

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 PropertyHistoric name: Louisville College of DentistryOther names/site number: Raymond E. Myers Hall

Name of related multiple property listing:

NA

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

2. LocationStreet & number: 129 East BroadwayCity or town: Louisville State: Kentucky County: JeffersonNot For Publication: ☐ Vicinity: ☐**3. State/Federal Agency Certification**

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

I hereby certify that this nomination request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.In my opinion, the property meets does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance: national statewide X local

Applicable National Register Criteria:

 X A B C D_____
Signature of certifying official/Title:_____
Date_____
State or Federal agency/bureau or Tribal Government

Louisville College of Dentistry
Name of Property

Jefferson County, KY
County and State

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:

☒

Public – Local

☐

Public – State

☐

Public – Federal

☐

Category of Property
(Check only **one** box.)

Building(s) ☒

District ☐

Site ☐

Structure ☐

Object ☐

Number of Resources within Property

(Do not include previously listed resources in the count)

Contributing

Noncontributing

1

1

0

0

buildings

sites

structures

objects

Total

Number of contributing resources previously listed in the National Register _____

6. Function or Use

Historic Functions

(Enter categories from instructions.)

EDUCATION/ College

Current Functions

(Enter categories from instructions.)

WORK IN PROGRESS

7. Description**Architectural Classification**

(Enter categories from instructions.)

LATE VICTORIAN/ Renaissance/Renaissance Revival

Materials: (enter categories from instructions.)

Principal exterior materials of the property: Brick, Limestone, Wood

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 Louisville College of Dentistry building is a Renaissance Revival building located at the intersection of East Broadway and South Brook Street on the western edge of the current Louisville medical district. The building is three stories tall and set on a raised stone basement. The first floor is smooth stone with pressed brick on the upper floors. The front facade features a large facing gable that looks over East Broadway and the east facade features a large band of windows that once provided light for the infirmary. The building exterior is in excellent condition, featuring most of the original materials, and is well known as the "dental school" because of the large name plate on the front of the building.

Narrative Description

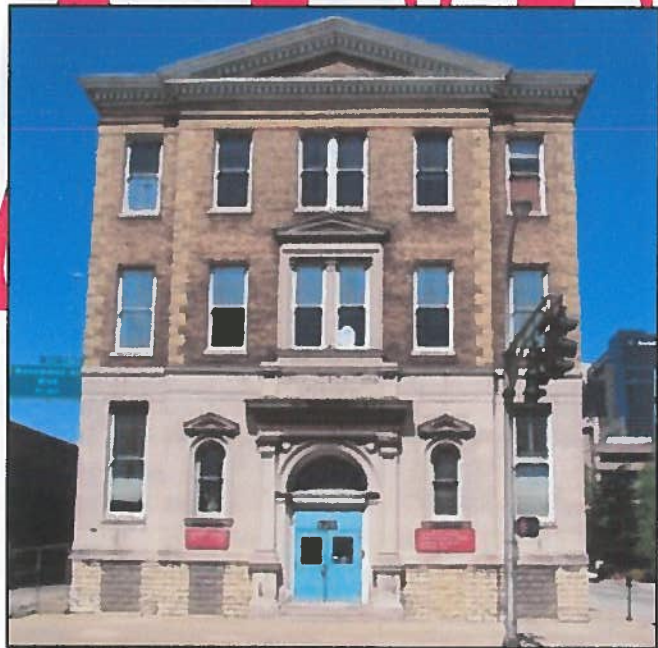
Overview and Area Context

The Louisville College of Dentistry building is located on the northwest corner of South Brook Street and East Broadway. Immediately to the west is Interstate-65, elevated above street level and about twenty feet from the west facade of the building. To the south is East Broadway, a seven-lane main thoroughfare that extends through the heart of Louisville. To the east is South Brook Street, a four-lane cross street, which from the south has an exit lane from the Interstate. To the north of the site is an alley that extends from South Brook Street to a parking lot located underneath the elevated interstate.

The building occupies nearly the entire site, with a small parking lot at the rear allowing deliveries to the back of the building. The power plant for the building is attached to the rear of the main building and extends north to the alley. The other facades of the building are immediately adjacent to the sidewalks along South Brook Street and East Broadway as well as a small walkway along the west side of the building, which separates the building from the parking lot and elevated interstate.

South Facade

The building is five bays wide, four stories tall, in the Renaissance Revival style. The basement level is raised, exposing the top six feet above the sidewalk level, and constructed entirely of gray limestone. The original windows have been covered on the East Broadway and South Brook Street facades with matching rusticated stone blocks. The central entrance is located on East Broadway and is in the center of the facade. The entrance features a large round arch supported by pilaster capitals on either side and is framed by stone pilasters on stone bases. A shallow stone cornice is supported by the pilasters and extends across the opening just above the arch. The top of the entrance cornice projects outward, and a relief balustrade is set in the center with a set of double windows above. The frieze panel in the center of the balustrade features "LOUISVILLE COLLEGE OF DENTISTRY" in stone. The original lanterns, which flanked the entrance, are now missing.



The first floor is covered in Bedford dressed stone with pedimented windows on either side of the front entrance each featuring a round arch upper sash. The sills project and feature small supporting stone brackets. The windows on the outside edges are much taller and feature only a simple stone sill and no lintel or surround. The second floor is comprised of blonde pitched press

bricks with matching brick quoins on the corners in an even lighter color. The lighter quoin bricks are matched above the third floor, beneath the wood cornice, creating a brick frieze panel that extends entirely around the building.

East facade

The east facade is nine bays long with the end bays slightly projecting. Most of the bays feature double sets of windows, though the first floor features a solid band of eighteen windows. The elevated basement is rusticated stone with a more modern rusticated stone infill where the original basement windows were located. These infilled openings still retain the original stone sills. The first floor matches the front facade with Bedford dressed stone, large unadorned windows on the end bays, and iron column dividers between the rest of the windows. The band of windows was constructed to bring light to the large infirmary on the first floor. The second-floor features simple window openings with stone sills and no lintels. The bays feature brick quoins on either edge, which frame the center of the building. The rest of the second and third floors are blonde pitched press bricks. Above the third floor is a cornice matching the front facade with a brick frieze panel and a wood dentil cornice above.



North Facade

The north facade is considerably different than the other facades.

The raised basement is still rusticated stone, but there is a set to stairs down to the basement level as well as a ramp, which are undoubtedly a result of the American with Disabilities Act. The upper floors are all red brick with simple windows featuring stone sills and no lintels. The cornice is a basic wood box gutter that is positioned beneath the dentils on the primary wood cornice, which slightly wraps around the rear edge of the building. The lower attachment of the box gutter reflects the sloping roof concealed by the cornice parapet. A large fire escape is attached to the middle of the building.



A single-story building is attached to the northwest corner of the building, extending to the north. This building contains the power plant and all of the original utility and mechanical systems. It appears that the windows have been changed and were originally large wood windows rather than the current narrower aluminum windows. The foundation of this rear addition is poured concrete rather than the rusticated stone found elsewhere.

This rear building replaced the original coal shed and iron clad outhouse, which ran along the north side of the site, immediately adjacent to the alley. The original buildings created a small courtyard at the rear, which opened onto S. Brook Street. The area was reconfigured with the new addition in the 1940s and new ramps and entrances were created at the rear.

West Facade

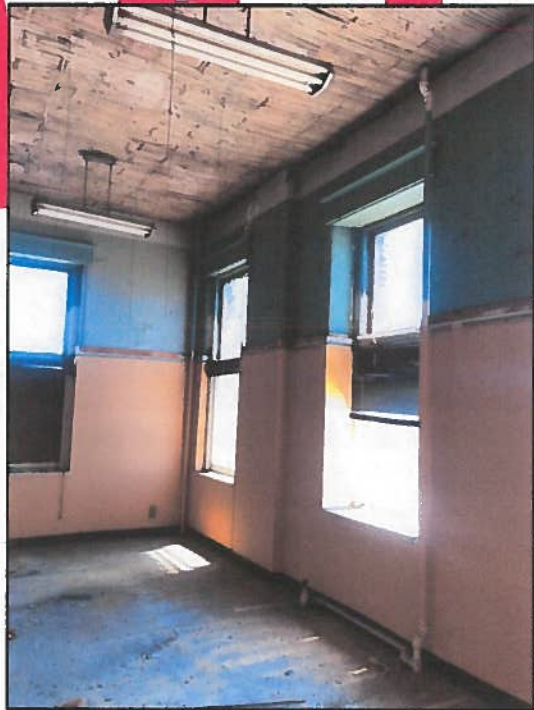
The west facade faces the interstate. The south side of the facade is similar to the front facade with a Bedford dressed stone first floor and blonde pitched press brick on the second and third floors that extends as far as the first bay. Unlike the east facade, the first and last bay do not project out at all. The cornice matches the east facade and extends the entire length of the facade. The rest of the facade is red brick with simple window openings that feature stone sills and segmented arch lintels. The foundation is rusticated stone and the original windows remain, though metal grids have been placed in front of them in an attempt to restrict access. A number of the first-floor windows have been replaced with modern aluminum windows and the openings significantly lowered. The original size is still visible because the replacement bricks are a poor match.

Alterations

After the College of Dentistry moved, the building was converted to offices and various smaller medical practices and clinics. On each floor the walls were furred out, new office carpet was installed, and the ceilings were lowered. On some floors, the ceilings were lowered to nearly half their original height. Each floor has had rooms converted to mechanical rooms, typically containing air handling equipment. Because the original structure was generally reliant on a central beam with large column supports, the original interior walls were unnecessary to the structural integrity of the building and so were removed.

The central beam and columns have been mostly located and exposed, revealing decorative capitals and trim along the central beam. The original entryway is intact with all materials and interior windows remaining. The first-floor front offices remain as well as the main staircase, though it has been enclosed to create a rated egress and the original banister has been removed. All of the primary windows are original and a large number of the secondary windows, which are located mostly in the power plant at the rear of the building or along the first level of the west facade (which looks beneath the interstate).

