitz-Gibbon, the original building had four stories with stepbacks at each level (see attached development history map). The masonry building has a concrete foundation and a flat roof with a shallow parapet and cast stone coping, all composed of fire-proof materials available during the 1940s. The six-course common-bond brick walls feature a cast stone water table, belt course, and streamlined cast stone decorative elements primarily around windows. A slight nod to ornamentation is found with regularly spaced, ribbed bands of brick along the first-story walls between the water table and first-story belt course (see Figure 5 below). Windows originally consisted of wood-sash with two-over-two horizontal lights and a combination of concrete and brick

sills. Many of these remain intact on the first story, while upper-level sash have largely been replaced with a combination of historic-age aluminum-sash windows with built-in blinds, and modern, fixed aluminum-sash windows. However, historic wood window sash remain intact on the far southeast end of the second and third stories.

The two front, projecting, three-story wings of this section originally featured a five-bay, curved open sun porch on the second and third stories (see Figure 3 below and Figure 25 in Section 8). Historically, these bays were separated by brick columns encased with concrete trim and metal pipe railings extending between each column. The porches were enclosed c. 1969 and the open bays infilled with now-historic-age aluminum-frame window sash; these alterations were simultaneous with construction of the 1973 Y-shaped addition on the 1944 building's south façade. The central porch bay remained open to serve as a connection to the 1973 addition (see Figures 4-5 below). Subsequently, three-story, three-bay, rectangular extensions that house bathrooms were added to the 1944 building's south façade and front wings sometime after 1973. These bump-outs have flat roofs and are constructed with modern six-course common-bond brick walls with a cast-stone belt-course at the first-story level (see Figure 6). They are trimmed with cast stone on the sides and feature a wide, flat band of cast-stone panels at the top with metal coping. Some of these are open at the first level and are supported by square, concrete columns. Despite these additions and alterations, the original 1944 building largely remains intact and is simply hidden or encased, in some locations, within subsequent additions.

Figure 3: Curved Open Sun Porch, 1944 - Prior to Enclosure in c. 1969 (Sargent Memorial Collection)

Figure 4: Southwest Corner of Original 1944 Front Northwest Wing, Showing Enclosed Sun Porch and 1973 Addition (CPG, 2022)

Figure 5: Southeast Corner of Original 1944 Front Northwest Wing, Showing Enclosed Sun Porch and Original Design (CPG, 2022)

Figure 6: Northwest Elevation of Original 1944 Front Southeast Wing – Modern c. 1979 Bathroom Build-Outs in Foreground, Note Historic Windows and Walls Exposed at the First-Floor Level (CPG, 2022)

On the interior, the c. 194 building largely includes central corridors, running the length of the main northwest/southeast section, as well as the three major perpendicular wings to either side of the core. These areas house a combination of offices, exam rooms, patient rooms, and an occasional storage room. Although the 1944 building's south entrance now accesses the rear of the 1973 Y-shaped addition and has been updated with modern materials, the historic entrance lobby space has been retained. A historic cafeteria/kitchen area is located in the area of the northwest rear wing on the first floor, and while it, too, has been updated since 1944, it retains finishes from the historic period, including ceramic tile walls, rubber terrazzo flooring and base trim, quarry tile floors, and original metal ceiling tiles.

On the second and third floors, reception desks are located at the intersection of each of the south perpendicular wings. Although there have been several added partitions or changes to the configurations of the room layouts, particularly on the first floor, the historic corridors largely remain intact and the overall concept of rooms flanking each corridor, as well as the types of rooms, remains largely unchanged; for example, the rooms that originally housed patients continued to do so until the hospital's closure. Additionally, two of the original interior staircases are located at the intersection of each south wing with the main northwest/southeast core. Another is located at the intersection of the main northwest/southeast section and the far southeast three-story section that runs perpendicular to the main section. Each of these staircases feature painted brick walls and concrete steps. An additional original staircase is located at the center of the building just off the main corridor. This staircase features a combination of exposed brick and tile walls. As is common among evolved hospital complexes, a number of updates were made over the years to accommodate

advancements in technology and expanded needs of the community; however, De Paul Hospital retains much of its historic circulation pattern and decorative details, especially considering the number of expansion and renovation phases that occurred after 1944.

Figure 7: Historic First-Floor Wood-Sash Window, 1944 Building (CPG, 2022)

Figure 8: Historic Brick Arch Over First-Floor Historic Wood-sash Window, Intact Above Dropped ACT Ceiling, 1944 Building (CPG, 2022)

Modern partition walls and dropped acoustical ceilings have been introduced throughout the building, including the 1944 core, but the historic features remain in place in several locations. Historic materials are often encased behind modern materials as well, including historic wood base trim and crown moldings, brick arches, and exposed brick walls. Some of the historic features and finishes from the original period that remain include segmental-arched window openings with wood sash (see Figures 7 and 8), flat plaster walls, some wood flooring, metal ceiling tiles (see Figures 9 and 10), and some interior doors. On the third floor, historic wood floors, wood base trim, chair rail, and denticulated crown molding remain intact within rooms in the southeast wing (see Figures 11-13). Where historic trim is retained, the original ceiling height has also been retained. Other finishes throughout the 1944 building include modern carpet, faux wood and vinyl flooring, vinyl composition tile, ceramic tile, sheetrock walls, faux wood paneling, and concrete. With the exception of the front southeast wing's third floor, trim throughout largely includes rubber base trim and limited flat trim around doors. In the majority of the corridors, the rubber base trim has a molded profile that resembles the look of historic wood base trim from afar. Entries accessing individual rooms and within rooms largely consist of single-leaf flush wood doors. Others have double-leaf flush wood doors with vision panels, double-leaf metal slab doors, and single-leaf flush wood doors with vision panels of varying sizes.

Figure 9: First Floor, Front Area of 1944 Building at Intersection of Main Rectangular Section and Front Northwest Wing – Showing Intact Original/Historic Trim/Crown Molding and Metal Ceiling Tiles Above the Current Dropped Acoustical Tile Ceiling (CPG, 2022)

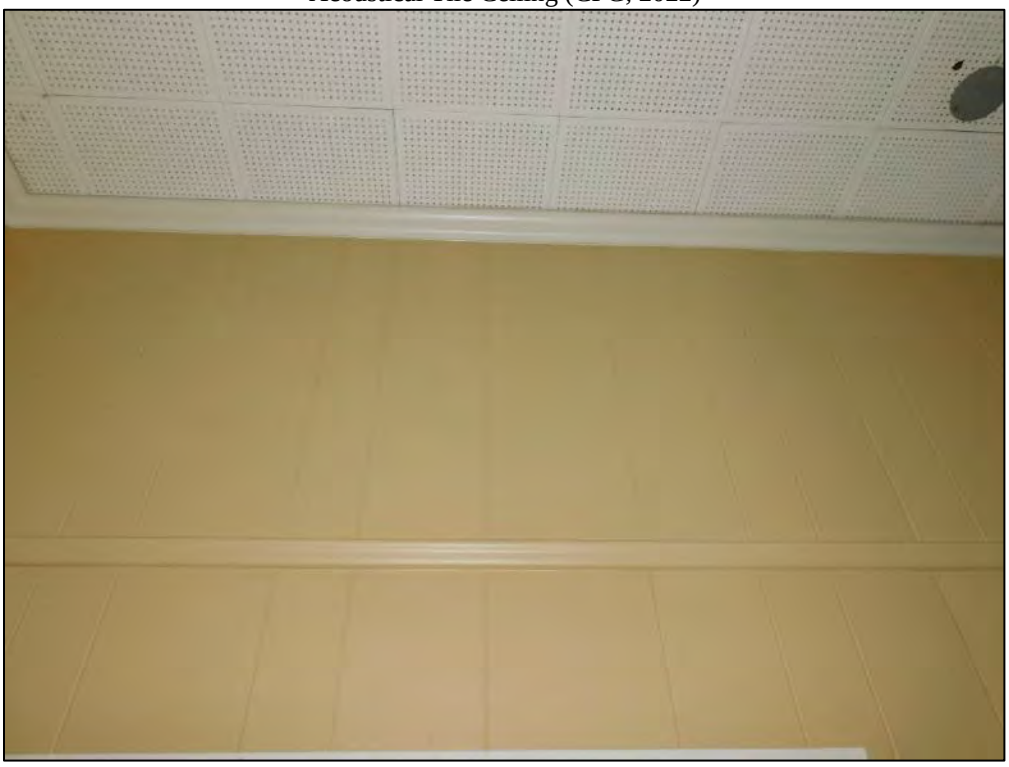

Figure 10: First Floor, Front Area of 1944 Building at Far Northwest Corner of Main Northwest/Southeast Rectangular Section – Showing Intact Original/Historic Upper Trim and Metal Ceiling Tiles (CPG, 2022)

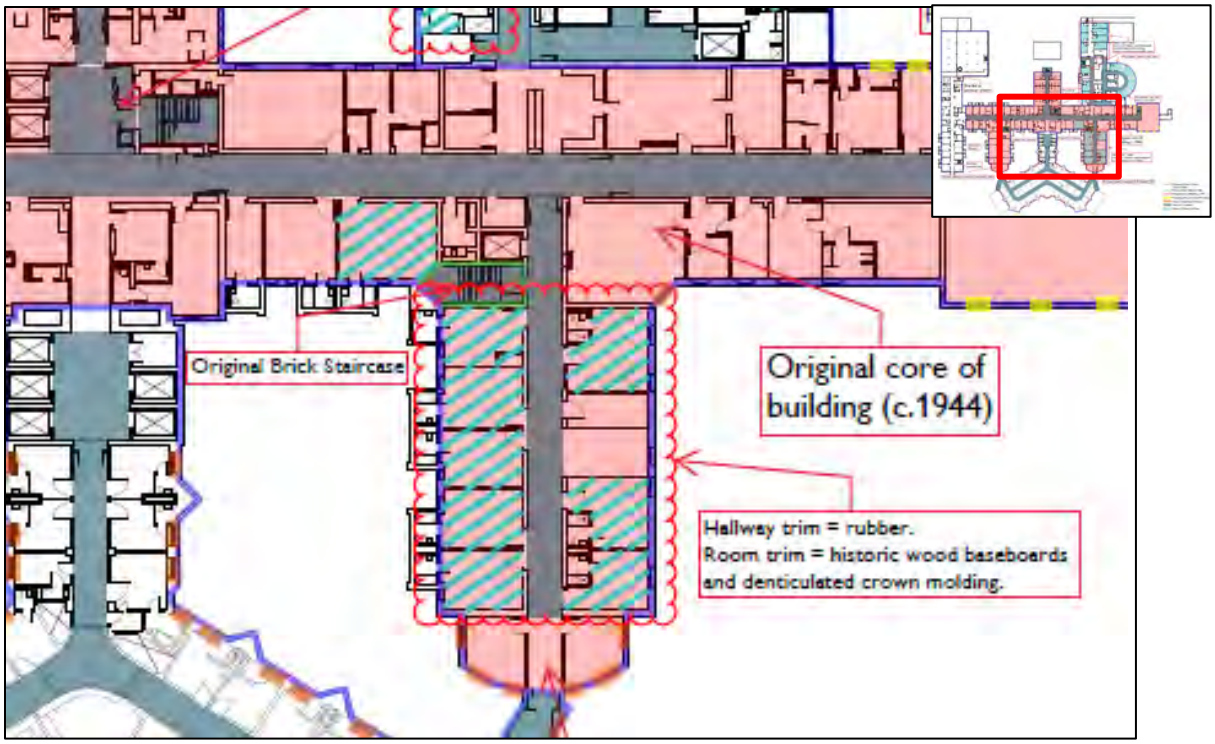

Figure 11: Third Floor, Front Southeast Wing of 1944 Building – Showing Location of Intact Original/Historic Features Including Wood Floors, Wood Base Trim, Wood Chair Rail, and Denticulated Crown Molding (CPG, 2023)

Figure 12: Third Floor, Front Southeast Wing of 1944 Building – Showing Intact Original/Historic Features Including Wood Floors, Wood Base Trim, Wood Chair Rail, and Denticulated Crown Molding (CPG, 2022)

Figure 13: Third Floor at Intersection of Main Rectangular Section and Front Southeast Wing of 1944 Building – Showing Detail of Intact Original/Historic Denticulated Crown Molding (CPG, 2022)

Small 1950s Additions

Between 1950 and 1957, a few small rectangular masonry additions were added onto the rear/northeast side of the four perpendicular wings (see Figure 14, below). A c. 1950, one-story, rectangular supply room was added on the rear elevation of the existing kitchen. This steel-frame addition had concrete block walls and a flat roof. While it remains intact today, it is encased within subsequent additions that were constructed to the southeast and northwest. However, the original exterior walls remain visible on the interior within the corridor to the southeast and mechanical room to the northwest. On the interior, some modern partitions have divided the spaces on each side of the corridor. The corridor retains exposed concrete-block walls and has a vinyl composition tile floor with a dropped acoustical tile ceiling. Finishes within rooms include exposed concrete floors, exposed concrete block walls, modern drywall, vinyl composition tile, original metal ceiling tiles, FRP/PVC wall panels, and a dropped acoustical tile ceiling in some locations.

Sometime between 1950 and 1957, a one-story, T-shaped brick addition, which included a repair shop, battery room, boiler house, and coal house, was added onto the rear of the 1944 building's core. Today, this addition is encased within subsequent additions. However, the six-course common-bond brick walls remain exposed on the interior in some locations. Although there have been slight modifications, overall changes in this section have been minimal and most of the interior walls remain. Today, the area once occupied by the historic boiler house, battery room, and coal house largely serve as storage spaces while the area of the repair shop currently serves as a security area. A floor-to-ceiling chain-link fence blocks off the security area at the far northwest end of this

space. Finishes in this addition include a combination of exposed concrete and vinyl composition tile floors, exposed brick walls and drywall, and exposed ceiling beams in some areas with a dropped acoustical tile ceiling over the security area. Trim is limited to simple vinyl base trim on drywall walls and columns. Masonry walls remain exposed and do not feature trim.

Furthermore, in c. 1957, two other one-story, rectangular wings were added onto the rear elevations of the two existing rear wings on the southeast end. These steel-frame additions had concrete block walls and, according to the 1950 Sanborn map, featured a suspended ceiling, tile, and 4-inch partitions. Although the original plan configuration is unknown, the plan in this area is relatively consistent with the historic plan shown on the c. 1969 plan set. Despite some modifications throughout various building campaigns, including further infill between these two additions, much of the c. 1969 historic plan remains intact in these two areas. Today, this includes a mix of offices and small medical labs and storage rooms. Current finishes include vinyl composition tile, exposed concrete block, modern faux wood, smooth drywall, limited carpet, and dropped acoustical tiles.

In each of these c. 1957 additions, trim is primarily limited to simple vinyl base trim. Interior doors consist of a combination of single-leaf flush wood doors and half-lite doors with wired glass. Others feature smaller wired-glass vision panels.