The exterior of the building has only suffered minor changes. At some point a fire escape system was added to the rear facade, the basement windows were blocked in, and the front door was changed. Aside from these alterations the building exterior appears almost identical to the day it was first occupied.





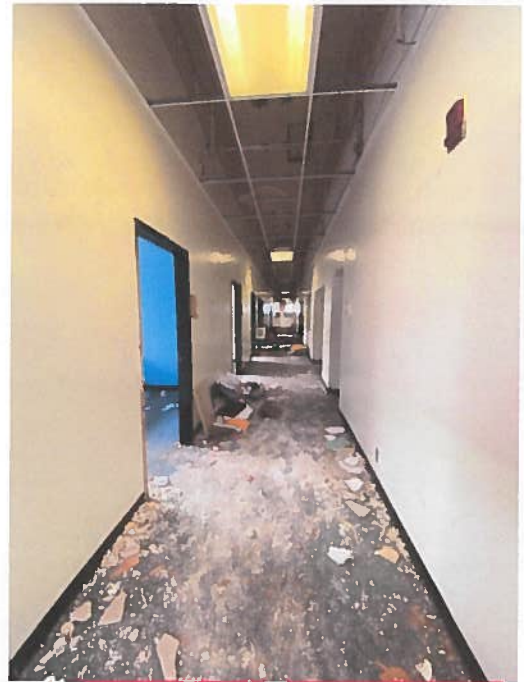
Cleaning underway on the exterior brick. The blond brick has been partially cleaned, revealing the level of dirt built up on the exterior.

The exterior is in remarkably good condition and the cornice, constructed completely of metal, has nearly no rust, separation, or deterioration. The cornice is planned to be cleaned and repainted.

The interior was exceptionally divided. During demolition it was discovered that nearly every single interior wall had been removed during previous renovations. The amount of new construction almost completely concealed the space, including the length of the first floor and the height of the space.



View of the main first floor hallway before any work had been completed.



View of the first-floor corridor after the ceiling had been removed



The first floor, facing the same direction, after the non-historic walls were removed, revealing the full height and length of the space.



The infirmary area after demolition, facing north. The windows and the ceiling have been returned to full height.

The main staircase, which extends from the first floor to the third floor, was originally exposed and featured a wood banister and spindles along with brackets along the exposed side of the staircase. At the bottom turn the stairs extended out with rounded corners to reconnect back to the lower wall. At the base of the primary flight was a tall newel post with a turned top and inset paneling. Along the wall on the opposite side was a chair mold that followed the contour of the staircase and connected to the break-through point of the stairs.

All of the defining features of the staircase were removed when the dental school moved from the building. The banister, spindles, newel post, extended lower treads, brackets, chair rail, and tread nosing were all removed from the stairs. At the time current code required a fire rated egress, which meant the staircase was completely enclosed and segmented by levels. While the actual stairs remained for moving people, the rest of the defining features were lost.

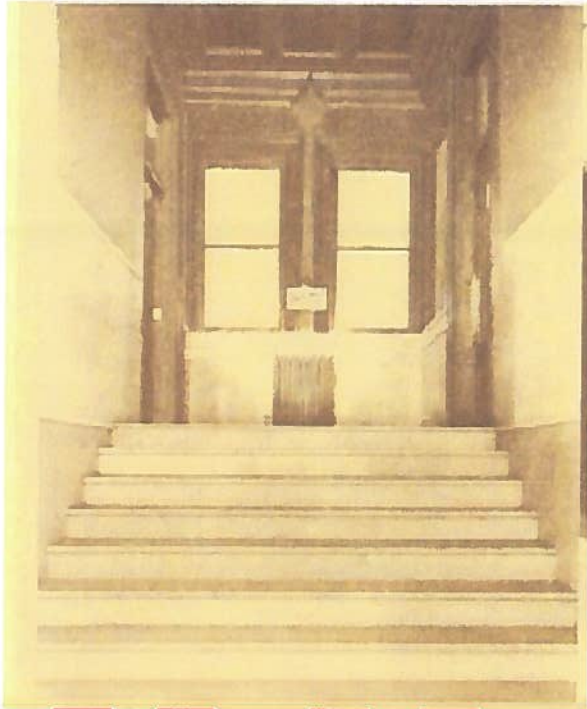


The main staircase at the first floor, as seen in the opening announcement brochure



The same segment of staircase, as seen from the interior of the stairwell, facing the front of the building

The main entrance from East Broadway has marble stair treads, wainscoting, a memoriam plaque for Dr. Francis Peabody, a coffered ceiling, windows into the original infirmary, and doors into side rooms in the front corners of the building. The front entryway, in its original configuration, could not be converted to an accessible entrance and so was left intact. New handrails were added, but these caused only minimal damage and had little impact on the visual impact of the space. Today, all of the original materials remain with the exception of the light fixture, which was replaced at some point.



View of the front entryway from the announcement brochure.



The entryway as it stands today

In addition, once the ceilings were removed from the interior, there were two significant skylights that were discovered, which likely provided light to instruction rooms. One of the skylights was at the front of the third floor and the other was at the rear of the third floor. There were no skylights that extended to the second floor, which would have required openings in the third floor.

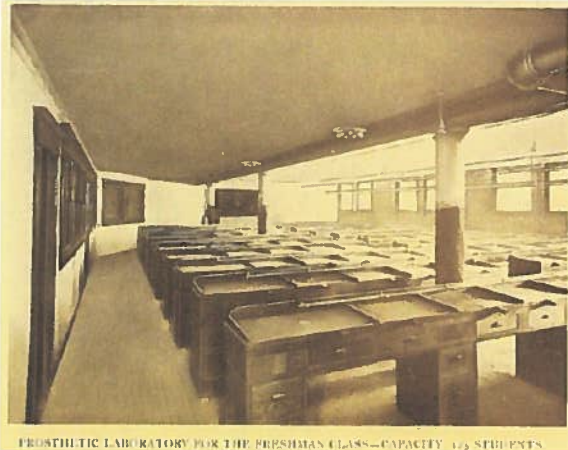


Skylight at the front of the third floor, which was located over the main structural beam of the building. The skylight provided light to an instruction lab below.



A skylight found in a different area, near the rear of the third floor. It is assumed the skylight provided light to an instruction area, though it is not entirely clear which area specifically

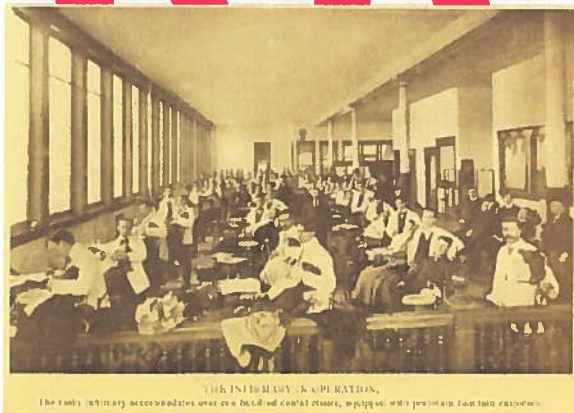
Throughout the building there are columns supporting the main beam on each floor. These columns are all regularly spaced and on the first and second floors have relatively ornate capitals. In the basement and on the third floor the columns appear to have been less ornate.



Original basement columns and beam.



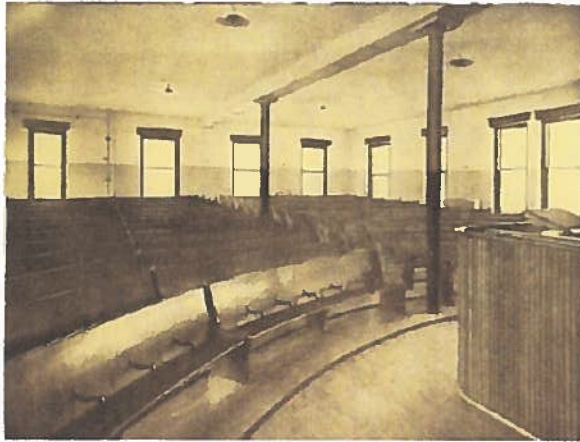
Existing basement columns and beam.



The columns and beam through the first floor.



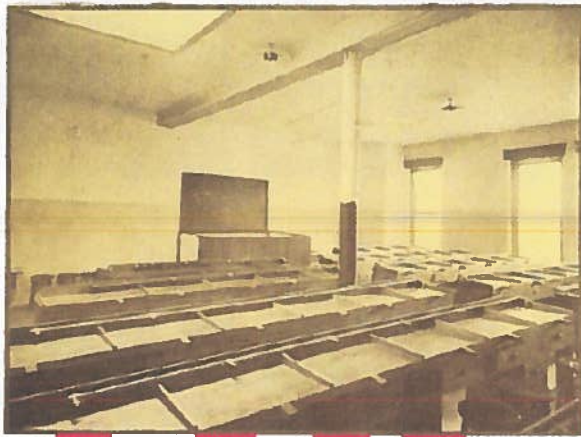
The existing columns and beams on the first floor.



Original columns and beam at the rear of the second floor.



Existing column and beams at the rear of the second floor.



Original columns and beam at the rear of the third floor.



Existing columns and beam at the rear of the third floor.

DMAI

8. Statement of Significance

Applicable National Register Criteria

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

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

Criteria Considerations

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

- ☐ 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.)

EDUCATION

HEALTH/MEDICINE

Period of Significance

1900-1970

Significant Dates

1900

Significant Person

(Complete only if Criterion B is marked above.)

Cultural Affiliation

Architect/Builder

DRAFT

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 Louisville College of Dentistry is significant under Criterion A, for its association with the development of dental education and professional practice in Louisville, Kentucky. The college was one of the first professional schools in the country and developed admissions requirements, a curriculum, research resources, and clinical models that were well ahead of the typical dental education at the time. The standards the college helped establish were employed elsewhere in establishing dental schools across the country. The period of significance is 1900 to 1970. This covers the original construction of the building through when the college moved out and the building was converted to medical office space.

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

DENTISTRY VS. MEDICINE: THE ORIGINS OF THE PROFESSION

In its infancy, oral medicine was primarily concerned with preventing pain, decay, loosening, bad breath, swelling, and abscesses.¹ This was true prior to the fall of Rome and continued for another thousand years, until the Renaissance, when medical science was reinvigorated and dental practice was relegated to a subset of surgeries that was regarded as neither challenging nor interesting.² The result of this was that the practice of dentistry was more isolated from the practice of medicine and became the domain of non-physicians, such as the barber-surgeons.³

Much of early dental practice was devoted to extraction, which was ordered to be done slowly (and quite painfully) by physicians of the day or could be executed very quickly by the barber-surgeon practitioners. Though after care may have suffered, the quick removal of a painful tooth was preferred by many, and so there was a further separation between dental and medical practices.⁴

Dental or Medical Education?

Dental education followed a similar divide as dental and medical practice. There is debate about whether the medical community refused to accept the dentists, or the dentists refused to join the medical community. Early on medical schools made clear they were unwilling to devote the necessary resources, specifically money and space, to teaching dentistry, which required significantly more mechanical and technical training.⁵ At the same time the dental community felt, "dentistry [is] altogether too large to be made the tail end of the kite of medical practice."⁶

¹ Marilyn J. Field, Editor, *Dental Education at the Crossroads: Challenges and Change*, Committee on the Future of Dental Education, Institute of Medicine, 1995, 38.

² William J. Gies, *Dental Education in the United States and Canada*, 1926, 6.

³ Maurice David Kaufman Bremner, *The Story of Dentistry From the Dawn of Civilization to the Present: With Special Emphasis On the American Scene*. Rev. 3rd ed. Brooklyn, N.Y.: Dental Items of Interest Publishing Co., 1954, 56.

⁴ *Id.* at 77.

⁵ Field, *supra* at 40.

⁶ Sissman, 1971.

The result of this divide was that dental education pursued an independent path from medical schools. By 1865 there were only four dental schools in the United States and none of them were attached to existing medical schools.⁷ At the same time that the dental community was struggling to remain friendly with the medical community, the practicing dental community was finding it difficult to accommodate the dental educational community. With only a handful of schools available, most aspiring dentists found it more practical and cheaper to apprentice.⁸ By 1870 only 15% of the 8,000 practicing dentists in the United States were graduates of a dental school.⁹ The vast majority had trained as apprentices or were simply self-proclaimed dentists.

Formal Education

Formalized dental education followed the same well-worn path as law, medicine, and most other professions. An effort to formalize education was generally the result of several forces. One was the prevalence of outright quackery masquerading as the top of the field.¹⁰ Another was the prevalence of poorly trained, but widely respected practitioners. Also, aside from the actual practice of dentistry, was the formation of societies and journals, which substantially increased communication between professionals and began to organically establish professional standards.



Though only four schools had existed in 1865, by 1884 there were an additional twelve schools, nine of which were attached to universities.¹¹ Once there were a sufficient number of schools that aspiring dentists could reasonably be expected to attend one, states began to step into the industry more forcefully. Many states allowed graduates of dental schools to begin practice immediately without further examination.¹² This resulted in a large number of private and for-profit schools suddenly emerging. By 1900 there were 57 dental schools in the United States and 60% of dentists were graduates of a school.¹³ By the mid-1920s less than 5% of practicing dentists were without a degree.¹⁴

Unfortunately, as in many rapidly growing industries, the initial growth is unworthy of the professed standards, which justified their creation in the first place. As one practitioner described the impact of these schools: "[they led] to the disgrace of the profession and to the dishonor of

⁷ Field, *supra* at 40.

⁸ McCluggage, 1959, p. 163.

⁹ Field, *supra* at 40.

¹⁰ Gies at 7.

¹¹ Field, *supra* at 41.

¹² Gies, *supra* at 44.

¹³ Seccombe, Wallace. *Survey of the Dental Curriculum*. The Journal of Higher Education, vol. 3, no. 5, 1932, pp. 241.

¹⁴ Gies, *supra* at 45.

dental education. Many of the dental schools chartered since 1884 have been . . . completely worthless."¹⁵

To remedy this problem state laws began to change and require that anybody entering the practice of dentistry pass a standardized examination. The ability to take these exams were often restricted to "reputable" schools, which was intended to exclude graduates of the for-profit schools. This change stemmed the tide of new schools popping up and caused many schools to lose their charters. Between 1902 and 1905 22 schools in Illinois alone lost their charters.¹⁶ The more rigorous oversight of graduates entering the profession also caused schools to require more equipment, professors, and space, which made the for-profit schools thoroughly non-profitable.¹⁷

The Flexner Report

In 1910 the Carnegie Foundation published the Flexner Report. It was intended to examine professional medical education in the United States. The findings of the Flexner Report had a dramatic impact at the time and are still shaping professional education today. The report called for a relationship between professional schools and universities, mobilized the entire medical field against for-profit colleges, significantly raised the admission standards for schools, called for highly qualified full-time faculty, and connected medical research methods to the rigorous scientific process. The report also called for significantly stronger state regulation of medical education.

The result of this report on dental education was significant. The for-profit schools were quickly exposed and forced to close their doors as they were unable to attract or retain the caliber of faculty necessary to compete. Many schools actively sought to attach themselves to universities. The report was focused on medical education, but it set the stage for the Gies Report, which was released fifteen years later and focused exclusively on professional dental education.

The Gies Report

In 1926 the Carnegie Foundation funded a tenth report, similar to the Flexner Report, that focused specifically on dental education. The report was completed by William Gies, a Columbia University professor with a specific interest in dental research.¹⁸ Gies provided lengthy evaluations of each existing dental school and traveled to tour every single one of them. He reviewed the entire dental education system and devised five conclusions. First, dental schools deserved university attention and were not trade schools or profit centers. They should be ranked as an oral specialty of medicine, though autonomous, because of the mechanical emphasis. Second, dental professors should be paid properly to attract the best in the field on a full-time basis and allow them to teach and research and not be dependent on their practices. Third, pre-dental education should match pre-medical education at the university level. The education should promote scientific inquiry and place pre-dental students on the same academic level as pre-medical students. Fourth, repetitive classes should be moved to the preprofessional level and redundant

¹⁵ Gies, *supra* at 28.

¹⁶ Field, *supra* at 42.

¹⁷ *Id.* at 42.

¹⁸ *Id.* at 44.

courses should be eliminated to allow the dental professional course to take three years instead of four. Specialization should be reserved for postdoctoral study. Fifth, a full-year graduate course should be provided for all specialties in oral science and art, including practice, public health, teaching, and investigation.¹⁹

Gies noted specifically in his report that most dental programs, though attached to universities, did not share any of those benefits. They were excluded from endowments or similar income streams; their instructors were part-time and poorly compensated. There were no meaningful libraries, no graduate work, no research, little connection to the medical schools, no financial assistance for students, and no efforts to direct graduates into communities needing dental service.²⁰

Impact of Flexner and Gies Reports

By the time the Gies Report was published a good number of its recommendations were already well underway. Only three for-profit schools remained open.²¹ Many poorly run schools that were producing poorly trained graduates were already closing their doors. The simple economic reality of improving faculty, equipment, and space as required by state licensing boards was causing the collapse of the for-profit educational model. Those schools that remained were all attempting to affiliate with universities, as much for financial survival as for any other reason. In 1908 six university programs combined to form the Dental Faculties Association of American Universities to promote university affiliation.²² By the time of the Gies Report only five unaffiliated schools remained.

Emphasis on Research

By the 1920s dental education was beginning to closely resemble the type of education that exists a century later, though the emphasis on research was slow to take. Only ten universities were performing the vast majority of research (which included the University of Louisville). At first it mostly fell to the American Dental Association to create grants and encourage research and later the National Institutes of Health played a strong role in funding and encouraging research.

Despite the attempt at emphasizing research and creating new avenues and funding sources it was still a relatively small portion of most schools well into the 1940s. In 1941 the ADA's Council on Dental Education required schools to conduct research, but only about half of the existing schools applied for additional funds to conduct research, revealing how stubborn the dental education community was toward the field. It was not until the 1950s, when additional researchers were employed and significantly more funding became available, that helpful and rigorous research within the field began to occur.

Summary of Development

¹⁹ Field, *supra* at 44.

²⁰ Gies, *supra* at 246.

²¹ Field, *supra* at 46.

²² Gies, *supra* at 51. The original six schools were California, Michigan, Minnesota, Pennsylvania, Harvard, and Iowa.

Between 1840 and 1940 the role of dental education changed substantially. An industry that had begun with apprentices as a sideline to medicine developed into a sophisticated healthcare component. Dentistry succeeded in establishing safeguards for the population and protection for the profession by licensing professionals, requiring degrees from accredited schools, standardizing knowledge and practices, and developing a field of dedicated research. This effort caused the creation of dozens of schools and then their collapse, expanded university offerings and affiliations, and lifted the practice of dentistry well above the original barbershop.