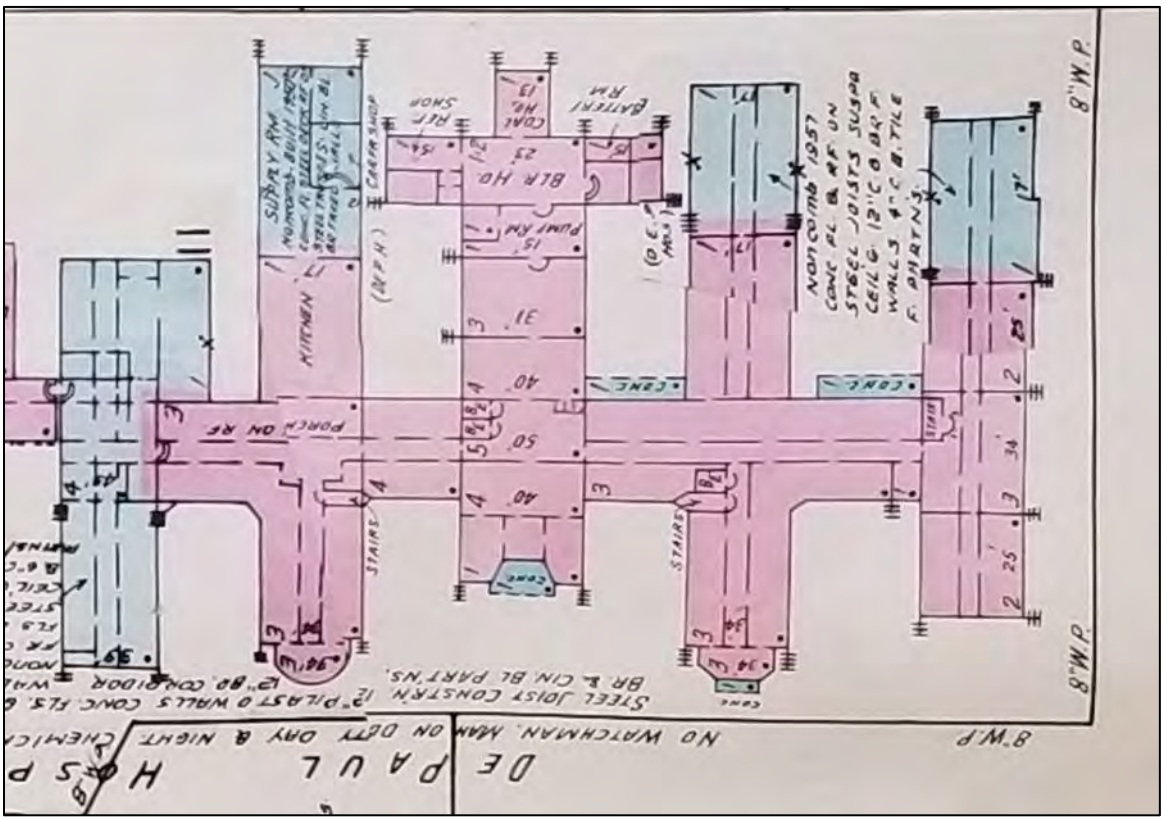

Figure 14: Excerpt from 1950 Sanborn Fire Insurance Map, Norfolk, Virginia (1950, vol. 5, sheet 535)

Addition, Smith-Nash Memorial Wing (c. 1958)

Figure 15: Northwest/Side Elevation of the 1958 Smith-Nash Memorial Wing; 1988 Medical Atrium Located on the Right (CPG, 2022)

Named after the estate of Mrs. Lucia Smith Nash, which was the primary source of funding for construction, a c. 1958 wing was added onto the far northwest end of the original 1944 northwest/southeast rectangular section. It was designed by Connecticut architect J. Gerald Phelan, who was assisted by local architect T. David Fitz-Gibbon. This three-story wing is situated perpendicular to the original 1944 northwest/southeast rectangular section and is currently situated behind the 1988 medical atrium addition (see description below). Constructed of masonry and steel-frame, this three-story wing has a concrete foundation, a flat roof, and six-course common-bond brick walls. Similar to the front projecting wings of the 1944 section, the front section features a cast stone water table and belt course, in addition to a ribbed band of brick that lines the first-floor walls between the water table and first-floor belt-course. Furthermore, the three-story, three-bay, rectangular bathroom enclosures that were added to the front wings of the 1944 section were also added onto this addition sometime after 1973. These bump-outs are identical to those on the 1944 section with their modern six-course common-bond brick walls with cast-stone trim/detailing and a flat roof. All of the extensions are open at the first floor and are supported by square, concrete columns. Window sash have largely been replaced and primarily are modern fixed, aluminum-frame sash with brick sills. Some wider windows have been infilled to present as a tripartite window with a transom and aluminum-frame panels flanking a central fixed aluminum-sash window. The rear elevation of this section abuts the two-story mechanical room, which was added by 1973.

On the interior, the c. 1958 addition connects seamlessly to the 1944 building through a double-leaf, cased opening off the main northwest/southeast corridor. On the upper floors, the space opens to a

small lobby that features a reception area that connects to the central corridor running northeast/southwest in this section. Situated similarly to the 1944 building, a mix of offices, small conference rooms, exam rooms, and patient rooms are situated on each floor flanking the corridor. On the first floor, a large cafeteria room is located at the rear of the addition near the kitchen. Although historic plans for this addition are not available, it is known from articles at the time of construction that the space historically contained a cafeteria, a medical records department, conference rooms, board rooms, and a pediatrics department, as well as additional patient rooms to alleviate crowding in the main hospital wing. Based on this description, it appears that much of the historic plan is intact, including the large cafeteria at the rear of the addition. This large, open space is supported by large square columns placed throughout the room and features vinyl composition tile, a combination of parged masonry and sheetrock walls with simple rubber base trim, and a dropped acoustical tile ceiling.

Finishes throughout the remainder of the 1958 addition include a mix of carpet and vinyl composition tile in corridors and lobby spaces, limited modern ceramic tile in the first-floor lobby, carpet flooring in offices and conference spaces, and a combination of vinyl composition tile flooring and faux wood flooring in patient rooms. It features a combination of smooth sheetrock walls and partitions, historic ceramic tile walls in bathrooms, and dropped acoustical tile ceilings. Minimal trim includes simple rubber base trim and more elaborate rubber base trim with a molded profile mimicking the appearance of wood trim located in corridors, lobby spaces, and conference rooms. Interior doors include a combination of single-leaf, solid flush wood doors, some with vision panels, and double-leaf metal slab doors at intersection points.

Y-Shaped Addition (1973)

Figure 16: Façade/Southwest Elevation of 1973 Y-Shaped Addition Along Kingsley Avenue (CPG, 2022)

The 1973 Y-shaped addition was appended to the south façade of the 1944 building along Kingsley Avenue. Part of a campaign to modernize and expand the hospital, this addition was designed by the well-established architectural firm Baskervill and Son of Richmond. This five-story, five-bay addition has six-course common-bond brick walls with subtle pre-cast concrete decorative elements around windows and between floors. It has a concrete foundation and a flat roof with a short parapet with concrete coping. A band of pre-cast concrete panels is located at the top of the wall along the parapet. Each elevation is lined with symmetrically-placed double window columns separated by triangular brick protrusions that house restrooms on the interior. The windows have large, fixed, historic-age aluminum-framed sash with built-in blinds (see Figure 17). Each window is set within square pre-cast concrete wind panels. The central bay, at the intersection of the Y, features a convex curved band of windows separated by a band of pre-cast concrete on each of the upper stories. The entrance is located beneath this band of windows under a three-bay, convex curved, concrete canopy supported by narrow, metal-clad, concrete columns. The canopy is attached to the building over the front entry and features recessed can lighting. The entry itself mimics the curve of the central bay of the upper floors and features double-leaf, aluminum-frame, sliding glass doors with a wide, two-light transom above. A two-story, four-bay bump out is appended at each end point of the Y-shape, closest to Kingsley Avenue. These bump-outs feature six-course common-bond brick walls with a row of soldier-course brick between the two floors. They have a flat roof with metal coping and a flat band of concrete at the cornice level. Each bump-out features four fixed, modern, aluminum-frame square sash windows set within flush pre-cast concrete surrounds. Although taller than the 1944 building, the 1973 addition displays horizontal massing with the flat-roofed entrance canopy, bands of window openings connected by concrete panels, the segmental-arched central group of upper-story windows, and the coping along the roof.

The 1973 addition is connected at the rear to the center of the 1944 building's south façade via a four-story corridor on each side. Along this corridor's side elevations are aluminum-and-glass entries that lead to parking/driveway as well as an interior courtyard. The upper stories of the corridor are lined with fixed, historic, aluminum-frame windows. The brick and pre-cast concrete detailing match that of the 1944 building to create a seamless transition between the two sections.

Figure 17: Historic Aluminum Window Detail, 1973 Y-Shaped Addition (CPG, 2022)

On the interior, the first floor opens to a large entrance vestibule with a reception and waiting area that joins with the main corridor. In the eastern wing, several offices and medical storage rooms of varying sizes are situated on either side of the main corridor. The western wing features a medical suite with its own reception area. A combination of offices, exam rooms, and small laboratory spaces are located on the northwestern side of the corridor. A medical library, with attached retractable shelves, is located at the far southwestern end of the wing. Toward the rear of the addition in the stem of the Y a gift shop and additional offices flank the central corridor. An elevator lobby is located at the far end abutting the former 1944 front entrance.

Each of the upper floors retains a similar plan with the elevator lobby at the rear branching off to a Y-shaped corridor. Each floor has a central reception area at the culmination of the single corridor leading from the elevator lobby toward the front section of the building. From there, a double corridor, with rooms in the center, branches off into each wing. While this addition predominately features patient rooms, each of the upper floors feature a combination of patient rooms, isolation rooms, exam rooms, small medical and supply storage rooms, offices, small conference rooms, and sanitary stations situated off each corridor. On each floor, the projecting triangular columns primarily serve as bathrooms for each patient room. Unlike the other floors, the third and fourth floors feature a large conference room in the center of the section behind the reception desk towards the front of the building where the convex curved band of windows is located. The second and fifth floors are also slightly different from the other floors in that they feature additional reception desks

at the end of each wing. The second-floor reception area has also been walled off with a modern glass block insertion.

Today, the 1973 corridor has largely been retained with modifications limited primarily to the first floor and the end of the second-floor and fifth-floor wings with the addition of an extra reception desk. Although there have been minor modifications over time to the rooms during hospital updates, the historic plan largely remains intact with various rooms surrounding the central historic corridor. In this section, many of the historic finishes have been retained. Finishes primarily include a combination of viny composition tile, modern carpet, smooth finish drywall (with wallpaper in some locations), and dropped acoustical tile ceilings. Corridors primarily feature vinyl composition tile and modern carpet, while patient rooms primarily feature vinyl composition tile with terrazzo, tiny ceramic tile, or rubber terrazzo flooring in the bathrooms. A limited number of locations feature faux wood. Some storage and mechanical spaces have exposed concrete floors and masonry walls. Trim primarily includes simple rubber base trim, the elaborate molded rubber trim mimicking the appearance of wood, and limited applied chair rail. There is physical evidence to suggest that at one point, wood trim was present in the public areas.

Figure 18: Chapel, 1973, Attached to the Y-Shaped Addition (CPG, 2022)

A 1973, one-story, octagonal chapel is attached to the 1973 Y-shaped addition's northwest side (see Figure 18). The masonry chapel has a concrete foundation with six-course common-bond brick walls with double pre-cast concrete, coffered panels with narrow, rectangular, stained-glass windows on each elevation. The chapel has a ribbed octagonal, moderately-sloped, concrete roof with a concrete cornice and a decorative concrete element in the center that surrounds a circular skylight. Narrow rectangular strips featuring stained-glass skylights are located at the intersection of

each roof panel. On the interior, the chapel features an open octagonal room with a central aisle formed by pews and a shallow stage at the far northwest end opposite the entry. Finishes include carpet with vinyl composition tile flooring on the central aisle and faux wood laminate on the walls and ceiling.

Figure 19: Chapel Interior, 1973 (CPG, 2022)

Maternity Ward Addition

Another major addition that was added by 1973 is the section that includes the maternity ward on the third floor (see Figure 20). Added on top of an existing rear wing, this addition includes a rectangular section with a semicircular section at the southeast corner. Like other additions, it has common bond brick walls and a flat roof with a short parapet with metal coping. Windows include a combination of historic fixed, aluminum-frame sash with built-in blinds and replacement fixed, aluminum-frame sash with concrete sills.

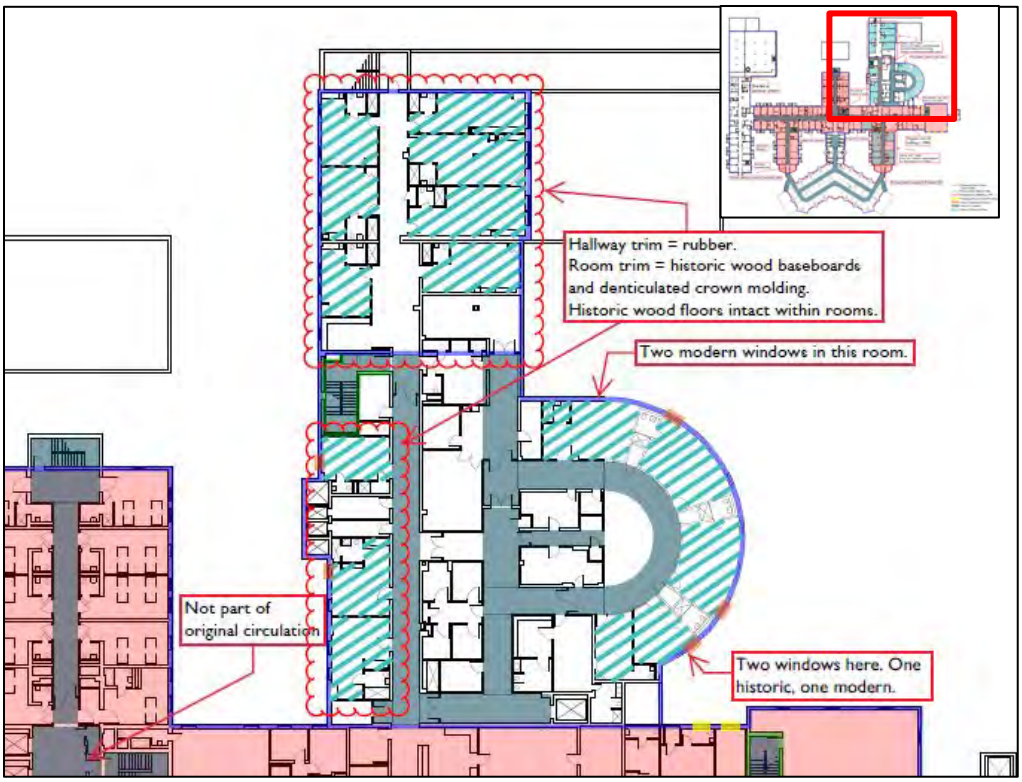

Figure 20: Third Floor, Maternity Ward – Showing Location of Intact Original/Historic Features Including Wood Floors, Wood Base Trim, Wood Chair Rail, and Denticulated Crown Molding (CPG, 2023)

On the interior, the ward largely features patient and delivery rooms with some small service and storage rooms toward the center. In the rectangular section, the plan primarily includes patient rooms flanking a central corridor. A secondary corridor is located on the far southeast side at the intersection of the semi-circular section. In between this corridor and the main corridor to the northwest, there are small medical storage rooms, sanitary stations, and two small surgical delivery rooms. In the semi-circular section, patient/delivery rooms run along the outer edge surrounding a semi-circular corridor situated around a central reception desk. Historic elements remain in place in the majority of the wing, including historic wood floors, wood base trim, chair rail, and denticulated crown molding within the rooms (see Figure 21). The finishes are retained in each delivery and patient room within this section. These rooms also retain their original ceiling height. Other finishes include vinyl composition tile and rubber terrazzo, carpet, and dropped acoustical ceiling tiles. The surgical delivery rooms, storage, and sanitary station rooms largely feature vinyl composition tile with simple rubber base trim. Corridors largely are carpeted with elaborate molded rubber trim mimicking the appearance of wood.