DENTISTRY IN LOUISVILLE, KENTUCKY 1840 TO 1890

Louisville was similar to many cities prior to the profession of dentistry formalizing. Dentists advertised in newspapers and on signs and occasionally in directories. The entire city had fourteen listed dentists in 1861 and they all worked within nearly three blocks of each other in the central business district.²³ There was no listing for any dental school or advertising for any form of apprenticeship or other education. By 1871 there were twenty-one dentists and sufficient industry to need two dental supply companies.²⁴ These practices and companies, based on their addresses listed in the 1871 directory, were still clustered almost entirely within the central business district. This location suggests that the dense residential neighborhoods, which were rapidly expanding after the end of the Civil War, were not yet seen as profitable areas, which is nearly counter to today's view of the suburbs as prime real estate for medical practices. In 1881 there were nearly thirty dentists and they were beginning to expand their practices particularly to the west, going as far as 12th Street, where before they had never practiced beyond 5th Street.²⁵ In 1890 there were another ten dentists and only a single dental supply company.²⁶

The local newspapers suggest that while there was not an over-abundance of dentists, they were well represented professionally and the city was receptive to their trade. Advertising was minimal, beginning with only a small ad in 1830 by a Dr. Clute, who maintained the same postage stamp advertisement in the classified section of the paper on a weekly basis for nearly a decade before anybody else considered the practice.²⁷

Some of the stories of the time corroborate the Gies Report, to be completed decades later, stating "the professional of dentistry is perhaps more largely infested with quackery than most other professions."²⁸ But the profession still was viewed as vital to the health of the population and research was important, again as the Gies Report would later make clear. In 1855 a local dentist, Dr. Culver, was promoted by the Daily Courier for a talk on his research into the "First and Second Dentition, their diseases and treatment."²⁹ In Louisville, well before there was a formal institute for teaching and research, the local dental field was already investing in better understanding the science that underpinned their work.

²³ Caron's Directory of Louisville, 1861.

²⁴ Caron's Directory of Louisville, 1871.

²⁵ Caron's Directory of Louisville, 1881.

²⁶ Caron's Directory of Louisville, 1890.

²⁷ Louisville Morning Courier and American Democrat: Louisville, Ky. 27 June 1844: 2.

²⁸ Daily Courier, Louisville, KY Dec. 2, 1854: 4.

²⁹ Daily Courier, Louisville, KY, Jan. 3, 1855: 3.

In 1867 the Central States Dental Society met in Louisville for several days of proceedings. The proceedings began with the expulsion of a member, an early attempt at self-governance, and were followed by a presentation on the history of dentistry in the United States.³⁰ The dentists' state association had begun the year by asking the legislature to regulate the profession and prevent those without competence from practicing, as it resulted in hundreds of people being maimed each year.³¹ Several laws were passed, but in 1878 the state legislature criminalized the unlicensed practice of dentistry, a strong step toward protecting the public and no doubt the profession as well.³²

There must have been some level of relief when a formal College of Dentistry was founded. The city embraced the College of Dentistry and its classes quickly grew in size.³³

HISTORY OF LOUISVILLE COLLEGE OF DENTISTRY

Creation Within Hospital College of Medicine

Founded in 1887, the Louisville College of Dentistry was formed to teach dental surgery in Kentucky and operated as a department of Central University (now Eastern Kentucky University) and associated with the Hospital College of Medicine.³⁴ At the time dental schools were financially lucrative for universities and would help to fund the rest of the university.³⁵ The school was run the combined faculties of both schools and grew quickly, outgrowing the space available in the hospital.

The original curriculum lasted only two terms, five months each. The first class had eighteen students and two professors. By the end of the second term an additional ten men had joined the class, having completed their first terms elsewhere. The first class graduated in June of 1887.

In 1899 the dental school was sold to the dental faculty to operate as an independent dental college.³⁶ The new faculty purchased a lot on the northwest corner of Brook Street and Broadway and constructed a new independent and dedicated dental school building.

Independence Means a New Building, and a New Curriculum

The Building

On April 24, 1900, the trustees of Central University of Kentucky announced that work was set to begin on a new Louisville College of Dentistry building. The planned location, on the northwest corner of Brook Street and Broadway, was praised as an accessible location to the car lines and connections and yet far enough from the commercial core of the city to be appropriate for a

³⁰ Daily Courier, Louisville, KY, Dec. 29, 1867: 1.

³¹ The Louisville Daily Journal, Louisville, KY, Jan. 8, 1867: 2.

³² Peabody, F., Courier-Journal, Louisville, KY Apr. 19, 1878: 2.

³³ Courier-Journal, Louisville, KY, Jan. 29, 1890: 6.

³⁴ *Announcement*, Louisville College of Dentistry, Inc., College Press, John P. Morton and Company, Louisville, KY. 1903. p. 4.

³⁵ <https://louisville.edu/dentistry/about/history>. Accessed 6/8/2021.

³⁶ *Announcement*, *supra*.

school.³⁷ It was planned that the building would be ready for occupancy on October 10, 1900.³⁸ By May 13, 1900, work had begun on the new building.

The new building was completed in 1900 and provided for all the needs of a new and rigorous course of instruction. When it opened on December 13, 1900, the *Courier-Journal* proclaimed it to have cost over \$100,000 and "to be one of most modern and thoroughly equipped dental colleges in the country."³⁹ At its opening there were eighteen faculty members as well as fifteen instructors and eight recitation masters.⁴⁰

The basement contained a prosthetic technic laboratory with space for 135 students and adjoining rooms containing a lathe, forge, and plastering rooms. The basement also contained locker rooms for all of the students.

The first floor contained the dental infirmary, which was located along Brook Street and contained space for more than a hundred dental chairs. Around the perimeter of the infirmary are the dean's rooms for receiving guests, patient waiting rooms, washrooms, clerk rooms, examination, extracting, gas, and small clinic rooms.



On the second floor are the practical laboratory, the impression, crown, and plate rooms, all adjoining, as well as a dark room for examination, photography, and fluoroscopic work.

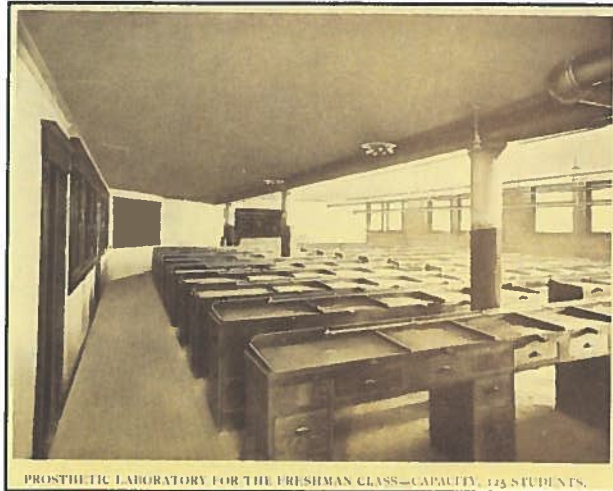
³⁷ *Work is Begun*, *COURIER-JOURNAL*, (May 13, 1900).

³⁸ *Site Selected*, *COURIER-JOURNAL*, (April 24, 1900).

³⁹ *Doors to New Dental College Will be Thrown Open Today*, *COURIER-JOURNAL*, (Dec. 13, 1900).

⁴⁰ *Id.*

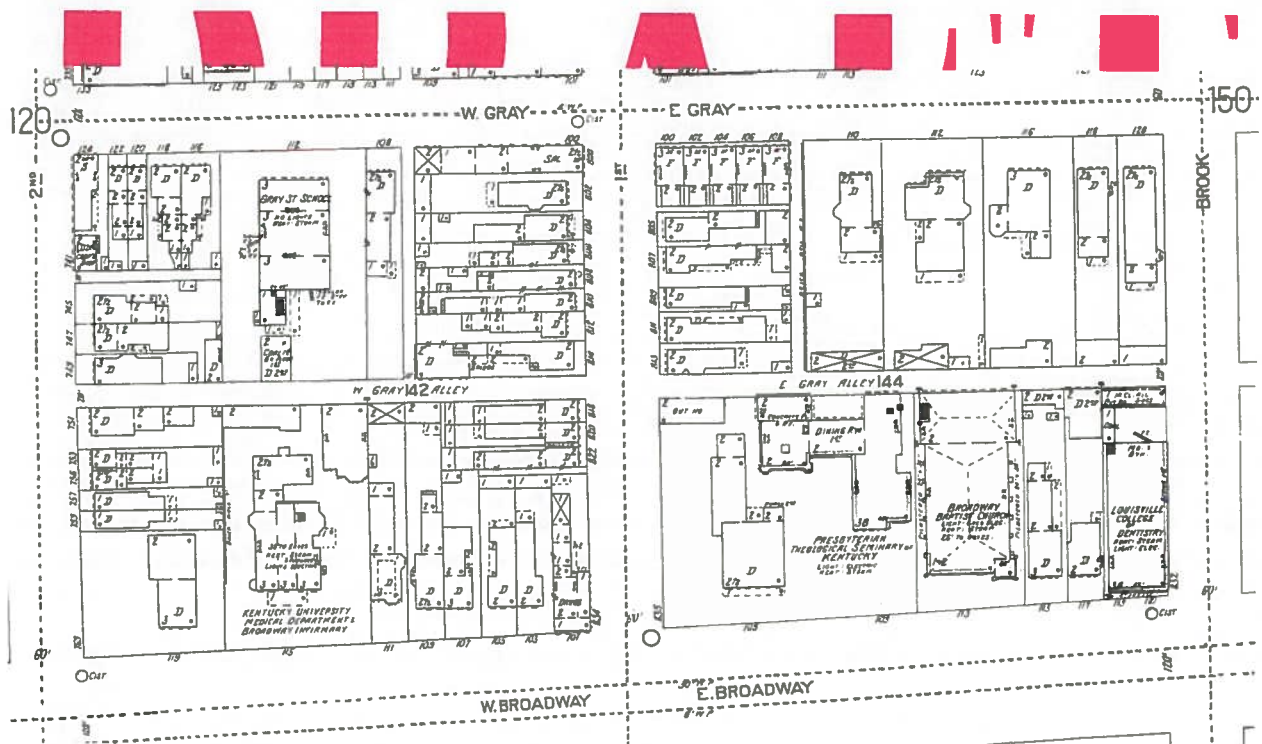
The third floor contains the library, reading room, and museum. The library and museum were given extra importance as means of research and reflecting the sophistication of the college. At the rear of the third floor is the clinical amphitheater, with a 9' pitched floor, a general lecture room with a capacity of 360 students, an operative technic room at the front of the building, and laboratories behind it, with a large exhaust vent through the roof.