Figure 21: Third Floor, Maternity Ward – Showing Intact Original/Historic Features Including Wood Floors, Wood Base Trim, Wood Chair Rail, and Denticulated Crown Molding (CPG, 2022)

Mechanical/Incinerator Room

Within the same time period (1969-1973), a two-story mechanical/incinerator room was added onto the rear of the c. 1958 Smith-Nash Memorial Wing and adjacent to the c. 1950 supply room addition. This masonry addition has a concrete foundation, six-course common-bond brick walls and a flat tar-and-gravel roof with a short parapet with metal coping. A tall, clay tile/brick chimney/smokestack is located at the southwest corner of the addition and extends from the first floor to the roof. A modern mechanical screening enclosure has been added onto the lower roof along the northwest side. Three large loading door openings with roll-up garage doors are located on the northwest elevation. The northeast elevation has been partially obscured by a later two-bay, one-and-a-half-story, brick addition, but features another loading door with a concrete landing and two additional loading doors at the upper level.

On the interior, this addition has a relatively open plan with a small row of offices located on the southwest side. Several concrete-block support columns are in the open space, which is filled with large machinery and boilers situated on slightly elevated concrete platforms. An open, metal staircase provides access to the second floor on the southeast side of the main room. Finishes primarily include exposed concrete floors, exposed concrete-block walls, and an exposed ceiling with metal trusses.

Other Additions

Definitive information does not exist for all building campaigns, but it is clear that several small additions or small interior wings were added onto or between existing sections, and on various floors, from 1973 through the 1990s/2000s (see attached development history map). Additionally, a larger emergency room section was added on at the far northeastern rear corner of the building sometime in the 1980s. This addition is largely set apart from the main building's historic sections and has its own entrance on the north (rear) corner. The entrance opens to a two-story lobby and reception area with a domed skylight and patient exam rooms and offices branching off to the southwest and northwest. Finishes include modern ceramic tile, vinyl composition tile, faux wood flooring, sheetrock walls, and dropped acoustical tile ceilings.

The continuous expansion of the De Paul Hospital over time corresponds with the hospital's growth, decades of medical advancements, and expanding community needs. The 1944 building Additions to the 1944 building through 1973 have gained significance in their own right as they represent locally significant trends in provision of healthcare. Despite the alterations to the 1944 hospital, the building's historic integrity overall remains intact, as indicated by retention of much of the historic fabric, including those places where historic material is in situ beneath later finishes. Additionally, many of the historic masonry exterior walls are also visible on the interior. The exterior elevations maintain character-defining design elements associated with the International Style, such as the unadorned expanses of brick veneer, smooth textures, concrete belt courses, flat roofs with concrete or metal coping, and minimal ornamentation. Additionally, throughout each phase of development, the additions retained the same materials of brick, concrete, and cast stone that harmonize all of the main hospital building's sections. Despite repeated interior renovations and replacement or updating of cosmetic finishes, including a multi-million dollar renovation project during the early 1990s, a large percentage of interior historic fabric is, including historic circulation spaces, decorative finishes, and utilitarian materials.

Addition, c. 1970, at 100 Kingsley Lane

This c. 1970 four-story wing has an irregular T plan, concrete foundation, combination of modified six-course Flemish-bond brick and concrete walls, and a flat roof. The design introduces aspects of Brutalism to the hospital's generally International Style components. Consistent with Brutalism, the building's massing and materials emphasize solidity alongside irregular, juxtaposed massings, more concrete than brick, and minimal windows set deeply within the walls. On each elevation, built-out brick bathroom enclosures are cantilevered above the first floor, creating uneven planes. Set between them are large, fixed, aluminum-frame sash. The windows are separated on each story by a band of concrete. The entrance, which is accessed on the southwest elevation, is set underneath a covered brick walkway. This long entrance canopy, which is supported by square brick piers, has a flat roof and two hipped skylights. The projecting concrete entrance enclosure features two modern glass doors with two sidelights recessed behind the plane of the entrance doors in line with the main wall. The addition was attached to the main hospital building via a two-story brick hyphen on the addition's northwest side.

Figure 22: Facade, 100 Kingsley Lane, c. 1970 (CPG, 2022)

On the southeast elevation, facing Granby Street, the typical rhythm of a bay of windows interspersed with a brick-column bathroom enclosure is broken up by a three-bay projecting section of ribbon windows with a projecting glass enclosure at the first-story level. Another prominent entrance is located at the north corner at the rear elevation. Although under a projecting canopy, it functions as a recessed entry. Abutting the northwest and northeast elevations, this entry is enclosed on the northwest side by a brick wall. Accessed at an angle along the north side, it is partially enclosed by wide brick piers and is covered with a pedimented canvas awning supported by metal posts. The enclosed, recessed-like entry features a quarry tile floor and a smooth concrete ceiling with recessed can lighting and a skylight. The entrance itself includes a double-leaf aluminum-and-glass door with sidelights. A mural surrounds the entrance door on the northeast wall and continues around along the northwest wall of the enclosure. This one-story, one-bay brick entrance build-out connects to a four-bay, one-story mechanical privacy enclosure to the northwest. Connected via a continual cornice along the northeast side, the mechanical enclosure features brick piers, each with a recessed painted brick panel, separated by painted wood-slat fencing. This enclosure wraps back to the southwest and connects back to the northeast elevation.

The interior opens to a small lobby with a reception area to the left. The first floor includes a mixture of offices and medical exam rooms, mechanical rooms, storage spaces, and additional private office spaces. Adjacent to the right of the first-floor lobby through a set of double-leaf glass doors, the southeast section of the building (parallel with Granby Street) most recently housed one medical office (cardiovascular unit) and roughly includes exam rooms, offices, and support rooms of varying sizes situated off a main northeast/southwest corridor. This suite includes a small entrance lobby and a larger reception area, which continues to the glass enclosure on the southeast

side, as well as a large MRI room at the far northwest corner of the section. The northwest wing of the first floor includes mechanical and support spaces situated off a central northwest/southeast corridor.

The second floor includes a woman's care center with offices and exam rooms situated off a central lobby, accessed directly from the elevator, to the northeast and northwest wings. Each wing consists of a double corridor with exam rooms and offices flanking the corridor on either side with additional rooms in the center. On the third floor, the elevator opens to a small lobby that provides access to additional medical suites on each side, to the northwest and southeast. Each suite opens to its own front lobby. Similar to the second floor, each suite features a double corridor with exam rooms and offices flanking the corridor on either side with additional rooms in the center. The fourth floor also opens to an elevator lobby with access to each suite/wing on either side. The southeast section of the building (parallel with Granby Street) features an unoccupied medical suite with a similar layout to the floor below with exam rooms and offices flanking a double corridor. The northwest section of the fourth floor features a large, open, utilitarian/unfinished storage space with a temporary central corridor created by chain-link fencing that blocks off storage space on each side.

Finishes largely include carpet floors, faux wood floors, vinyl composition tile, modern ceramic tile, drywall walls, and a dropped acoustical tile ceiling. In limited locations, walls have wallpaper. Corridors include a mix of faux wood floors with rubber base trim and faux wood chair rail and carpet flooring, while lobby spaces typically feature modern ceramic tile. Trim is largely limited to rubber base trim and simple wood and metal trim around doors. Doors accessing medical suites are typically modern double-leaf wood-and-glass doors, while doors accessing units and within units are flush, metal or wood slab doors. Others include single-leaf and double-leaf wood doors with vision panels, limited louvered doors, single-leaf wood and-glass doors, and at least one decorative double-leaf wood-and-stained-glass door within the third-floor suite. Interior stairwells feature exposed concrete block walls and concrete flooring/steps. The fourth-floor storage space is unfinished and has exposed concrete floors, unpainted/unfinished sheetrock walls, and exposed systems.

Addition, 160 Kingsley Lane – De Paul Medical Atrium (c. 1988)

The De Paul Medical Atrium is an eleven-bay, six-story, rectangular, addition to the main building. It has a brick foundation, stretcher-bond brick veneer walls, and a flat roof with metal coping (see Figure 23). The addition is characterized by the central, six-story aluminum-and-glass atrium with its pedimented/front-gable skylight/roof on the facade. The atrium, representative of a hierarchal structure, narrows with stepped walls on each upper story. The front (southwest), southeast, and northwest elevations are lined with symmetrically-placed casement, square, aluminum-frame windows, with a brick border, on each story. The addition has a flat pre-cast stone cornice, and a pre-cast stone belt course separates each floor. Each rear corner of the addition differs from the remainder at the first, second, and third-story levels. Each level features an inset band of fixed aluminum-and-glass panels that wraps around the side and rear elevation at the corner. The number of panels reduces with each floor. Since the panels are inset, each corner is supported by a pre-cast stone column. The architects were William Tazewell and Cooke & Associates, Inc. , and the builder was L.J. Hoy Inc.

Figure 23: Façade, 1988 De Paul Medical Atrium (CPG, 2022)

The first story is inset from the upper floors and features a wrap-around, narrow pre-cast stone overhang supported by pre-cast stone columns. The main entrance features a projecting, cantilevered, pre-cast stone pediment overhang. The modern aluminum-and-glass entry has a central revolving door flanked by a single-leaf aluminum-and-glass door on each side. Fixed aluminum-and-glass panels and a transom surround the entry, and two bays of fixed aluminum-and-glass panels are located on each side of the primary entrance bay. Other entrances are limited to one single-leaf, metal-slab service entrance door on the southeast elevation.

The interior opens to a lobby and an open atrium space at the front that continues to the sixth-floor level. On each floor, there is a central corridor that runs from the back of the addition to the front and opens to a balcony that overlooks the atrium space. On each floor, two elevators and an enclosed utilitarian staircase, with a metal pipe railing, are accessed off the main lobby/balcony spaces. Bathrooms and a service closet are located off the main corridor on each floor. Another enclosed staircase is located at the rear of the addition (closest to the main hospital?). Multiple office spaces of varying sizes branch off the corridor and balcony space on the first through fifth floors. No two office layouts are the same nor are there any similarities, beyond the main corridor, staircases, and elevators, on any floor. Within units, modern partition walls divide individual office spaces and exam rooms. Some units, depending on nature and size, have their own entrance lobby and check-in counter. Smaller corridors run throughout the larger units. The sixth floor consists of one large room to house mechanical equipment. Although clearly a separate façade, this addition is internally connected to the main hospital building on the first floor via a set of double-leaf doors.

Finishes include modern ceramic tile, vinyl asbestos tile/vinyl tile, carpet flooring, rubber flooring, smooth drywall and wallpapered walls, and dropped acoustical tile ceilings. Trim is largely limited to rubber base trim, and in some cases rubber chair rail. Faux wood chair rail and crown molding trim are present in a few reception lobbies within units. Otherwise, simple trim is located around doors. Interior doors primarily consist of single-leaf flush, wood-slab doors accessing each unit and within units. A set of double-leaf doors, that are fixed open, separate the corridor from the main lobby/balcony and atrium space.

(2) The De Paul Medical Building, 110 Kingsley Lane (c. 1965) – Contributing Building, 122-6120-0002

Figure 24: Southeast Corner, 110 Kingsley Lane, c. 1965 (CPG, 2022)

This medical office building is located at the southeast corner of the De Paul Hospital Complex Historic District alongside Kingsley Lane. The architect was Lublin, McGaughy & Associates, and the contractor was Doyle & Russell, Inc. of Norfolk. The seven-bay, five-story, rectangular building was constructed in the International Style with some variations and has a concrete foundation and a flat roof with metal coping. The roof also features a central elevator overrun and an enclosure concealing mechanical equipment. Exterior walls are a combination of pre-cast stone and stretcher-bond brick. On each elevation, wide columns of brick veneer separate columns of window bays. Each window bay features large, aluminum-frame, fixed windows with concrete sills separated on each floor by a band of pre-case stone panels. At the first-story, an inset-arcaded walkway, with square pre-case stone pillars, extends along the front of the building. Such a design element is rather unusual for the generally austere International Style. Recessing the first story within a walkway supported by masonry piers, however, is a character-defining element of the style. Although the

covered walkway is only present along the façade, the arcaded design element wraps around the side elevations and mimics the appearance of an arcade from afar. On the façade under the arcade, the first story has sections of large cast-stone panels with a narrow upper band of fixed aluminum-frame windows.

The primary entrance, which is accessed under the arcade facing Kingsley Lane, consists of an arched, aluminum-and-glass storefront entry with a double-leaf set of sliding doors flanked by fixed glass panels. An arched aluminum-and-glass transom runs above the length of the doors and fixed side panels. A single, centered, cantilevered arch overhang extends from the façade beyond the plane of the arcade. Secondary entrances are located on side and rear elevations and include single-leaf, metal-slab doors placed within one of the arcaded panels so as to be minimally visible.

The interior opens to a narrow vestibule with a secondary matching aluminum-glass sliding door entry that leads to the central elevator lobby. The first floor has three office suites, a mechanical room, and a cafeteria. Accessed directly off the main elevator lobby, a larger suite takes up the southeastern quarter of the building. Behind that, to the northeast, is a large mechanical space. On the northwestern half of the first floor, the two suites and cafeteria are accessed off a central corridor. Unlike the offices, which are completely private, the cafeteria is visible from the corridor with a large aluminum-and-glass door and wall panels. First-floor finishes include modern ceramic tile within the lobby and corridor, carpet flooring within office suites, rubber flooring in the cafeteria, drywall walls, and a dropped acoustical tile ceiling throughout. The office in the southeast corner has been modernized to feature a combination of wood laminate and carpet flooring. Doors accessing first-floor units and within units are flush, metal or wood slab doors. Trim is limited to rubber base trim and simple wood trim around doors, windows, and vision panels.

Access to the upper floors is provided by centrally-located double elevators and an enclosed staircase located at each end of the building to the southeast and northwest. The upper floors each consist of multiple office suites situated off a central corridor. Although the concept is the same, none of the upper floor plans are identical as each floor has a varying number of office suites of varying sizes. Since its construction, some of the suites have been expanded or further divided with the addition of partition walls, but the general concept of offices flanking the corridor remains intact. Finishes largely include carpet floors, sheetrock walls, and dropped acoustical tile ceilings. Walls in each corridor feature wallpaper. Like the first floor, doors accessing units and within units are flush, metal or wood slab doors. Trim is limited to rubber base trim and simple wood and metal trim around doors. Interior stairwells feature exposed concrete block walls and concrete flooring/steps.

(3) Stone Pillar at 110 Kingsley Lane (c. 2006) – Non-contributing Object, 122-6120-0005

This stone pillar is situated at the northeast corner, along Granby Street, of 100 Kingsley Lane. The square stone pillar is approximately three feet high and appears to be constructed of granite with rusticated sides. It has a memorial plaque on top commemorating 150 years of service to the Norfolk community.

(4) Flagpole, 150 Kingsley Lane (Post 2007) – Non-contributing Object, 122-6120-0003

A flagpole is situated in the center of a small, landscaped area, which is enclosed by a curved driveway, at the main entrance facing 150 Kingsley Lane. Set within the larger landscaped area, the small aluminum flagpole has a metal ball top and is situated within a circular planting bed with bushes at its base.

(5) Dumpster Enclosure, at 110 Kingsley Lane (c. 2011) – Non-contributing Structure, 122-6120-0004

This dumpster enclosure is located at the southeast corner of the parking lot associated with 110 Kingsley Lane. This double-width enclosure features brick piers, with concrete caps, infilled with a wood-slat privacy fence on each side. The façade, or northwest side, features a double-leaf wood-slat gate that appears to open electronically. The top remains open to the elements.

Integrity Analysis

The historic district retains strong architectural integrity of design, materials, and workmanship as an architect-designed hospital with multiple additions. The main building's original, Moderne, ca.1944 façade and footprint, although obscured in some locations, are largely intact, as is the general interior floor plan that is composed of a central corridor on each level in each section of the building, with various flanking reception areas, lobbies, offices, exam rooms, patient rooms, and other spaces necessary for functioning of a modern hospital. The hospital's subsequent additions during the period of significance, dating to c. 1950, c. 1957, c. 1958, and c. 1969-1973, have gained significance in their own right for their direct association with expanding healthcare services between the 1940s and 1970s. A key element of the architectural development of the building is its 1973 Y-shaped entry addition, which has a distinctive design that complements the 1944 building in terms of materials and form. The main hospital building was expanded again c. 1980, 1988, and c. 1990-2000; although not of historic age, these two additions are in keeping with the hospital's historic function and reflect the necessity for twentieth-century hospitals to expand as needed with development of new diagnostic and treatment methods. Incorporation of large expanses of brick walls with contrasting concrete and cast stone elements and flat roofs for each addition also is in keeping with the main building's original materials and design attributes. The contributing building at 110 Kingsley Lane, erected c. 1965, continued the complex's use of International Style motifs, whereas the building at 100 Kingsley Lane, erected c. 1970, brought Brutalist influences to the hospital. Interior finishes have been replaced repeatedly as dictated by use of the spaces as well as changing decorative tastes and interior partition walls have been added, replaced, or removed as needed to facilitate changing healthcare practices. Such flexibility of interior spaces is a character-defining aspect of mid- to late-twentieth century hospital buildings.

The historic district retains integrity of location because all contributing resources are at their original locations and the complex occupies a superblock entirely controlled by the hospital, which lends consistency in terms of landscaping. In contrast, the district's integrity of setting is somewhat impaired. The surrounding built environment includes office parks and residential neighborhoods, which are not contrary to the hospital complex's function as a place for treatment and healing. However, during the 2010s, plans to replace the existing complex, including the sprawling main

building, were approved. In anticipation of the $200 million project, 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 also were removed. Surface parking lots and grassy areas now occupy these areas and the proposed entirely new building was never constructed.

Despite alterations to the hospital campus's integrity, the district, through its extant physical characteristics and accompany historical documentation, retains integrity of feeling and association as a mid-twentieth century, suburban hospital that provided numerous healthcare services to a rapidly growing population and during a time of technological and procedural advancements that characterized American healthcare throughout the twentieth century.

De Paul Hospital Historic District Inventory

The inventory below is the result of a reconnaissance-level survey of the district's architectural resources conducted in August 2022. Each inventory entry identifies the resource type (building, site, structure, or object), number of stories and architectural style where applicable, approximate construction date, and contributing or noncontributing status. Resources within the De Paul Hospital Complex Historic District are considered contributing if they were constructed during the district's period of significance (1944-1973), are associated with the district's significance in the area of Health/Medicine, and retain integrity to convey their historic associations. Alterations to contributing resources were evaluated based on the overall impact to the character-defining features of the building.

Kingsley Lane

150 Kingsley Lane **122-6120-0001** *Other DHR Id#:*
Main Building
Primary Resource: **Hospital (Building), Stories 6, Style: International Style, Ca 1944**
Contributing *Total:* 1

150 Kingsley Lane **122-6120-0003** *Other DHR Id#:*
Primary Resource: **Flagpole (Object), Stories , Style: No discernible style, Ca 2008**
Non-contributing *Total:* 1

100 Kingsley Lane **122-6120-0005** *Other DHR Id#:*
Primary Resource: **Marker - Stone Pillar (Object), Stories , Style: No discernible style, Ca 2006**
Non-contributing *Total:* 1

110 Kingsley Lane **122-6120-0002** *Other DHR Id#:*
De Paul Medical Building
Primary Resource: **Doctors Office/Building (Building), Stories 5, Style: International Style, Ca 1965**
Contributing *Total:* 1

110 Kingsley Lane **122-6120-0004** *Other DHR Id#:*
Primary Resource: **Dumpster Enclosure (Object), Stories , Style: No discernible style, Ca 2011**
Non-contributing *Total:* 1

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.)

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

Areas of Significance
(Enter categories from instructions.)
HEALTH/MEDICINE

Period of Significance
1944 – 1973

Significant Dates
1958
1965
1969
1973

Significant Person
(Complete only if Criterion B is marked above.)
N/A

Cultural Affiliation
N/A

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

Statement of Significance Summary Paragraph (Provide a summary paragraph that includes level of significance, applicable criteria, justification for the period of significance, and any applicable criteria considerations.)

The De Paul Hospital Complex Historic District is locally significant under Criterion A (Health/Medicine) for its role in the provision of rapidly modernizing healthcare services to multiple generations of the regional community including and around Norfolk, Virginia. The four significant dates reflect the hospital's physical evolution with each representing one of the significant expansions or renovations of the hospital facilities in1958, 1965, 1969, and 1973. Each of these expansions is linked to the expanding array of medical treatments offered by the hospital as well as local population growth. De Paul Hospital opened in 1944 north of its previous downtown location as part of Norfolk's extensive expansion into newly annexed land and suburban growth after World War II. From the beginning, as one of only two major hospitals in the region, De Paul Hospital served patients from the greater Norfolk area, which also included the cities of Virginia Beach and Chesapeake, each of which merged with adjacent counties during the mid-twentieth century and also experienced rapid suburbanization. The district's significance encompasses milestones in provision of healthcare that include the 1944 introduction of isolation rooms for those with contagious illnesses; numerous specialized departments by 1952 such as obstetrics, gynecology, pediatric, and general medicine, surgery, including vascular, plastic, ear, eye, nose and throat, orthopedic, dental and oral, thoracic, and neurosurgical; X-ray, including pathological, as well as dietary, anesthesia, neurology, dermatology, electric shock therapy, physiotherapy and polio, and, by 1956, the De Paul School of Nursing which fully accredited by the National League for Nursing and ranked among just 253 accredited programs out of a total of 1,139 programs nationally. As part of the Smith-Nash Memorial Wing expansion in 1958, De Paul became the first hospital in the Norfolk area to host rooms for psychiatric patients, while in 1960 De Paul became the first hospital in the area to open an intensive care unit delivering 24-hour care to acutely ill patients. The hospital desegregated gradually between the late 1950s and mid-1960s, due in large part to federal legislation such as the Hill-Burton Act, 1964 Civil Rights Act and 1965 Medicare and Medicaid Act. Also during the mid-1960s, De Paul Hospital opened the first Special Coronary Care Unit in the region as well as the first intensive coronary care training program for nurses in Virginia. Finally, the hospital's last major expansion in 1973 included an increase of total bed capacity to 398, a surgical suite with eight new operating rooms, a new emergency room, expanded laboratory, pharmacy incinerator, and other utilitarian components. The period of significance for the district begins with its construction in 1944 and extends to 1973, the date of the last significant expansion to the hospital's physical plant. A full suite of healthcare services continued at the hospital until its closure in 2021 but these activities did not meet Criteria Consideration G for exceptional significance.

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

Early History – St. Vincent De Paul Hospital and the Sisters of Charity

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 Catholic nuns of the Sisters of Charity order 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 public hospital during a period when the vast majority of medical care still was provided in a patient's home. Over the course of the second half of the nineteenth century, 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.[1]

The Norfolk region's population experienced substantial growth during the first half of the twentieth century due to two world wars and the construction of major miliary installations in the city, which drew thousands of servicemembers and defense workers. With the huge increase in Norfolk's population by the early years of World War II, local 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.[2] 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 property on Church Street. The new location represented a dramatic change from De Paul's original location just outside downtown.[3]

The De Paul Hospital Complex Historic District is located on land formerly associated with the Talbot family land holdings that historically stretched from the Lafayette River on the south end to Little Creek Road to the North, near the geographic center of the city of Norfolk. The suburbanization of this area began after the City of Norfolk annexed thirty square miles of land on January 1, 1923, bringing 30,000 additional residents into its jurisdiction. Coined the "Great Annexation," it was the largest single annexation the city had ever made. The territory included large military installations, including Norfolk Naval Station, as well as areas surrounding the central city that were quickly transitioning from Norfolk County's rural character to more dense residential suburbs along the edge of the city's limits. In its ordinance to annex the new territory,

[1] "Contents of Cornerstone Box To Be Shifted to New de Paul Hospital from St. Vincent's," *Virginian-Pilot*, September 19, 1943, 1, 3: "Rich In History And Service," *Ledger-Dispatch*, May 21, 1952; "De Paul Hospital, Founded in Plague, Marking 100 Years of Medical Progress, *Ledger-Dispatch*, May 12, 1956.
[2] Marvin W. Schlegel, *Conscripted City: Norfolk in World War II* (Norfolk, Virginia: Hampton Roads Publishing Company, Inc, 1991), 88, 93-97, 157-58; Albin Trant Butt, *A Century of Service to the Sick: The 100 Year History of the Hospital of St. Vincent De Paul, Norfolk, Virginia, 1856-1956* (Norfolk, Virginia: Albin Trant Butt, Personnel Director, De Paul Hospital, 1957), 63.
[3] "DePaul Hospital. A history of healing. 1856-1981," *Virginian-Pilot*, March 3, 1981; Schlegel, *Conscripted City*, 88, 93-97, 157-58; Butt, *A Century of Service to the Sick*, 64.

the City of Norfolk outlined various public improvements already underway, as well as those that would be required such as water and sewer lines. The City agreed to provide critical public services within five years of the annexation including police, fire, and public education.[4] During the years from 1927 to 1930, the City of Norfolk's Public Works Department spent nearly $2 million a year on public infrastructure improvements including road paving, sewer and water line construction, and land surveying. In 1930, the City completed construction of the Granby Street Bridge, which connected Granby Street across the Lafayette River and replaced a previous wood bridge. The bridge improved access for the increasing traffic along the Granby Street corridor that ran from Oceanview to Downtown.[5] These improvements by the City of Norfolk paved the way for rapid suburbanization north of the Lafayette River.

By the mid-1940s, the neighborhood of Talbot Park alone, which was developed over multiple campaigns and expansions, had approximately 1,500 buildings constructed and 1,000 more were planned. A growing housing shortage and national trends in suburbanization prompted the expansion of these neighborhoods and the establishment of additional neighborhoods such as Riverpoint and Cromwell Farms, and later Wards Corner and Suburban Acres. The Talbot family, as well as other early land holding families, also developed or sold property to educational, religious, medical, and social organizations to serve the growing residential communities. These institutions were constructed primarily along the Granby Street artery with a few outliers, and collectively they became the geographic and cultural center for the surrounding suburban neighborhoods. According to one developer, the suburban dweller sought the "fewest possible reasons… to go to the city."[6] The establishment of this institutional corridor along Granby Street is representative of this desire to develop self-sustaining communities where suburbanites could live, learn, worship, gather, and receive medical care without having to travel to the traditional downtown core.

While the Naval Station Norfolk was already established at this time at the northwestern corner of Norfolk, its existence was not a driving factor in the construction or placement of the new De Paul Hospital. Additionally, many naval personnel at that time, and to the present day, are served by the Naval Medical Center in nearby Portsmouth, Virginia, as well as other military medical facilities in the area. However, as addressed earlier, the overall dramatic expansion of Norfolk's population as a result of World War II factored into expansion of the city's footprint and population to the area of Granby Street now occupied by the De Paul Hospital complex.

[4] Kayla Halberg, "Norfolk Fire Station No. 12," National Register of Historic Places Nomination Form, Commonwealth Preservation Group, 11 June 2020; "An Ordinance for the Extension of the Corporate Limits of the City of Norfolk, Pursuant to an Act of the General Assembly of Virginia, Approved March 10, 1904, As Amended," Virginian-Pilot and the Norfolk Landmark, 12 March 1922.
[5] "Two New Spans Built to Speed Growing Auto Traffic Stream," and "Granby Street Bridge Costing $500,000 1930's Major Public Improvement Project," *The Virginian-Pilot*, 01 Jan 1931.
[6] "The New Suburbia," Virginian-Pilot, 10 July 1955.

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 on July 1, 1939, by the Reorganization Act which allowed President Franklin D. Roosevelt to reorganize the executive branch and streamline the many programs and agencies which had been created during the Great Depression. Some of the most prominent federal agencies encompassed by the FWA as part of this reorganization included the Public Roads Administration, the United States Housing Authority, the Public Works Administration and the Works Projects (Progress) Administration. FWA projects covered a wide range of construction including roads, bridges, airports, public buildings, housing, as well as those related to national defense.[7] Although construction materials and personnel were scarce due to the exigencies of World War II, the federal government recognized that vast unmet needs on the home front weakened the war effort and found ways to fund and build new civilian infrastructure. The 1944 FWA annual report stated that Congress authorized $520,000,000 under the Lanham Act for community facilities and war public services, with more than eighty percent of construction projects being water systems, medical facilities, school buildings and sewer systems. De Paul Hospital was specifically constructed under the criterion of "needed community facilities in areas congested by the war effort."[8] Norfolk's booming military installations and defense industries certainly contributed to congested areas in the city and its growing suburbs.

In May of 1943 Major General Philip B. Fleming, administrator of the FWA, visited Norfolk as part of a broader trip to the Hampton Roads area to inspect the large number of local FWA projects. Fleming described the region as "one of the most vital spots to the war effort in the entire country."[9] Fleming stated that approximately ten percent of the $300,000,000 that Congress had appropriated for community facilities was designated for Hampton Roads. During the inspection the group also visited the USA Auditorium-Recreation Center located at Ninth and Granby Streets, another federal project. As with many of these construction projects, after the war it was planned that they would revert to local control. General Fleming's team's visit to the De Paul Hospital site at Talbot Park served as a lengthy inspection. It was reiterated during this visit that, upon completion, the staff of the current downtown St. Vincent's Hospital would transfer to De Paul, and the downtown property would transfer to the City of Norfolk. During the inspection visit, federal officials declared the overall Hampton Roads territory as likely to be labelled an area of congested production, resulting in even greater federal focus and funding.[10]

[7] Federal Work Agency, *First Annual Report, Federal Works Agency, 1940* (Washington, DC: United States Government Printing Office, 1940), 8-10, 13, 30
[8] Federal Work Agency, *Fifth Annual Report, Federal Works Agency, 1944* (Washington, DC: United States Government Printing Office, 1940), 1 – 3.
[9] "Head of Federal Works Agency Views War Projects Here, Expresses Pride," *Virginian-Pilot,* May 17, 1943, 16.
[10] "Head of Federal Works Agency Views War Projects," *Virginian-Pilot,* 16, 5.