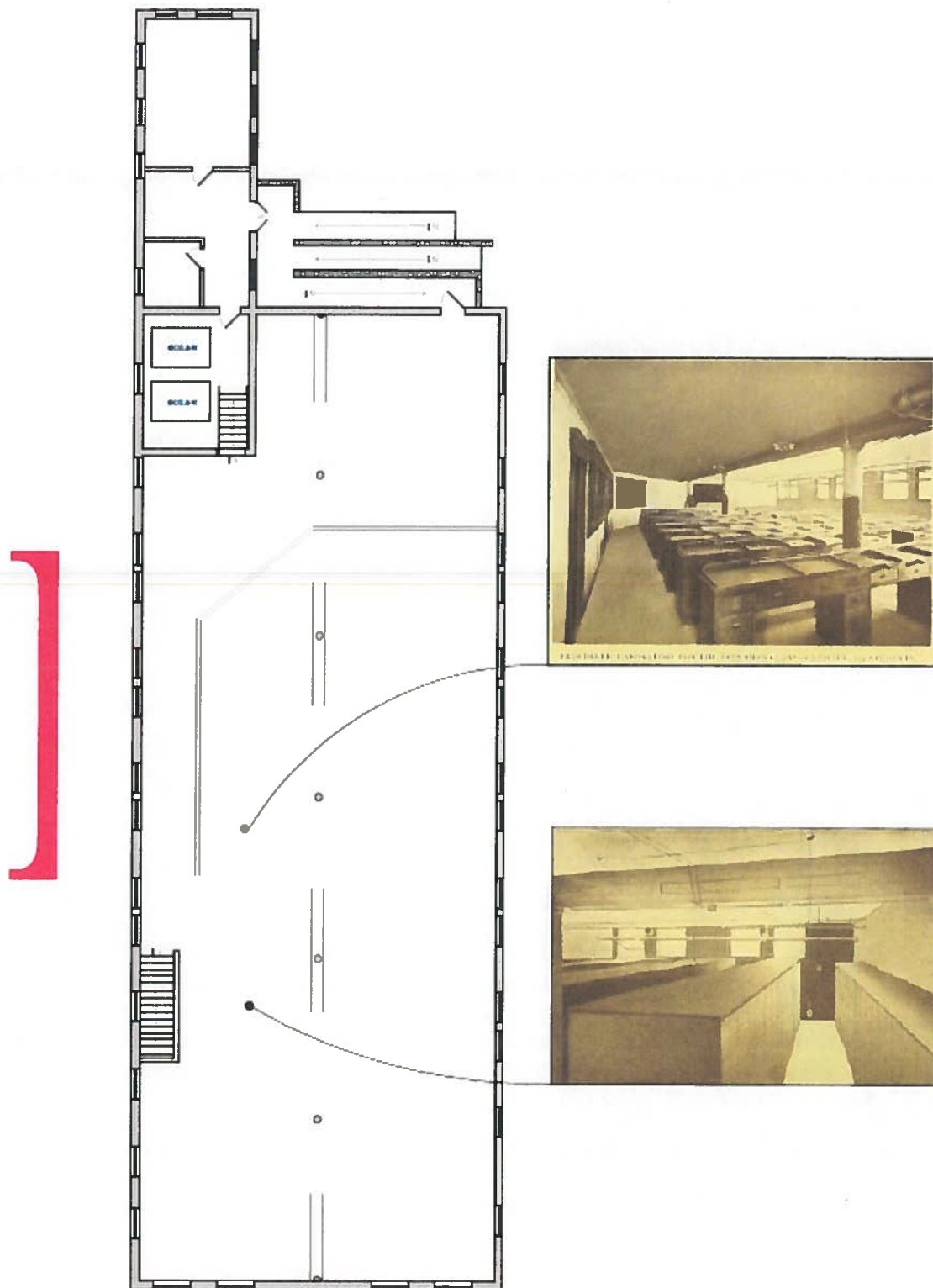
PROSTHETIC LABORATORY FOR THE FRESHMAN CLASS—CAPACITY, 125 STUDENTS.



Prosthetic Laboratory in the basement and infirmary on the first floor.