Figure 255 – De Paul Hospital, 1944 (Sargent Memorial Collection)

Originally the new hospital was planned to be a 200-bed facility and the $1,112,000 construction contract was awarded to M. Millinet and Associates, Inc., of Norfolk. The plans for the hospital were completed by Baltimore architect James R. Edmunds, Jr. This original iteration of the hospital was to be two-stories with a three-story penthouse in the central section. The primary factor that brought federal funding for this hospital project was the huge expansion of the local wartime workforce.[11] The scope of the project soon expanded to build a hospital of three stories, with a four-story central section and a cost of $1,732,000. Construction started on October 22, 1942, and the project grew to include a three-story housing facility for nurses. Regional FWA director Kenneth Markwell highlighted the fact that this was the largest of ten hospital-related projects happening with FWA funding in the larger Norfolk area.[12] By May of 1943, with construction well underway, the budget was listed at $1,750,000 and the number of patient beds had increased from 200 beds to 306. Edmunds, the architect for the project, also prepared drawings for the new nurses' home. Edmunds was assisted locally by T. David Fitz-Gibbon of the firm Rudolph, Cooke & Van Leeuwen.[13]

With a final cost of approximately $2,000,000, De Paul Hospital officially opened on May 13, 1944, with the first patients being admitted on May 22. The final funding for the building project

[11] "$1,112,000 Contract Let For Hospital," *Virginian-Pilot*, October 16, 1942, 14.
[12] "Ten Hospital Projects for Norfolk Area," *Virginian-Pilot*, November 10, 1942, 22.
[13] "New Hospital Cost Put at $1,750,000," *Virginian-Pilot*, May 7, 1943, Part 1, p 8.

came from a combination of the FWA and the City of Norfolk, while the Sisters of Charity, which owned and operated the new hospital, provided much of the new equipment. The completed three-story hospital was a fire-proof building which 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. Unlike the former St. Vincent's Hospital, the new facility also met all of the current public health requirements, including isolation rooms for those with contagious illnesses. Attached to the hospital was a home and training school for nurses attending the De Paul nursing school. The superintendent of St. Vincent's Hospital, Sister Inez, continued in that position at the new De Paul Hospital while Dr. Julian L. Rawls continued as president of the medical staff. Sister Inez had first conceived of the idea of a new hospital and pushed visiting FWA officials to support the project. It was also Sister Inez who took the lead in planning for the new hospital and the needed equipment.[14]

By 1952, De Paul Hospital was one of the leading hospitals in the region and offered a wide variety of services and technologies. While representing the height of contemporary medicine at the time, some of these fields of medicine are now far out of date, or in some cases discredited. The hospital had departments in each of the following areas: obstetric; gynecology; pediatric; general medicine; surgery, including vascular, plastic, ear, eye, nose and throat, orthopedic; dental and oral, thoracic, and neurosurgical; X-ray, including pathological, dietary, anesthesia, neurology, dermatology, electric shock therapy, physiotherapy and a polio unit. Equipment included a "fracture table;" Heidbrink Gas tanks to allow for six different anesthetics; a clinic laboratory; an emergency room department; a modernized X-ray department which included the latest photoroentgen unit for miniature chest scans as well as a high-powered diagnostic X-ray unit and a planography.[15] 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. At this time the number of rooms was listed at 302, including the nursery.[16]

[14] "New De Paul Hospital About Ready; Opening Must Await Road Surfacing," *Virginian-Pilot*, January 30, 1944, Sec 2, 1; "New De Paul Hospital Open to Public Friday; First Patients May 22," *Virginian-Pilot*, May 7, 1944, 12; De Paul Gives Hospital Protection for Decades," *Virginian-Pilot*, May 14, 1944, 1, 3B.
[15] "Rich In History And Service," May 21, 1952.
[16] Robert Smith, "Oxygen, Giver of Life, Now on Tap In Every Room in Norfolk Hospital," *Virginian-Pilot*, May 3, 1953, Part 2, 8.

Figure 26 – Sanborn Map, Norfolk, Virginia, 1950, vol. 5, Sheet 535

In December 1953, less than a decade after the hospital opened, a new wing costing approximately $1,750,000 was announced for De Paul Hospital. Much of the initial funding for the new wing came from the estate of Lucia Smith Nash, who bequeathed $700,000 for the hospital expansion, which was named the Smith-Nash Memorial Wing in honor of her parents. An additional bequest of $50,000 was left by Lucille C. Bilisoly of Norfolk. In December of 1954 De Paul received a Hill-Burton grant of approximately $600,000. The federal legislation,

passed by Congress in 1946, gave hospitals, nursing homes and other health facilities grants and loans for construction and modernization, in return for which the facilities agreed to provide a care for people unable to pay and to all persons residing in the facility's service area. Passed during the Jim Crow era of segregation in southern states, including Virginia, the Hill-Burton Act was momentous for requiring provision of treatment facilities equally to White and Black patients. De Paul Hospital's three-story addition was to be located on the south end and was built for the pediatrics department, as well as a small wing for acute psychiatric cases. These were the first psychiatric rooms in a hospital in the community. Overall, the new addition served to relieve crowding on the first floor of the hospital. By July of 1954, the addition was planned to include an expanded cafeteria space and a medical library. 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.[17]

The nursing program at De Paul Hospital began originally at St. Vincent's Hospital in 1893 and was continued at the new hospital upon its completion in 1944. By 1956 the De Paul School of Nursing was fully accredited by the National League for Nursing joining the minority of 253 accredited programs out of a total of 1,139 programs nationally. This was the first nursing program in Hampton Roads to be accredited, and the first in the entire mid-Atlantic region which was not affiliated with a university.[18]

After a lengthy period to raise the needed funds, groundbreaking for the new Smith-Nash Memorial Wing occurred in May of 1956 and the addition 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 air-conditioned, 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 Granby Street: the St. Francis wing and a new outpatient wing. Finally, much of the existing interior space was renovated and repurposed. In addition to renovations, changes included the installation of a Maxitron 300 X-ray machine (one of three on the east coast); construction of a new morgue; addition of a physiotherapy gymnasium; most significantly, the construction of a new African American nursing unit. Despite the influence of the Hill-Burton Ave, at this time the hospital services remained partially segregated by race. The resulting facility had 306 beds, 55 bassinets, and 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.[19] In

[17] Lee Cahill, "De Paul Will Begin Work on New $1,750,000 Addition in Spring," *Ledger-Dispatch*, December 9, 1953; "Start Near On New Wing At De Paul," *Virginian-Pilot*, December 10, 1953; "Start of Work on New 3-Story Wing By Sept.1, Hope of Advisory Board," *Ledger-Dispatch*, February 24, 1955; Frank Sullivan, "New De Paul Wing Plans Are Readied," *Virginian-Pilot*, July 22, 1954.
[18] David Dooling, "A Hospital That Grows With Community's Demands," *Virginian-Pilot*, September 30, 1973, H1, 3, 5.
[19] "Ground Broken for New De Paul Hospital Wing," *Ledger-Dispatch*, May 16, 1956; Jean Bishop, "De Paul Hospital's New Wing Will Be Ready by January," *Ledger-Dispatch*, July 30, 1957; "Hospitals Advance At

1960 De Paul was the first hospital in the area to open an intensive care unit delivering 24-hour care to acutely ill patients.[20]

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 racial segregation, following the lead of public hospitals nationally 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, the second hospital in the region to reach this standard.[21]

The process of desegregating De Paul Hospital was not entirely a smooth one. Between 1954 and 1964 De Paul was gradually integrated, department by department and wing by wing. While not a regional leader in this area, De Paul seems to have moved towards desegregation sooner than the public hospitals in the Norfolk area. As late as May of 1964 "Negro student leader James Gay" charged that the hospitals in Norfolk had not made any real effort to "comply with the anti-discrimination terms of the Hill-Burton Act." The City of Norfolk disagreed with this, claiming full compliance with Hill-Burton requirements. De Paul by this time had integrated every part of the hospital, with the exception of the adult medical and surgery floor and the St. Francis Ward for the indigent. At this time De Paul claimed that the entire job application process and patient admission standards were administered without consideration to race. As mentioned earlier, the Civil Rights Act and the requirements of the Medicare program forced all hospitals to fully integrate by 1966.[22]

Construction Sites," *Ledger-Dispatch*, March 19, 1957; "Bishop to Bless De Paul Wing In Opening Ceremonies Today," *Virginian-Pilot*, October 20, 1958, 19; "New Wing, Enlarged Departments At DePaul to Open Oct.24-25," *Virginian-Pilot*, October 13, 1958, 10.

[20] "Hospital's Special Unit Open," *Virginian-Pilot*, March 17, 1960, 44.

[21] "Distaff Doc Heads Staff At De Paul," *Ledger-Dispatch*, July 22, 1959; "Dr. Taylor Heads Staff at De Paul," *Ledger-Dispatch*, June 10, 1960; "Hospital Adopts Retirement Plan," *Ledger-Dispatch*, March 23, 1961; "De Paul Mixed: Taylor," *Virginian-Pilot*, May 12, 1964; "Hospital To Remove Last Racial Barrier," *Virginian-Pilot*, May 12, 1964; Stephen Lee, "De Paul OK'd for Medicare, 5 Others Pass Rights Test," *Ledger-Dispatch*, June 13, 1966.

[22] "De Paul Mixed: Taylor," *Virginian-Pilot*, May 12, 1964; "Hospital To Remove Last Racial Barrier," *Virginian-Pilot*, May 12, 1964.

Dr. Taylor Heads Staff at De Paul

Ledger-Dispatch

JE 10'60

NORFOLK — Dr. Helen W. Taylor last night became what medical men here think is the first female president of a hospital medical staff in Virginia.

The daughter of a Norfolk doctor, Dr. Taylor succeeds Dr. John Thiemeyer at De Paul Hospital.

Dr. Robert K. Maddock was elected president - elect. Dr. Charles E. Horton was re-elected secretary and Dr. H. C. Merrick was named representative to the executive committee of the medical staff.

The election was part of the annual dinner meeting, according to Sister Juliana, business administrator at the hospital.

Dr. Taylor is a gynecologist and obstetrician here. She was born in China while her parents served there as missionaries and left that country during her high school years.

DR. HELEN W. TAYLOR

Figure 27 – "Dr. Taylor Head Staff at De Paul," Norfolk Ledger-Dispatch, June 10, 1960

The five-story De Paul Medical Building, located at 110 Kingsley Lane at the southeast corner of the De Paul campus, was opened in 1965. It is a brick building with pre-cast stone finishes and cost $1,250,000 to complete. The building originally held the offices for doctors and dentists, who were also the owners of the building. 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 design trends toward more stylized features in Modern design. The architect was Lublin, McGaughy & Associates while the contractor was Doyle & Russell, Inc. of Norfolk.[23]

[23] "Med Unit Due To Open In February," *Ledger-Star*, June 18, 1964, 7.

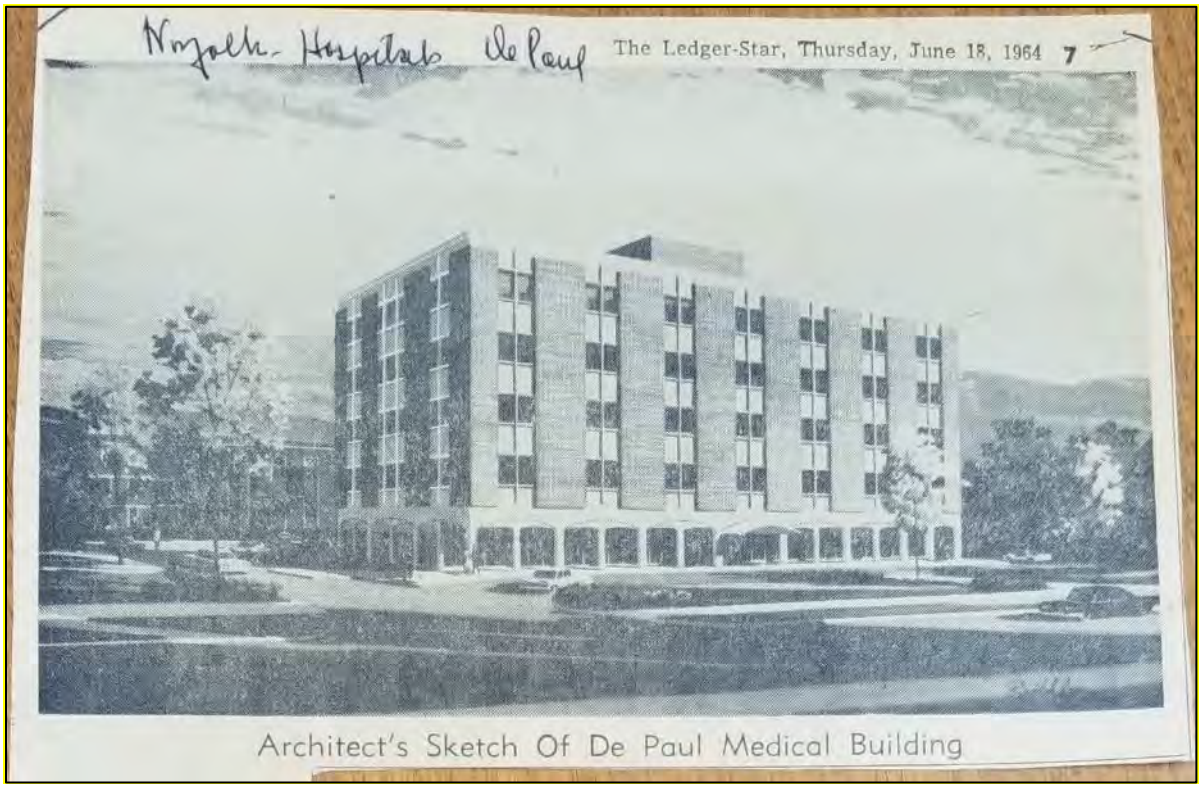

Figure 28 – "Med Unit Due to Open in February," Norfolk Ledger-Star, June 18, 1964

Continuing its long-standing trend of medical advances, De Paul Hospital opened the first Special Coronary Care Unit in the region. This facility was accompanied by the first intensive coronary care training program for nurses in the state. The nurse training program was utilized by other local hospitals as they also added coronary care units.[24]

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. This first-ever general fundraising campaign for the hospital was led by former Virginia governor Colgate W. Darden. 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 $50,000 to 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 as healthcare services became available to people previously unable to afford them. At that time De Paul treated 28 percent 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. Groundbreaking was held on Saturday December 20, 1969.[25]

[24] Elisabeth Burgess, "Special Coronary Care Unit Will Open Soon at DePaul," *Ledger-Dispatch*, February 12, 1966.
[25] Chris Weathersbee, "The Call for Health: Areawide Planning," *Virginian-Pilot*, December 11, 1967, 1, 23; Stephen Lee, "De Paul Wants $2 Million," *Ledger-Dispatch*, December 5, 1917; "Darden Aids De Paul," *Virginian-*

Figure 29. "Dedication set at De Paul," Norfolk Ledger, September 25, 1973

Figure 30 – "Dedication set at De Paul," Norfolk Ledger, September 25, 1973

Pilot, January 3, 1968; "$700,000 Pledged to De Paul," *Virginian-Pilot*, June 7, 1968; "De Paul Construction to Start," *Virginian-Pilot*, December 19, 1969, C7; Gary Dalton, "City Asks Va. To Help De Paul Get Loan," *Virginian-Pilot*, January 27, 1972.

The plan called for a Y-shaped addition of four stories attached to the front of the 1944 building's main entrance on the south façade. Construction began in December 1969 and the addition was completed in September of 1973 with a final cost of $16.2 million. The addition included new patient rooms (with a total bed capacity of 398), a surgical suite with eight new operating rooms, a new emergency room, a new and expanded laboratory, pharmacy incinerator, new delivery room, laundry room and a new boiler room. The 1966 Rourke report also recommended adding extended care to services offered in anticipation of a new but rapidly growing need for care for the chronically ill and convalescent patients.[26] In response 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 later was physically connected to De Paul Hospital by a hyphen, but it was managed 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.[27]


Virginian-Pilot
NOV 12, 1969
Virginian-Pilot Photo by R. L. Gunston
Turning a Shovel for the Sick
William E. Hassan Jr. and Dr. Edward B. Hager, officials of National Medical Care, Inc., of Boston, flank the De Paul Hospital Administrator, Sister Anne Tuesday, in ground-breaking ceremonies for a 150-bed extended care facility. The Boston firm, in cooperation with De Paul, is building the $1.6 million-addition at Kingsley Lane and Granby Street.
Norfolk Hospitals

Figure 31 – "Turning a Shovel for the Stick," Virginian-Pilot, November 12, 1969

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

[26] Anthony J. J. Rourke, M.D., *De Paul Hospital, Norfolk, Virginia, June 1966* (New Rochelle, New York: Anthony J.J. Rourke, M.D., 1966), 2-1, 2-2.
[27] Richard C. Bayer, "De Paul Expansion Contract Awarded," *Ledger-Star*, November 6, 1969; Tim Morton, "Sister Anne Turns Soil To Begin a ;Dream'" *Virginian-Pilot*, December 21, 1969; "Dedication set at DePaul," *Ledger-Dispatch*, September 25, 1973; David Dooling, "A Hospital That Grows With Community's Demands," *The Virginian-Pilot*, September 30, 1973; Sandy Baksys, "DePaul program to aid the dying," *The Ledger-Star*, February 14, 1980, C1; "Turning a Shovel for the Sick," *Virginian-Pilot*, November 12, 1969.

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 may be the starting point of a forty-year decline in the status and viability of De Paul hospital.[28]

The De Paul Medical Atrium, an addition to the hospital dedicated to providing doctors' offices, was eventually built in 1988 and was attached to the main building's southwest corner. The five-story addition encompassed 42,500 square feet and cost $4.2 million, funded entirely by a group of physicians. This building was part of a new trend that involved construction and management of many medical buildings without involvement by developers or real estate firms. The addition's style was described at the time as Post-Modern and it was differentiated from the main building by its small, square windows and "a central glass atrium wall topped with a pediment skylight." The architects were William Tazewell and Cooke & Associates, Inc.; the builder was L.J. Hoy Inc.[29]

In 1990, a $12 million renovation project was announced for De Paul Hospital, by this time the oldest hospital in Norfolk. This project resulted in substantial interior updates, as well as alterations in the services the hospital offered, but did not include new buildings or substantial additions.[30] In 1996, De Paul Hospital changed ownership for the first time in its history to the Bon Secours Health System, resulting in the departure of the final nine Sisters of Charity nuns and the ending of 141 years of history between the hospital and that religious order.[31] In 1999, the Province Place assisted living facility at De Paul opened on Granby Street behind the hospital; its construction cost approximately $8.5 million.[32]

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 was planned to 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.[33]

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

Milestones for De Paul Hospital

[28] John Levin, "DePaul gets construction go-ahead," *Ledger-Star*, March 28, 1980; "DePaul Hospital. A history of healing. 1856-1981," *Virginian-Pilot*, March 3, 1981.
[29] John Levin, "The doctor is in, but not the broker," *Virginian-Pilot*, August 13, 1988, D1-2.
[30] Joseph Cosco, "DePaul plans $12 million renovation, expansion," *Ledger-Star*, January 10, 1990.
[31] Marie Joyce, "A 141-year mission ends," *Virginian-Pilot*, September 5, 1996, B1, B5; Diane Tennant and Marie Joyce, "Service marks transfer of DePaul Hospital care," *Virginian-Pilot*, September 24, 1996, A1, A12.
[32] Marie Joyce, "DePaul targets older niche," *Virginian-Pilot*, April 27, 1999, D1-2.
[33] Elizabeth Simpson, "Crews start to clear the way for hospital campus makeover," *Virginian-Pilot*, December 23, 2009, 1, 3; Amy Jeter, "Bon Secours gets the OK to replace DePaul hospital," *Virginian-Pilot*, March 5, 2010, A1, A7.

Throughout its seventy-seven years of service to the City of Norfolk and the south Hampton Roads community, De Paul Hospital was a leader in local and regional adoption of new medical technologies and treatments. As part of a new, completely modern hospital, De Paul's Physical Therapy Department provided significant care for polio patients in the greater Norfolk area in 1945.[34] In 1952, De Paul purchased new X-Ray equipment and reorganized the entire department to be the first hospital in the region to match the current highest standards of hospitals nationally.[35] The first successful example of cardiac surgery in a Norfolk civilian hospital was completed in October 1952 by Dr. Samuel McDaniel. The same year De Paul Hospital offered the first radiography course at a Norfolk area hospital. Beginning on April 15, 1953, De Paul was the first hospital in Virginia to deliver oxygen to each room individually.[36] In March of 1954 both De Paul and Norfolk General hospitals received approval to open Diagnostic Tumor Clinics, a first for the region, from the American College of Surgeons; both received federal aid grants to expand medical programs.[37] In 1956 the De Paul Hospital School of Nursing became the first nursing school in the region to be fully accredited by the National League for Nursing. It was also the only accredited school of nursing in Virginia, North Carolina, South Carolina, or West Virginia which wasn't associated with a university, and one of 253 out of 1,139 total nursing schools to be accredited nationally.[38]

As part of the Smith-Nash Memorial Wing expansion in 1958, De Paul became the first hospital in the Norfolk area to host rooms for psychiatric cases.[39] Another feature of this expansion was the installation of a Maxitron 300 X-ray machine (one of three on the east coast) which utilized "rotational therapy" to treat cancer and multiple other diseases.[40] In 1960 De Paul was the first hospital in the area to open an intensive care unit delivering 24-hour care to acutely ill patients.[41] The appointment of Dr. Helen W. Taylor as chief of the medical staff in 1959 was the first time for the region, and potentially the entire state, that a woman held this position. Additionally, De Paul Hospital became the first private hospital in the region or adopt a retirement plan for its employees.[42] In 1966 De Paul Hospital opened the first Special Coronary Care Unit in the region which was paired with the first intensive care training program for nurses in the state. This nursing program was utilized by other local hospitals as they added their own coronary care units.[43] Moving to anticipate a new but rapidly growing need nationally for care for the chronically ill and convalescent patients, De Paul added a dedicated extended care wing in 1970. Continuing its long list of achievements, in 1980 De Paul Hospital created the first home hospice

[34] Butt, *A Century of Service to the Sick*, 64.
[35] Butt, *A Century of Service to the Sick*, 69.
[36] Butt, *A Century of Service to the Sick*, 70-71.
[37] Butt, *A Century of Service to the Sick*, 72.
[38] Butt, *A Century of Service to the Sick*, 79-80.
[39] Sullivan, "New De Paul Wing Plans Are Readied."
[40] "New Wing, Enlarged Departments At De Paul."
[41] "Hospital's Special Unit Open," 44.
[42] "Distaff Doc Heads Staff At De Paul," "Dr. Taylor Heads Staff at De Paul," "Hospital Adopts Retirement Plan."
[43] Burgess, "Special Coronary Care Unit Will Open Soon at DePaul."

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.[44]

Sisters of Charity of St. Vincent De Paul

Founded in 1812, the Sisters of Charity of St. Vincent De Paul (alternately called the Daughters of Charity) was an order of 10,000 nuns as of 1967. De Paul was one of sixteen hospitals in the eastern United States which were run by the Sisters of Charity as part of the order's Eastern Province. Overall, in the United States at that time 25 percent of private, nonprofit hospitals were run by the Catholic Church, with many more linked to Protestant organizations. The number of hospitals managed by the Sisters of Charity allowed them to operate as a "chain" of hospitals which offered more efficiency. The order could afford paid consultants, but also had many sisters who were "consultants" in many medical specialties and could move from hospital to hospital to offer their services at a fraction of the cost of professional consulting. Their hospitals also had the other typical advantages of a chain, such as standardized procedures and lower purchasing costs.[45] While De Paul was a Catholic hospital, in regard to equipment, medical procedures and policies, and overall medical care, De Paul functioned similarly to private, for-profit facilities although religious doctrine was imbued in its policies. The physical plant of the hospital was not different than any other private or public hospital.

Contrary to many assumptions, De Paul Hospital, and all of the Sisters of Charity hospitals, have no financial link to the Catholic Church, with no funds sent or received. In its mission, however, De Paul is part of the Catholic Church. The policy of De Paul Hospital was to "serve all who come to us, we do so as a part of the mission of Christ…our motto…'We dress the wound; God heals it.'" A member of the clergy and multiple sisters of the order were always available if requested.[46] One important difference between the hospitals of the Sisters of Charity, including De Paul, and most traditional private hospitals was the mission of serving indigent people. The De Paul Clinic at the hospital was created to provide medical care to the indigent and any who were judged unable to pay some or all of the costs of the care. In 1972, the De Paul Clinic provided services to approximately 25,000 patients. The clinic was designed specifically to provide care to people who had been denied access at other hospitals. Many private doctors volunteered at the De Paul Clinic and oversaw the general staff. Additionally, the clinic served as a location for nurse and physician training.[47] The mission of the Sisters of Charity at De Paul Hospital came to an end when the hospital was sold to Bon Secours, a different Catholic hospital chain linked to the Sisters of Bon Secours. The last nine Sisters of Charity moved out of their onsite residence floor to other facilities. While there they began and ended each day with prayer and between made the rounds of the hospital visiting every patient.[48]

[44] Baksys, "DePaul program to aid the dying;" "DePaul Hospital. A history of healing. 1856-1981;" Rourke, *De Paul Hospital, Norfolk, Virginia, June 1966*, 2-1, 2-2.
[45] Weathersbee, "The Call for Health," H1, 23; Dalton, "City Asks Va. To Help De Paul Get Loan;" "De Paul Order Established in 1812, *Virginian-Pilot*, September 30, 1973, H2.
[46] "About Who Runs De Paul Hospital," *Virginian-Pilot*, September 30, 1973, H2.
[47] "Clinic Care Given Indigent," *Virginian-Pilot*, September 30, 1973, H2.
[48] Joyce, "A 14-year mission ends," B1, B5; Tennant, Joyce, "Service marks transfer of DePaul Hospital care," A1, A12.

Norfolk General Hospital and other local facilities

The service area of De Paul Hospital, as represented by admissions, included Norfolk, Virginia Beach, and Chesapeake, which was largely the same service area for other south Hampton Roads and Norfolk area hospitals. The available population in the service area was less than would be expected because of the large number of active and retired military service members, and their families, who could utilize local military medical facilities. Additionally, the explosive growth of the population from 1940-1960 (141 percent versus 36.5 percent nationally) slowed during the 1960s just as other hospitals in the region were expanding and new ones opening. The Rourke study found that "…the influence of De Paul has been diminishing, at least since 1962…" The recommended course of action to solve this challenge was a substantial expansion and modernization of the physical plant to house more patients and win back lost doctors.[49] The direct result of this recommendation was the dramatic 1973 Y-shaped addition as well as substantial interior renovations.

For nearly all of De Paul Hospital's history from its construction in 1944, until the end of the district's period of significance in 1973, the other primary facility serving the greater Norfolk area was Norfolk General Hospital. In 1888, the small, 25-bed Retreat for the Sick opened in downtown Norfolk. In 1896, the facility moved to a 100-bed building in the Ghent section of Norfolk and soon after changed its name to Norfolk Protestant Hospital, in contrast to the Catholic Hospital of St. Vincent De Paul. This new hospital also had a nursing school. Renamed Norfolk General in 1936, by 1958 the hospital had 475 beds, exceeding the capacity of De Paul. In 1967, the first open-heart surgery in Virginia was performed at Norfolk General Hospital. In 1972, Norfolk General Hospital and Leigh Memorial Hospital merged under the umbrella company of Medical Center Hospitals. This was the beginning of a process of hospital consolidation in the larger Hampton Roads region that contributed to the demise of De Paul Hospital. Norfolk General Hospital was the location of the first in-vitro fertilization of an embryo in the United States in 1981. In 1985, Norfolk General was designated as the only Level 1 Shock Trauma Center in Hampton Roads, and in 1989 the facility was the site of the first heart transplant surgery in Hampton Roads.[50] The opening of the Eastern Virginia Medical School in 1972, directly adjacent to Norfolk General Hospital, along with the national trend of moving nursing education away from hospitals and towards educational institutions, helped force the closure of the De Paul Nursing School and its residency program.[51]

The first hospital in the City of Virginia Beach opened in 1948, and was small, with only 25 beds; this facility gave way to General Hospital of Virginia Beach in 1961, which opened a large, modern facility in 1965. A coronary care unit was added in 1969 as this hospital became more significant in the south Hampton Roads service area.[52]

[49] Rourke, *De Paul Hospital, Norfolk, Virginia, June 1966*, 1-4 to 1-6, 1-12, 1-13.
[50] Halley L. Fehner and Lisa P. Schulwolf, *Celebrating the Past, Creating the Future, Improving Health Every Day: 125 Anniversary, Sentara* (Norfolk, Virginia: Sentara Health Care, 2013).
[51] Rourke, *De Paul Hospital, Norfolk, Virginia, June 1966*, 2-19.
[52] Fehner and Schulwolf, *Celebrating the Past, Creating the Future*.

Leigh Memorial (originally Sarah Leigh) Hospital opened in 1903, but only became a substantial, modern hospital in 1977 when it moved from near downtown Norfolk to its present location near the border with Virginia Beach. King's Daughter's Childrens Hospital was specialized and did not offer De Paul Hospital much competition for patients until after the district's period of significance. Norfolk Community Hospital was a small hospital focused on the African American population and only offered limited competition for patients and bed counts before closing in 1998. Norfolk Community Hospital faced many of the same economic and market pressures as De Paul. Additionally, after racial desegregation of the region's hospitals to meet the requirements of the Civil Rights Act and the Medicare program, the demand for an African American-focused hospital waned.[53]

Criterion A: Health/Medicine

"Hospitals, like the cities they serve, are rarely planned. They generally grow in a random pattern barely matching the demands of an ever-increasing population."[54] Reflecting this evaluation of De Paul Hospital after the significant renovation and façade addition in 1973, the 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 and this was echoed in the later additions during the district's period of significance. 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 further is representative of the history of Catholic hospitals in Virginia 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, including racial integration, progression of the professional roles of women, care of the poor, and the evolution of medical care from authoritative medical personnel deciding treatments on behalf of patients to the gradual adoption of informed patient consent.

The exterior of the main building retains strong architectural integrity. The original façade, particularly the defining semi-circular (now enclosed) sun porches, is retained in many areas, though somewhat obscured by later additions. A key element in the architectural development of

[53] Rourke, *De Paul Hospital, Norfolk, Virginia, June 1966*, 1-1, 1-2, 1-14, 1-18.
[54] David Dooling, "A Hospital That Grows with Community's Demands," H1.

the building is the 1973 Y-shaped entry wing, which was the last major addition to the main building. Most of the other additions and a separate office building also date to the period of significance, ending in 1973.

The De Paul Hospital Complex Historic District is locally significant under Criterion A in the area 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.

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Previous documentation on file (NPS):

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

Primary location of additional data:

_X__ State Historic Preservation Office
____ Other State agency
____ Federal agency
_X__ Local government
____ University
____ Other
Name of repository: Slover Public Library, Norfolk, Va., Virginia Department of Historic Resources, Richmond

Historic Resources Survey Number (if assigned): DHR #122-6120

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10. Geographical Data

Acreage of Property 13.67

Use either the UTM system or latitude/longitude coordinates

Latitude/Longitude Coordinates
Datum if other than WGS84:_____
(enter coordinates to 6 decimal places)
1. Latitude: 36.900422 Longitude: 76.283142

2. Latitude: 36.899386 Longitude: 76.279481

3. Latitude: 36.897914 Longitude: 76.279981

4. Latitude: 36.899292 Longitude: 76.283844

Or
UTM References
Datum (indicated on USGS map):

☐ NAD 1927 or ☐ NAD 1983

1. Zone: Easting: Northing:

2. Zone: Easting: Northing:

3. Zone: Easting: Northing:

4. Zone: Easting : Northing:

Verbal Boundary Description (Describe the boundaries of the property.)
The De Paul Hospital Complex Historic District is bounded by Newport Avenue to the west Kingsley Lane to the south, Granby Street to the east, and Painter Street to the north. The entire property consists of five tax parcels: (account 84473767, GPIN 1439145556; account 84473760, GPIN 1439141606; account 60011500, GPIN 1439143309; account 21159210, GPIN 1439147233); and account 60053100, GPIN 1439240302. The true and correct historic boundary is shown on the attached Sketch Map, which has a bar scale of 1" = 200'.

Boundary Justification (Explain why the boundaries were selected.)
The De Paul Hospital Complex Historic District boundary includes all of the property historically associated with the hospital since its completion in 1944 and encompasses the same boundaries laid out during the initial construction. The boundaries are clearly defined by streets on all four sides. The property's historic setting and all known associated historic resources have been included within the historic boundary.

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11. Form Prepared By

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date: July 2023

Additional Documentation

Submit the following items with the completed form:

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

- **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.

- **Additional items:** (Check with the SHPO, TPO, or FPO for any additional items.)

Photographs

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels (minimum), 3000x2000 preferred, at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map. Each photograph must be numbered and that number must correspond to the photograph number on the photo log. For simplicity, the name of the photographer, photo

date, etc. may be listed once on the photograph log and doesn't need to be labeled on every photograph.