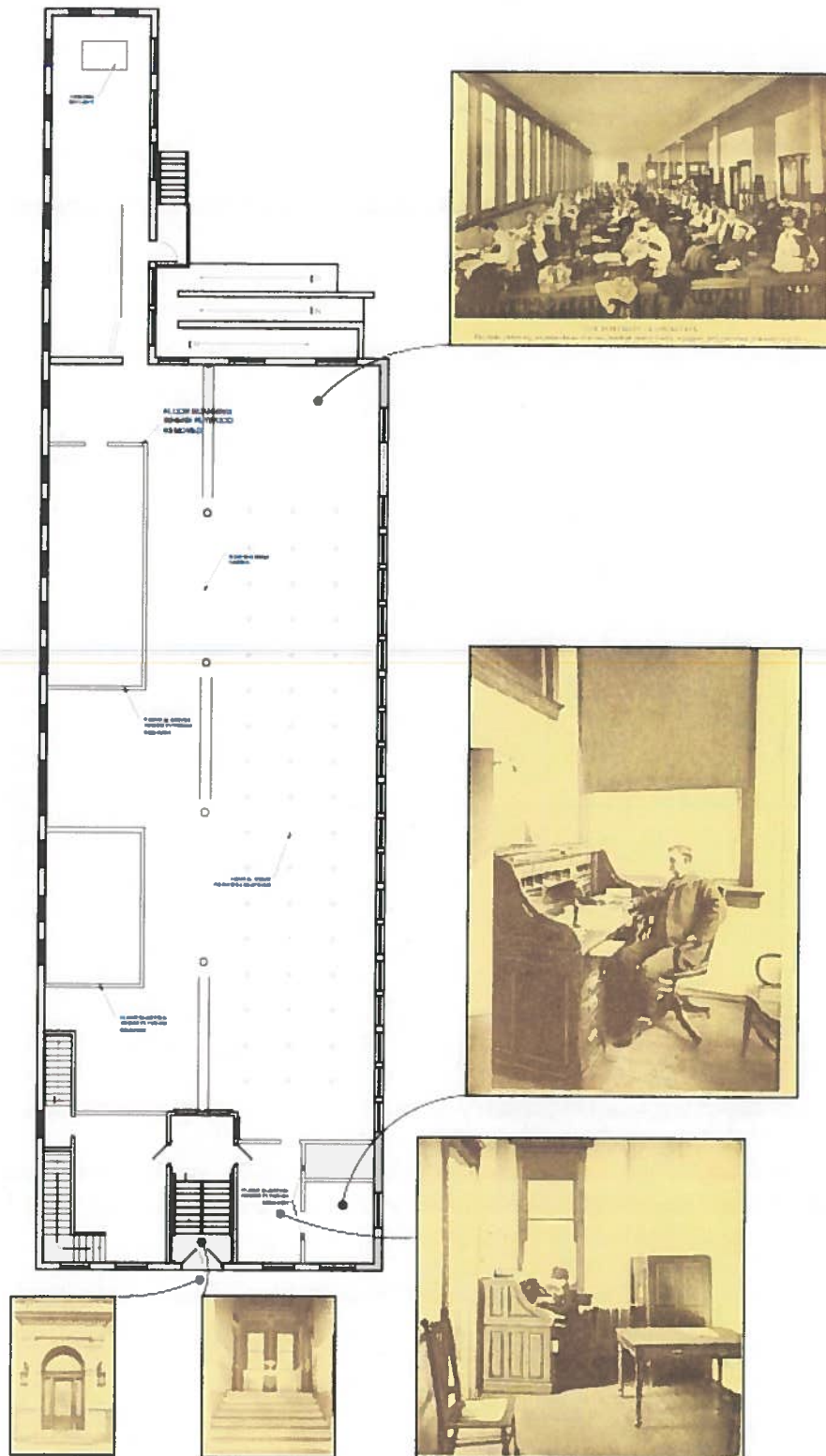


1905 Sanborn Map showing new school building in the lower right corner.

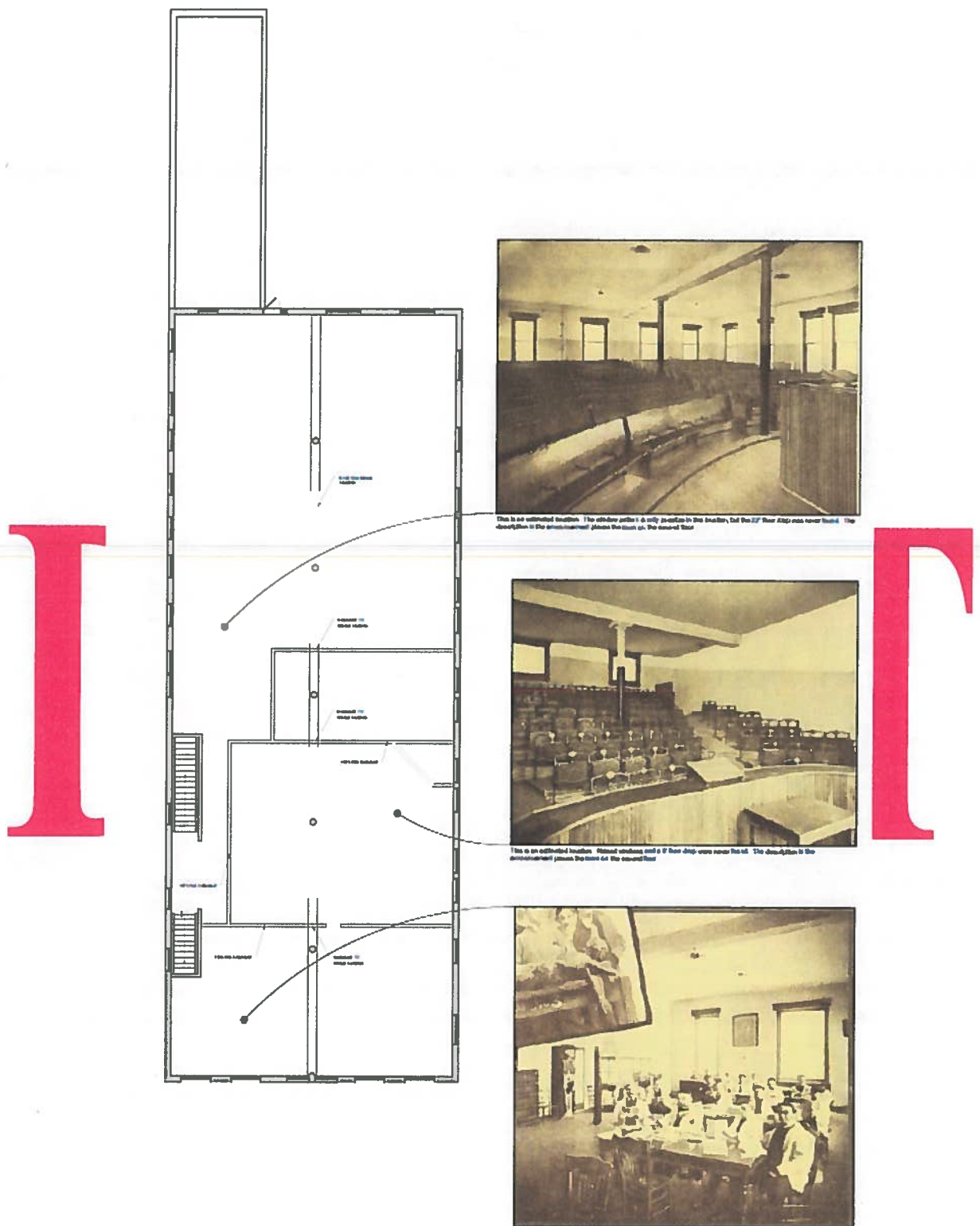


Basement level with photographs from opening brochure.

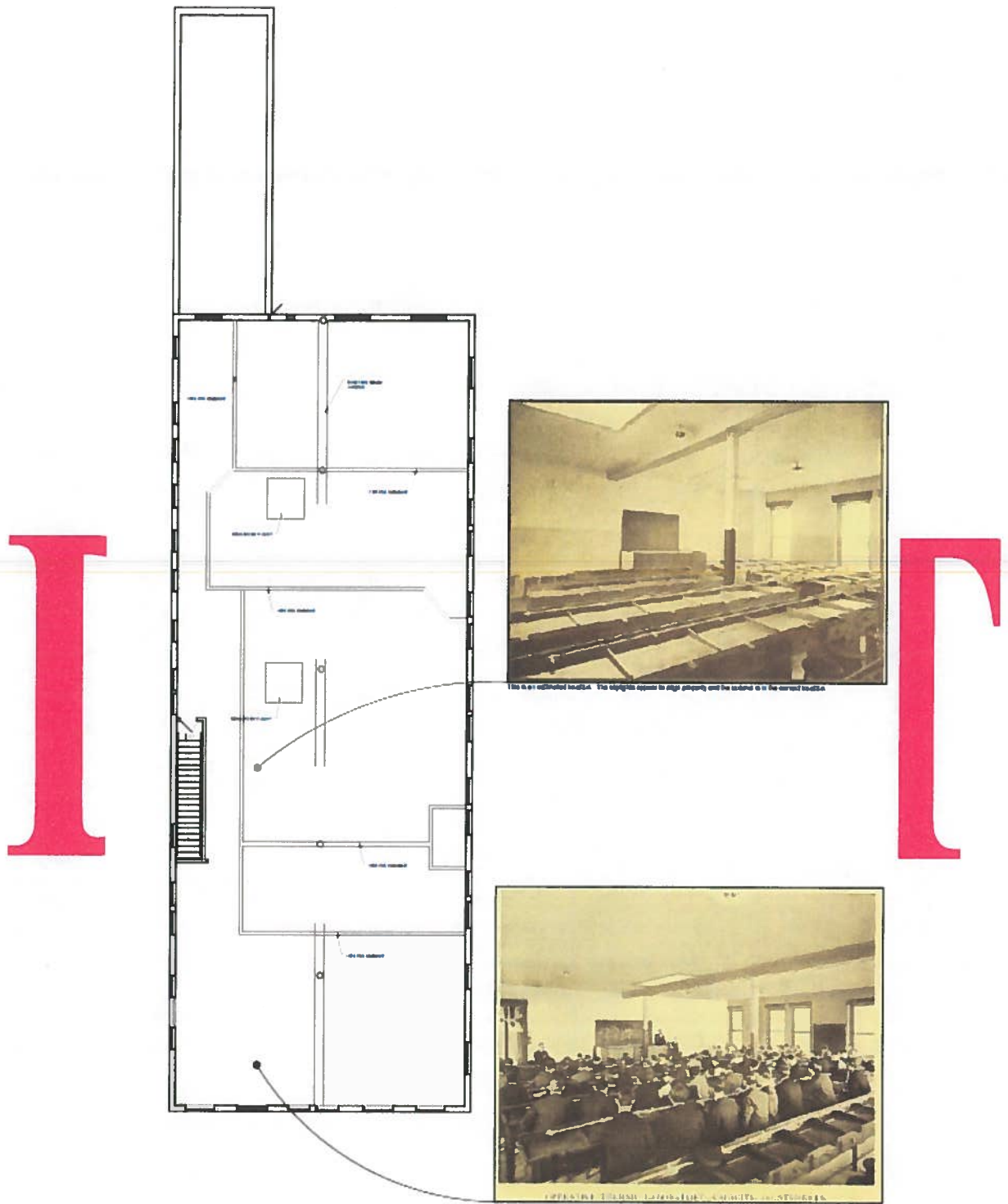
I



1st Floor drawing based on photographs from the opening brochure.



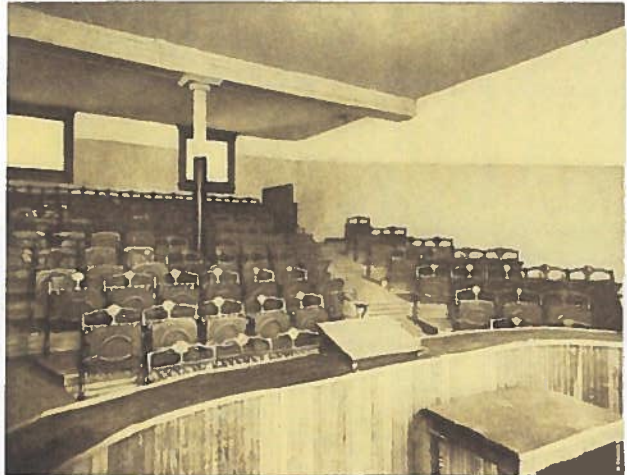
2nd Floor with photographs from the opening brochure. The wall locations are estimates.



3rd Floor with estimated walls based on photographs from the opening brochure.

Admissions

With a new building and additional space available it would have been easy to allow in students who were academically subpar and still charge them full tuition. There was certainly sufficient demand at that point. The college chose to go in a different direction. Following the guidelines of the National Association of Dental Faculties, admission was restricted to those who had at least a certificate of entrance into the third year of a high school or its equivalent.⁴¹ This helped to ensure that most of those attending were capable of graduating and passing licensing exams, keeping the alumni of the school in the upper echelons of practice, and generally in the high esteem of their colleagues. It also helped to ensure that public statistics, such as graduation rates and exam pass rates, remained high, building trust in the school and its graduates.

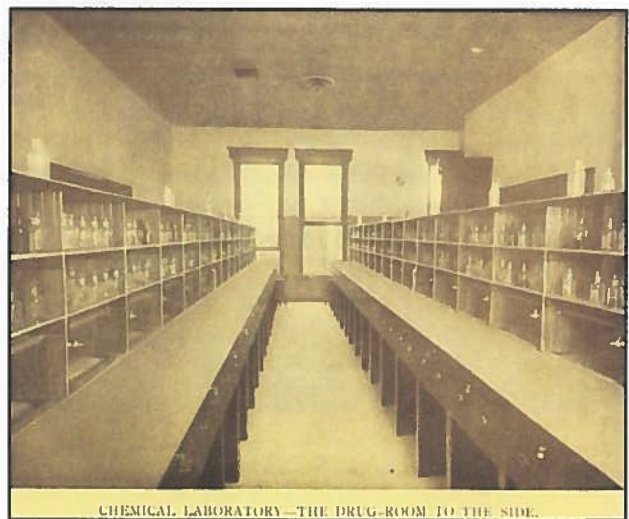


Additionally, those planning to attend were required to matriculate within ten days of the opening of the session and remain until the end of the session, as "attendance upon four full courses of not less than seven months each, in separate academic years, shall be required for examination for graduation . . ."⁴²

By restricting admissions and requiring attendance at certain dates and for specific amounts of time the Louisville College of Dentistry stood in the upper echelon of dental education at a time when the system was very loose, and oversight was still lax. Many programs were rubber stamps, providing degrees to allow students to avoid licensing examinations.

The College of Dentistry had good reason to maintain and raise their standards. It was clear to the leaders of the school that states were raising their standards and beginning to require that even dental school graduates pass licensing exams. Louisville attracted a number of students from other states and often sent them back after graduation. It would have severely undermined the school's reputation if its graduates were unable to sit for exams or pass them. In many states such a scenario would render the degree entirely worthless.⁴³ Eventually this would have a negative impact on funding for the school and would cause a drop in class size, which would further the downward spiral. It was easier to create high standards and match them than to attempt only the minimum and be found lacking.

Curriculum



CHEMICAL LABORATORY—THE DRUG-ROOM TO THE SIDE.

⁴¹ *Announcement, supra* at 42.