Photo Log

Name of Property: De Paul Hospital Complex Historic District

City or Vicinity: City of Norfolk

County: NA State: Virginia

Photographer: Victoria Leonard, Natalie Besl

Date Photographed: 6/21/2022 – 3/31/2023

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

Photo Number of 50	Description	Camera Direction	Date	Photographer
1	Main Building, 150 Kingsley Avenue – Exterior, Façade/Southwest Elevation of 1973 Y-Shaped Addition Along Kingsley Avenue	N	9/7/2022	VL
2	Main Building, 150 Kingsley Avenue – Exterior, Southwest Corner of Original 1944 Front Northwest Wing, Showing Enclosed Sun Porch and 1973 Addition	E	9/7/2022	VL
3	Addition, 160 Kingsley Avenue – Exterior, Façade, De Paul Medical Atrium, c. 1980	N	9/7/2022	VL
4	Main Building, 150 Kingsley Avenue – Exterior, Northwest/Side Elevation of Smith-Nash Memorial Wing and the Medical Atrium	SE	9/7/2022	VL
5	Main Building, 150 Kingsley Avenue – Exterior, North Corner, View from Painter Street	S	9/7/2022	VL
6	Main Building, 150 Kingsley Avenue – Exterior, Rear/Northeast Elevation at the Mechanical/Incinerator Room and Shipping & Receiving Loading Dock	S	9/7/2022	VL

Photo Number of 50	Description	Camera Direction	Date	Photographer
7	Main Building, 150 Kingsley Avenue – Exterior, Eastern End of Rear/Northeast Elevation	SW	9/7/2022	VL
8	Main Building, 150 Kingsley Avenue – Exterior, East Corner, Emergency Room Addition in Foreground	W	9/7/2022	VL
9	Main Building, 150 Kingsley Avenue – Exterior, Northeastern End of Southeast Elevation	NW	9/7/2022	VL
10	Main Building, 150 Kingsley Avenue – Exterior, South Corner of Building, View Toward Southeast Elevation of original and 1944 and 1973 Sections	NW	9/7/2022	VL
11	Main Building, 150 Kingsley Avenue – Exterior, Chapel Exterior, View from Northwest Interior Courtyard	E	9/7/2022	VL
12	Main Building, 150 Kingsley Avenue – Exterior, View Toward 1973 Y-Shaped Building Within the Southeast Interior Courtyard	W	9/7/2022	VL
13	Main Building, 150 Kingsley Avenue – Exterior, View Toward Northwest Elevation of Original 1944 Wing Showing Historic Fabric and Windows Intact at the First-Floor Level	SE	9/7/2022	VL
14	Main Building, 150 Kingsley Avenue – Exterior, View Toward the Inner Core of the Building Showing the Original 1944 Section in the Foreground with the 1973 Addition Beyond, View from Roof of the Smith-Nash Memorial Wing	S	9/7/2022	VL
15	Main Building, 150 Kingsley Avenue – Exterior, View from the Roof of the 1973 Y-Shaped Addition Toward the South Corner of the Building, Original 1944 Section with Historic 1973 Infill in Foreground, 100 Kingsley Lane Visible in the Background	E	9/7/2022	VL
16	Main Building, 150 Kingsley Avenue – Interior, First Floor, 1973 Y-Shaped Addition, Front/Main Entrance Vestibule	E	8/29/2022	VL

Photo Number of 50	Description	Camera Direction	Date	Photographer
17	Main Building, 150 Kingsley Avenue – Interior, First Floor, 1973 Y-Shaped Addition, Main Corridor at the Reception Area in West Wing	E	8/29/2022	VL
18	Main Building, 150 Kingsley Avenue – Interior, First Floor, 1973 Y-Shaped Addition, Main Central Corridor, View Toward Rear of Addition and 1944 Section	NE	8/29/2022	VL
19	Main Building, 150 Kingsley Avenue – Interior, First Floor, 1973 Y-Shaped Addition, View from Main Corridor Toward Chapel	NW	8/29/2022	VL
20	Main Building, 150 Kingsley Avenue – Interior, First Floor, Interior of Chapel, View Toward the Front	NW	6/21/2022	MP
21	Main Building, 150 Kingsley Avenue – Interior, First Floor, Interior of Chapel, View Toward Rear/Main Corridor	SE	8/29/2022	VL
22	Main Building, 150 Kingsley Avenue – Interior, First Floor, Front Northwest Wing of 1944 Section, Historic Interior Staircase	SE	8/29/2022	VL
23	Main Building, 150 Kingsley Avenue – Interior, First Floor, Front Northwest Wing of 1944 Section, Office, Historic Wood Window	SE	8/29/2022	VL
24	Main Building, 150 Kingsley Avenue – Interior, First Floor, Kitchen/Serving Area	N	8/29/2022	VL
25	Main Building, 150 Kingsley Avenue – Interior, First Floor, Far North Corner Addition, Corridor	SE	8/29/2022	VL
26	Main Building, 150 Kingsley Avenue – Interior, First Floor, Mechanical/Incinerator Room	NE	8/29/2022	VL
27	Main Building, 150 Kingsley Avenue – Interior, Second Floor, Mechanical/Incinerator Room, Chimney/Smokestack	W	8/29/2022	VL

Photo Number of 50	Description	Camera Direction	Date	Photographer
28	Main Building, 150 Kingsley Avenue – Interior, First Floor, c. 1950-1957 Addition, Receiving/Storage Area (former Boiler/Coal House)	S	8/31/2022	VL
29	Main Building, 150 Kingsley Avenue – Interior, First Floor, Rear/Eastern Corner of 1973 Addition/Infill, Reception Desk	N	8/31/2022	VL
30	Main Building, 150 Kingsley Avenue – Interior, First Floor, Historic Corridor, Original 1944 Section	NE	8/31/2022	VL
31	Main Building, 150 Kingsley Avenue – Interior, First Floor, Central Historic Staircase, Original 1944 Section	NW	8/31/2022	VL
32	Main Building, 150 Kingsley Avenue – Interior, Second Floor, 1973 Y-Shaped Addition, Elevator Lobby	SW	8/31/2022	VL
33	Main Building, 150 Kingsley Avenue – Interior, Second Floor, Front Northwest Wing of 1944 Section, Historic Interior Staircase	SE	8/31/2022	VL
34	Main Building, 150 Kingsley Avenue – Interior, Second Floor, Front Southeast Wing of 1944 Section, Enclosed Historic Porch with 1973 Historic Windows	S	8/31/2022	VL
35	Main Building, 150 Kingsley Avenue – Interior, Second Floor, Original 1944 Section, Historic Corridor with Intact Historic Wood Windows	E	8/31/2022	VL
36	Main Building, 150 Kingsley Avenue – Interior, Third Floor, 1973 Y-Shaped Addition, Central Front Open Lounge	SW	9/1/2022	VL
37	Main Building, 150 Kingsley Avenue – Interior, Third Floor, Original 1944 Section, Former Nurse's Lounge	NW	9/1/2022	VL
38	Main Building, 150 Kingsley Avenue – Interior, Third Floor, 1973 Maternity Ward, Patient Room	SE	9/1/2022	VL
39	Main Building, 150 Kingsley Avenue – Interior, Fourth Floor, 1973 Y-Shaped Addition, Small Conference Room	E	9/1/2022	VL

Photo Number of 50	Description	Camera Direction	Date	Photographer
40	Main Building, 150 Kingsley Avenue – Interior, Fifth Floor, Historic Stair Corridor	NW	9/1/2022	VL
41	Main Building, 150 Kingsley Avenue – Interior, Fifth Floor, 1973 Y-Shaped Addition, Patient Room	E	9/1/2022	VL
42	Main Building, 150 Kingsley Avenue – Interior, Fifth Floor, 1973 Y-Shaped Addition, Central Front Office	SW	9/1/2022	VL
43	The De Paul Medical Building, 110 Kingsley Lane – Façade/Southwest Elevation	NE	9/16/2022	VL
44	The De Paul Medical Building, 110 Kingsley Lane – Southwest Elevation, Front/Primary Entrance Detail	NE	9/16/2022	VL
45	The De Paul Medical Building, 110 Kingsley Lane – Corner of Southwest (Facade) and Southeast Elevations	N	9/16/2022	VL
46	Dumpster Enclosure at 110 Kingsley Lane	SE	9/16/2022	VL
47	100 Kingsley Lane – Façade/Corner of Southwest and Northwest Elevations at Primary Entrance	E	9/16/2022	VL
48	100 Kingsley Lane – Southeast Elevation	W	9/16/2022	VL
49	100 Kingsley Lane – Corner of Northwest and Northeast Rear Elevations	S	9/16/2022	VL
50	Stone Pillar at 110 Kingsley Lane	W	3/31/2023	NB

Embedded Images Log

Figure No.	Caption
1	De Paul Hospital Complex Historic District Aerial (Google)
2	Ground Floor Plan, Original 1944 Section (Sheet 4, 1944 Plan Set, De Paul Archives)
3	Curved Open Sun Porch, 1944 – Prior to Enclosure in c. 1969 (Sargent Memorial Collection)
4	Southwest Corner of Original 1944 Front Northwest Wing, Showing Enclosed Sun Porch and 1973 Addition (CPG, 2022)

Figure No.	Caption
5	Southeast Corner of Original 1944 Front Northwest Wing, Showing Enclosed Sun Porch and Original Design (CPG, 2022)
6	Northwest Elevation Original 1944 Front Southeast Wing – Modern Bathroom Build-Outs in Foreground, Note Historic Windows and Walls Exposed at the First-Floor Level (CPG, 2022)
7	Historic First-Floor Historic Wood-Sash Window, Original 1944 Section (CPG, 2022)
8	Historic Brick Arch Over First-Floor Historic Wood-Sash Window, Intact Above Dropped ACT Ceiling, Original 1944 Section (CPG, 2022)
9	First Floor, Front Area of Original 1944 Section at Intersection of Main Rectangular Section and Front Northwest Wing – Showing Intact Original/Historic Trim/Crown Molding and Metal Ceiling Tiles Above the Current Dropped Acoustical Tile Ceiling (CPG, 2022)
10	First Floor, Front Area of Original 1944 Section at Far Northwest Corner of Main Southwest/Southeast Rectangular Section – Showing Intact Original/Historic Upper Trim and Metal Ceiling Tiles (CPG, 2022)
11	Third Floor, Front Southeast Wing of Original 1944 Section – Showing Location of Intact Original/Historic Features Including Wood Floors, Wood Base Trim, Wood Chair Rail, and Denticulated Crown Molding (CPG, 2023)
12	Third Floor, Front Southeast Wing of Original 1944 Section – Showing Intact Original/Historic Features Including Wood Floors, Wood Base Trim, Wood Chair Rail, and Denticulated Crown Molding (CPG, 2022)
13	Third Floor at Intersection of Main Rectangular Section and Front Southeast Wing of Original 1944 Section – Showing Detail of Intact Original/Historic Denticulated Crown Molding (CPG, 2022)
14	Excerpt from 1950 Sanborn Fire Insurance Map, Norfolk, Virginia (1950, vol. 5, Sheet 535)
15	Northwest/Side Elevation of the 1958 Smith-Nash Memorial Wing; 1988 Medical Atrium Located on the Right (CPG, 2022)
16	Façade/Southwest Elevation of 1973 Y-Shaped Addition Along Kingsley Avenue (CPG, 2022)
17	Historic Aluminum Window Detail, 1973 Y-Shaped Addition (CPG, 2022)
18	Chapel, 1973, Attached to the Y-Shaped Addition (CPG, 2022)
19	Chapel Interior, 1973 (CPG, 2022)
20	Third Floor, Maternity Ward – Showing Location of Intact Original/Historic Features Including Wood Floors, Wood Base Trim, Wood Chair Rail, and Denticulated Crown Molding (CPG, 2023)
21	Third Floor, Maternity Ward – Showing Intact Original/Historic Features Including Wood Floors, Wood Base Trim, Wood Chair Rail, and Denticulated Crown Molding (CPG, 2022)
22	Façade, 1988 De Paul Medical Atrium (CPG, 2022)
23	Façade, 100 Kingsley Lane, c. 1970 (CPG, 2022)

Figure No.	Caption
24	Southeast Corner, 110 Kingsley Lane, c. 1965 (CPG, 2022)
25	De Paul Hospital, 1944 (Sargent Memorial Collection)
26	Sanborn Map, Norfolk, Virginia, 1950, vol. 5, Sheet 535
27	"Dr. Taylor Head Staff at De Paul," Norfolk Ledger-Dispatch, June 10, 1960
28	"Med Unit Due to Open in February," Norfolk Ledger-Star, June 18, 1964
29 & 30	"Dedication set at De Paul," Norfolk Ledger, September 25, 1973
31	"Turning a Shovel for the Stick," Virginian-Pilot, November 12, 1969

Virginia Dept. of Historic Resources

V-CRIS

Virginia Cultural Resource Information System

Legend

County Boundaries

TOPOGRAPHIC MAP
De Paul Hospital Complex
Historic District
City of Norfolk, VA
DHR No. 122-6120

Historic Boundary

N

Feet

0 600 1200 1800 2400

1:36,112 / 1"=3,009 Feet

Title:

Date: 6/27/2023

DISCLAIMER:Records of the Virginia Department of Historic Resources (DHR) have been gathered over many years from a variety of sources and the representation depicted is a cumulative view of field observations over time and may not reflect current ground conditions.The map is for general information purposes and is not intended for engineering, legal or other site-specific uses. Map may contain errors and is provided "as-is". More information is available in the DHR Archives located at DHR's Richmond office.

Notice if AE sites:Locations of archaeological sites may be sensitive the National Historic Preservation Act (NHPA), and the Archaeological Resources Protection Act (ARPA) and Code of Virginia §2.2-3705.7 (10). Release of precise locations may threaten archaeological sites and historic resources.

Virginia Dept. of Historic Resources

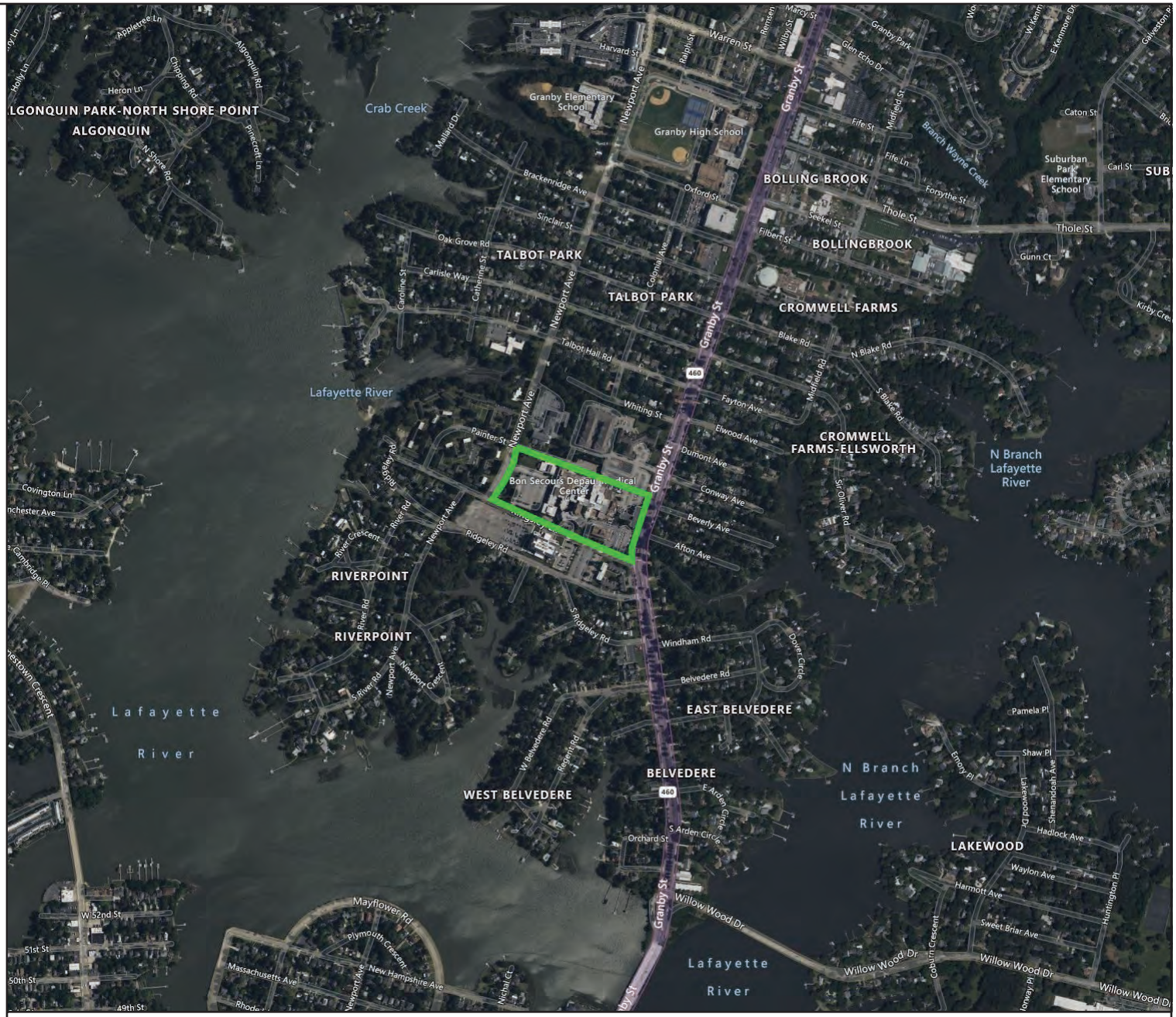
V-CRIS

Virginia Cultural Resource Information System

Legend

County Boundaries

AERIAL VIEW - VICINITY
De Paul Hospital Complex
Historic District
City of Norfolk, VA
DHR No. 122-6120



Historic Boundary

N

Feet

0 500 1000 1500 2000

1:18,056 / 1"=1,505 Feet

Title:

Date: 6/27/2023

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Virginia Dept. of Historic Resources

V-CRIS

Virginia Cultural Resource Information System

Legend

County Boundaries

AERIAL VIEW
De Paul Hospital Complex
Historic District
City of Norfolk, VA
DHR No. 122-6120

Historic Boundary

N

Feet

0 100 200 300 400

1:4,514 / 1"=376 Feet

Title:

Date: 6/27/2023

Virginia Dept. of Historic Resources

V-CRIS

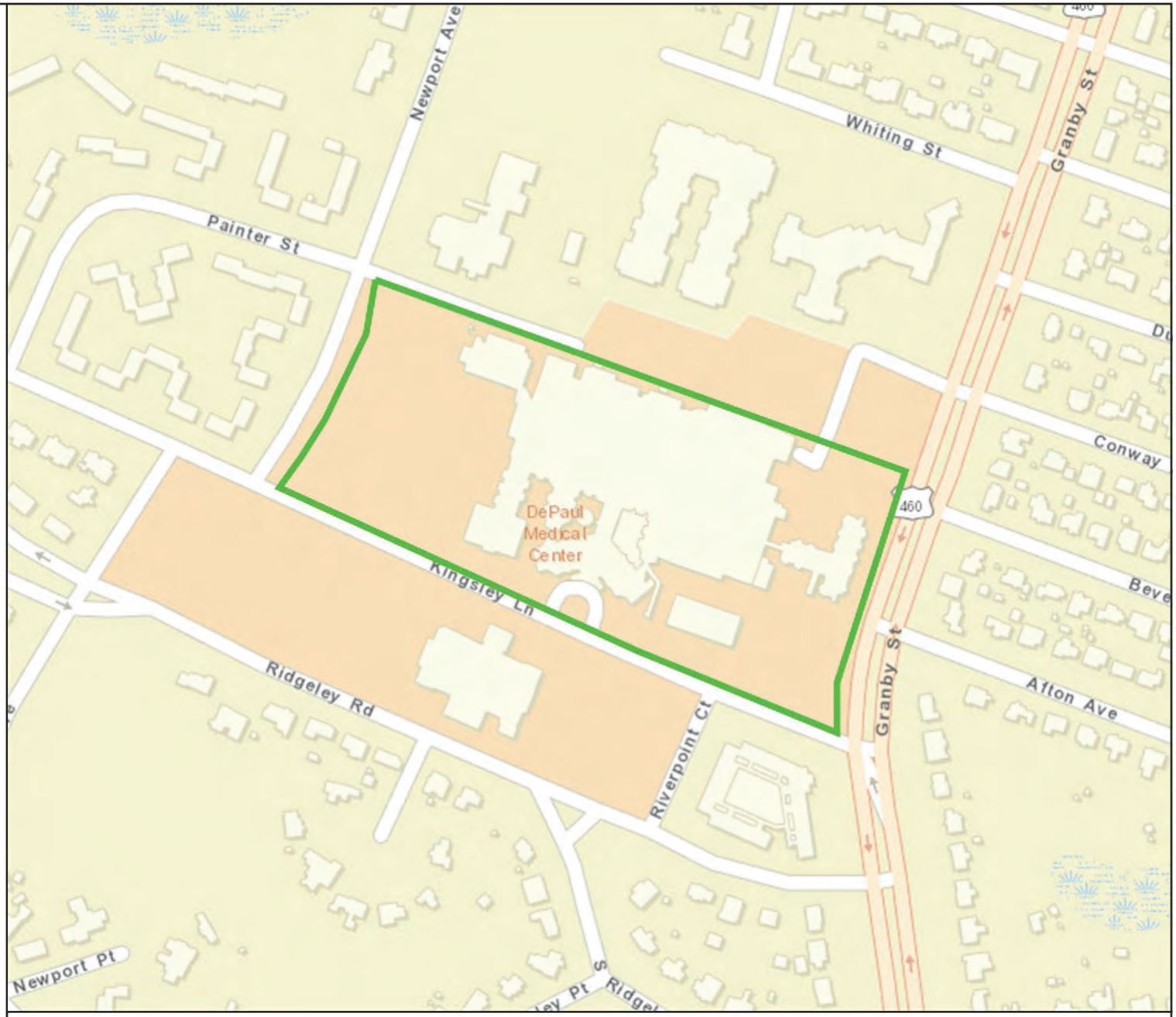
Virginia Cultural Resource Information System

Legend

County Boundaries

STREET MAP

De Paul Hospital Historic District
City of Norfolk, VA
DHR No. 122-6120



Historic Boundary

N

Feet

0 100 200 300 400

1:4,514 / 1"=376 Feet

Title:

Date: 4/17/2023

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Virginia Dept. of Historic Resources

V-CRIS

Virginia Cultural Resource Information System

LOCATION MAP

De Paul Hospital Complex Historic District (122-6120)

150 Kingsley Lane, Norfolk, VA

= Historic Boundary

1) Latitude: 36.900422
Longitude: 76.283142

2) Latitude: 36.899386
Longitude: 76.279481

3) Latitude: 36.897914
Longitude: 76.279981

4) Latitude: 36.899292
Longitude: 76.283844

N

Feet

0 50 100 150 200

1:2,700 / 1"=225 Feet

Title: De Paul Hospital Complex Historic District | Location Map (122-6120) Date: 3/31/2023

DISCLAIMER:Records of the Virginia Department of Historic Resources (DHR) have been gathered over many years from a variety of sources and the representation depicted is a cumulative view of field observations over time and may not reflect current ground conditions.The map is for general information purposes and is not intended for engineering, legal or other site-specific uses. Map may contain errors and is provided "as-is". More information is available in the DHR Archives located at DHR's Richmond office.

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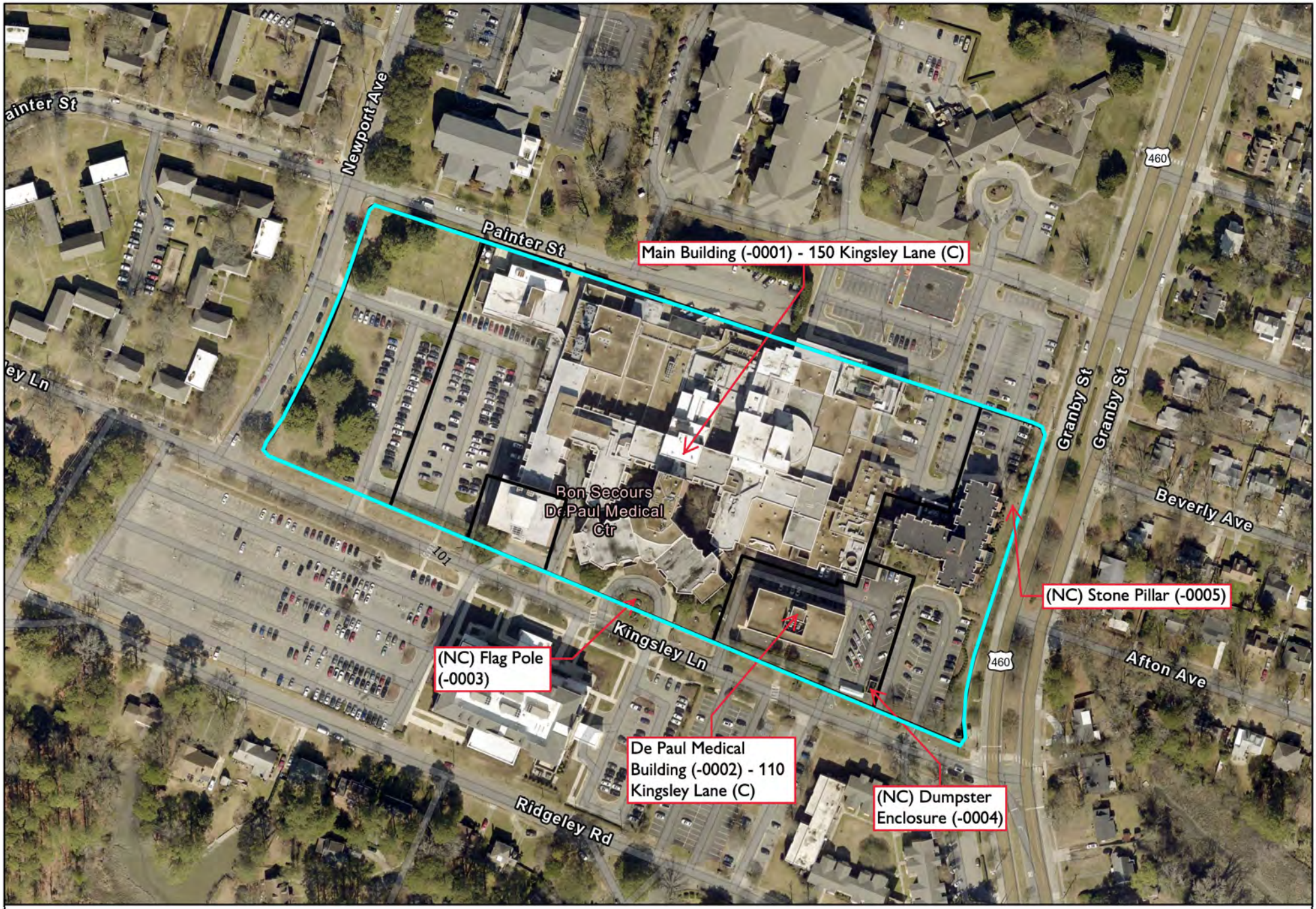

De Paul Hospital Complex Historic District | Sketch Map

City of Norfolk, VA; DHR No. 122-6120

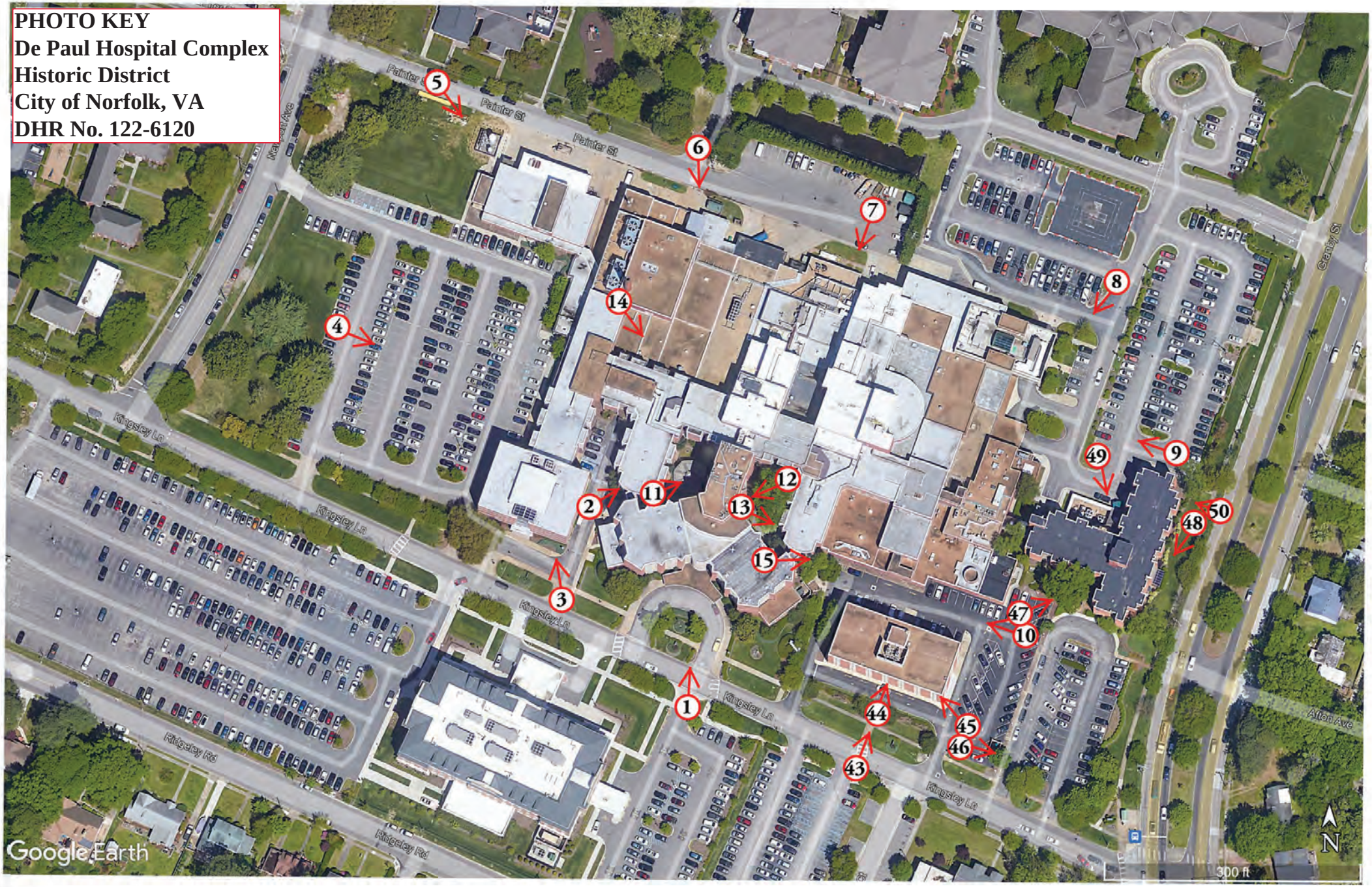
PHOTO KEY
De Paul Hospital Complex
Historic District
City of Norfolk, VA
DHR No. 122-6120
Painter St
Kingsley Ln
Ridgeley Rd
Granby St
Alton Ave
Google Earth
300 ft
N