⁴² *Id.*

⁴³ Field, *supra* at 44.

The course of instruction was expanded dramatically from when the school was run with the hospital. The new curriculum was based on the recognition that "dentistry is both a science and a healing art."⁴⁴

First year classes covered anatomy, osteology and dissection, physiology, chemistry, an in-organic and laboratory class, metallurgy, dental anatomy, prosthetic technics, histology, didactic and laboratory, general materia medica, operative technics, pharmacology, and hygiene.⁴⁵

Second year classes were even more comprehensive. Classes included anatomy, regional, comparative, and dissection, physiology, chemistry, organic chemistry and laboratory, metallurgy (didactic and laboratory), general and dental materia medica, bacteriology (didactic and laboratory), operative dentistry (didactic and clinical), orthodontia technics, prosthetic dentistry (didactic and laboratory), crown and bridge work (didactic and laboratory), dental pathology, orthodontia (didactic), physics, porcelain dental art, embryology, oral surgery, oral diseases, anesthesia, and technics (prosthetic and operative).⁴⁶

The third year covered therapeutics, dental materia medica, general and dental pathology, surgery (general, oral, and surgical laboratory), jurisprudence, orthodontia (didactic and clinical), operative dentistry (didactic and clinical), prosthetic dentistry (didactic and clinical), crown and bridge work (didactic and clinical), anesthesia, electricity, ethics, history and practice, and porcelain.⁴⁷

The fourth-year curriculum included operative dentistry (didactic and clinical), prosthetic dentistry (didactic and clinical), crown and bridge work (didactic and clinical), orthodontia (didactic and clinical), porcelain, dental materia medica and therapeutics, oral surgery, physical diagnosis and practice, anesthesia, dental history, electricity, ethics, and jurisprudence.⁴⁸

Though the Flexner Report and the Gies Report were still years away, by 1900 the Louisville College of Dentistry was already well ahead of the times. Its faculty was full time and professional and was expert in all of the topics of dental education and practice at the time. The resources of the college were expansive, with dedicated facilities, complete and modern equipment, and space to operate and learn. The school maintained a relationship with Central University until 1918, when they were absorbed into the University of Louisville's School of Medicine. The constructed library was sufficient to contain 7,00 to 8,000 volumes and was expanding. There was also a separate museum, on the third floor with the library and reading room, to reflect the accomplishments of the profession as well as the school.

By 1907 the quality of the school was apparent. The large infirmary, with more than one hundred chairs, was insufficient to keep pace with the number of Louisville residents seeking treatment. The result of this massive influx of patients was high quality clinical experience for the students, who came to see nearly every malady that could be presented to them.

Absorption into the University of Louisville

⁴⁴ *Announcement, supra* at 6.

⁴⁵ *Announcement, supra* at 44.

⁴⁶ *Id.*

⁴⁷ *Announcement, supra* at 45.

⁴⁸ *Id.*

In 1908 the Hospital College of Medicine, the origin of the College of Dentistry, was absorbed by the University of Louisville School of Medicine. Ten years later, in 1918, the University of Louisville bought all of the equipment of the College of Dentistry and folded the operation in the university. This ended the college's association with Central University. A few years later, in 1923, the University of Louisville purchased the College of Dentistry building from W.E. Grant for \$60,000.⁴⁹ The building was retained without additions or alterations as it was filled with a significant amount of equipment and still met the College of Dentistry's needs.

Over the next several decades the school grew steadily, graduating more students and sending graduates to more states to practice. In 1921 the school had 132 students pursuing a doctoral degree;⁵⁰ in 1971 the student body roughly doubled to 271 students seeking a doctoral degree.⁵¹ Graduation rates remained strong, which was a key component to the Class A rating the school had received. The school also added a program in dental hygiene, expanding the practice of dentistry beyond doctors and expanding the ability of the profession to provide service to the general public.

The Gies Report provided dental schools with a clear set of criteria upon which they could be measured and compared. The result was a level playing field for evaluation and one which would allow applicants, universities, and the general public to understand the abilities of graduates. The criteria also allowed universities to see clearly where investment or changes were needed, without a trial and error process that could absorb time and resources that most schools did not have. The School of Dentistry measured up quite well when the Gies Report was initially published, but it also made clear that additional funding and full time staff would be necessary to remain a top rated school.⁵²

The school remained in the building until 1970, when it finished construction on a much larger and more modern building at Preston and Walnut Streets. By 1968 the existing building was out of date and was beginning to cause accreditation concerns. The University of Louisville received grant funds from a special Education Improvement Fund authorized by congress in 1966, which was intended to provide funding to schools in need and facing accreditation problems if they were not updated.⁵³ A year later the school received an additional \$840,000 from the same fund, which allowed the new building, to be finished in the fall of 1970, to be one of the most modern and streamlined buildings when it was completed. The new building was an integral part of the new University of Louisville Medical Complex, created by combining the Schools of Medicine, Nursing, Dentistry, and allied health professions.

After the retirement of Dean Raymond E. Myers, in 1969, the original dental building was named in his honor.

Evaluation of Integrity of the Louisville College of Dentistry in its Current Condition

⁴⁹ *U. of L. Purchases Dentistry Building*, COURIER-JOURNAL, (July 1, 1923).

⁵⁰ *Journal of the American Medical Association*, Volume 81, p. 681.

⁵¹ *Annual Report; Dental Education*. (1971). United States: Division of Educational Measurements, Council on Dental Education, American Dental Association.

⁵² Gies, *supra* at 352.

⁵³ *U of L Dental School Gets \$1.8 Million*, COURIER-JOURNAL, (July 20, 1968).

Location

The building location has not changed. It is still located on the northwest corner of East Broadway and South Brook Streets.

Setting

The building was originally constructed near the medical campus that the city was creating to the east of the downtown core with the help of investment from several universities. When the building was first constructed it was described as sufficiently downtown to be well connected and accessible and yet not so close to the downtown core to be an appropriate location for a school. That description can still apply today. Though the interstate is a new addition to the immediate vicinity, the commercial core of downtown is still several blocks away and the original medical complex has grown significantly but is still located immediately to the east of the dental building and the east of downtown.

When the interstate was constructed the neighboring building, which was at that point the Broadway Baptist Church Education Building, was demolished. The Broadway Baptist Church to the west was also demolished leaving the highway tightly contained between the College of Dentistry and the Louisville Presbyterian Theological Seminary (National Register #78001362).

Design

The exterior, aside from the loss of a front door, still conveys nearly perfectly the original design of the building. There have been few material changes, and this extends through the entryway and into the lobby of the building. The interior design is mostly gone. The original design was altered to create offices, which did not retain the large open spaces that students and faculty had previously used.

Materials

All of the original exterior materials remain on each facade, from the sidewalk to the peak of the pediment. Only very minor alterations have been made and these alterations have no meaningful impact on any understanding of the building. The interior materials remain along the exterior walls, the ceilings, much of the floors, and in a select few places such as support column capitals and structural beams that were previously covered. Original interior walls have been mostly removed, or at least have not been found during exploratory demolition.

Workmanship

The exterior workmanship remains in its entirety reflecting construction techniques and styles at the beginning of the twentieth century. The exterior materials need cleaning but are otherwise completely intact. The interior workmanship is still visible around most of the windows as well as the center structural beam, which runs the entire length of the building. Unfortunately, much of the other materials have been covered or destroyed.

Feeling

The interior of the building lacks the feeling of a medical and educational building, but interestingly, because the current modern medical district begins on the east side of South Brook Street, the feeling from the exterior is very much that the building is a part of the medical and educational community. The development around the building is still mostly in scale with when

the building was constructed, giving the sense that the area is still appropriate for schools and is not within the current commercial core of downtown.

The elevated highway to the west of the building has an impact on the feeling, though the two primary facades are less impacted than the west façade, which directly faces the highway.

Association

The existing building still maintains a strong association with the development of dental education in Louisville. The original name plate still labels the building as the Louisville College of Dentistry and its location still ensures that thousands of people see it every day and know its association. Interestingly, the modern dentistry building is located in the interior of the medical district and is not nearly as visible or easily found.

DRAFT

9. Major Bibliographical References

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Louisville's New Infirmary, Courier-Journal, (July 26, 1896).

Site Selected, Courier-Journal, (Apr 24, 1900).

Work is Begun, Courier-Journal, (May 13, 1900).

Doors to New Dental College Will be Thrown Open Today, Courier-Journal, (Dec. 13, 1900).

New Dental College is Opened, Courier-Journal, (Dec 14, 1900).

Real Estate Transaction, Courier-Journal, (Jan 29, 1913).

U. of L. Purchases Dentistry Building, Courier-Journal, (July 1, 1923).

One of 3 D.D.M. Dental Schools, Courier-Journal, (Sep 6, 1936).

U of L Dental School Gets \$1.8 Million, Courier-Journal, (July 20, 1968).

U of L's Dental School Gets \$840,000 Federal Grant, Courier-Journal, (Apr 18, 1969).

Sanborn Map of Louisville, 1905, Vol. 2, Sheet 139.

Sanborn Map of Louisville, 1928-1941, Vol. 1, Sheet 82.

Previous documentation on file (NPS):

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

Primary location of additional data:

State Historic Preservation Office
Other State agency
Federal agency
Local government
University
Other
Name of repository: _____

Historic Resources Survey Number (if assigned): CD-228

10. Geographical Data

Acreage of Property .2321

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: 38.245792 | Longitude: -85.751964 |
| 2. Latitude: 38.245779 | Longitude: -85.751781 |
| 3. Latitude: 38.246297 | Longitude: -85.751697 |
| 4. Latitude: 38.246318 | Longitude: -85.751879 |

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

The boundaries encompass the entire building and parcel. Beginning at the corner of East Broadway and South Brook Streets, proceeding north 183', then west 53', then south to East Broadway 183', then east to the start at the corner of East Broadway and South Brook Streets 53'.

Boundary Justification (Explain why the boundaries were selected.)

The boundaries encompass the building and the original parcel of land on which it was constructed and are the extent of the currently owned parcel.

11. Form Prepared By

name/title: Joseph C. Pierson
organization: Pinion Advisors
street & number: 2309 Mohican Hill Court
city or town: Louisville state: Kentucky zip code: 40207
e-mail: JPierson@PinionAdvisors.com
telephone: 517-862-7333
date: 6/18/2021

Additional Documentation

Submit the following items with the completed form:

-
- Louisville College of Dentistry**
- 6/18/2021, 1:43:54 AM
- LOJIC**
- Louisville Metro, MSD, LWC & PUA © 2021
This map is not a legal document and should only be used for general reference and identification.

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: Louisville College of Dentistry

City or Vicinity: Louisville

County: Jefferson

State: Kentucky

Photographer: Joseph C. Pierson

Date Photographed: 3/12/2021



Front façade facing south toward East Broadway. Interstate 65 is located on the left and South Brook Street is located on the right.

1 of 31.

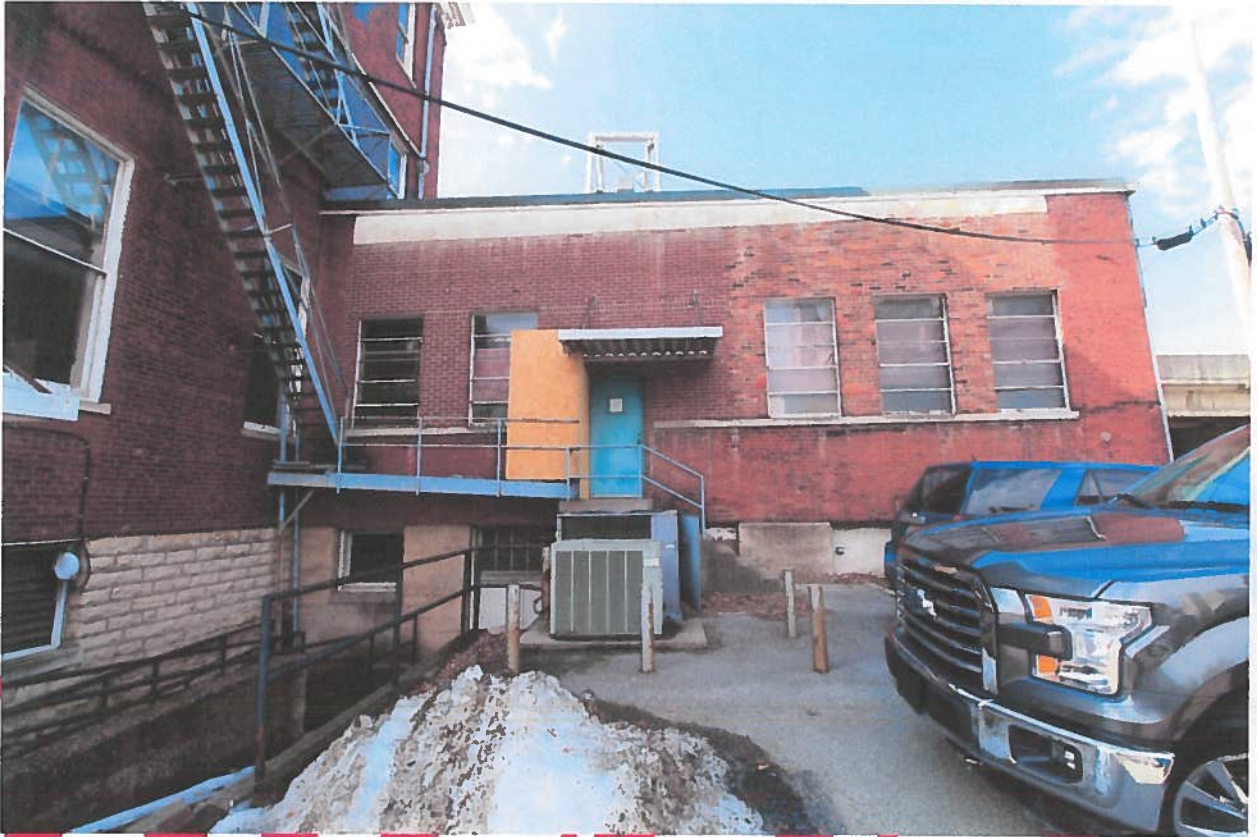


East façade facing east toward South Brook Street. The first floor window band originally brought light into the large infirmary room that occupied most of the first floor.
2 of 31.

DRAFT



North façade, which looks into a small loading zone at the rear of the building.
3 of 31.



The east façade of the powerhouse at the rear of the building. The construction is original, though the windows have been change substantially based on the alterations to the brick.



The main corridor on the first floor, facing south from the rear of the building toward the front of the building. The walls, floors, ceilings, and doors are all non-historic. This space was originally the large open infirmary.

5 of 31.



The front entrance, facing down the interior steps to the front doors. The doors are non-historic, but the arched window is original as well as all the interior materials and configuration.
6 of 31.



An interior corridor on the second floor. The conditions are typical of the rest of the building with all of the historic materials hidden behind non-historic materials.

7 of 31.



A ceiling panel was removed to reveal the original support columns and capitals as well as the decorated beam that runs along the center of the building. It is assumed that these columns occur at regular intervals and have matching capitals.
8 of 31.



An interior conference room on the second floor. The non-historic walls cover all of the original walls and materials. The ceiling is at least five feet lower than the historic ceiling above.

9 of 31.

DRAFT



A corner office at the rear of the second floor, with windows that overlook Brook Street. The paneling and the ceiling are non-historic and were likely installed when the modern heaters were installed.
10 of 31.

DRAFT



The southeast corner of the second floor, where the ceiling was removed to determine the extent of historic materials beneath. The original plaster ceiling was mostly removed when the ceiling height was lower significantly. The walls beneath the non-historic ceilings were furred out to run electrical, plumbing, and HVAC system components.

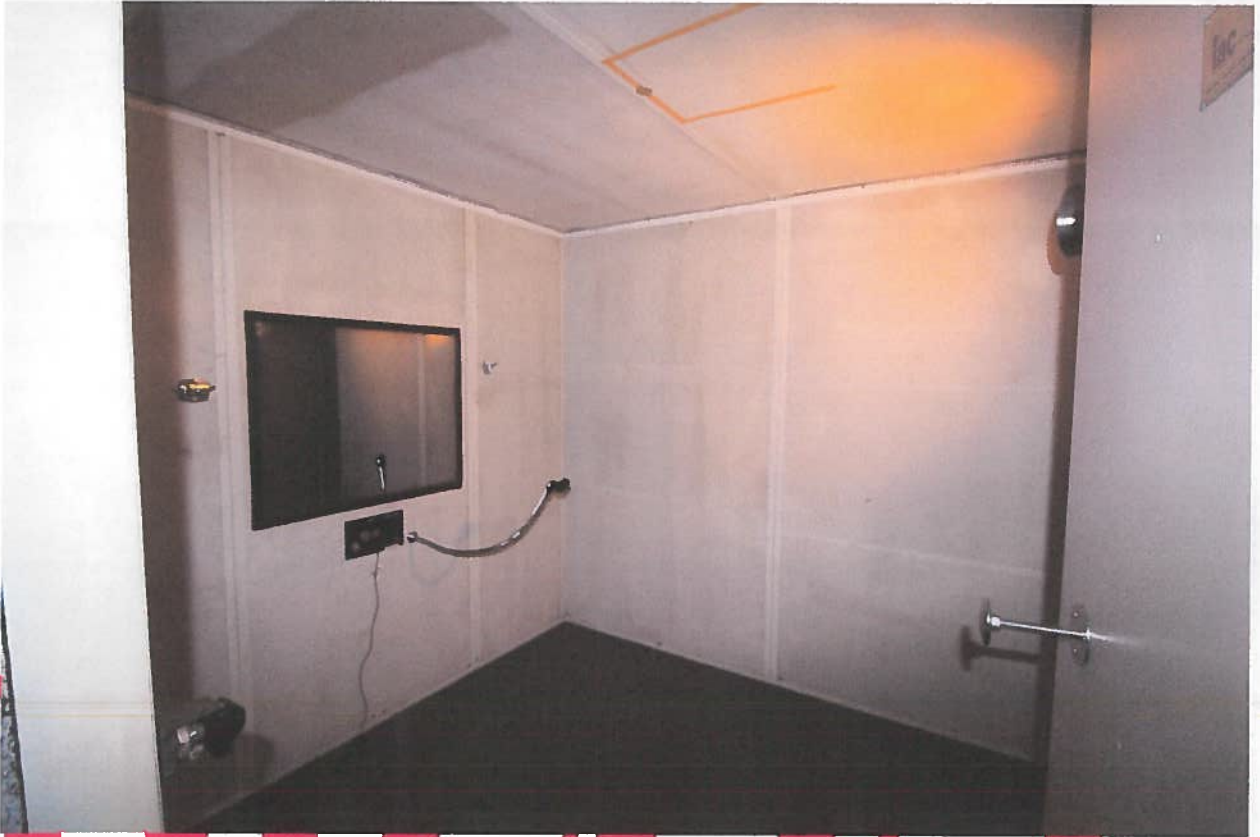


ET

The staircase from the third floor facing south and down to the second floor. The staircase is original, but none of the materials are original and the original materials beneath the carpet are not original either. Unfortunately most of the historic staircase was lost when the building changed use and the staircase needed to be rated for code reasons.



Basement corridor, facing south from the rear of the building. The rooms on the left are sound booths and the rooms on the right are offices.
13 of 31.



A basement sound booth along the east side of the basement. The ceiling and walls have been expanded to create room for insulation. The original basement windows have been covered.



The second basement corridor, facing north toward the rear of the building. The west side corridor is primarily office oriented with the sound booths on the other side of the building.
15 of 31.



The original boiler and powerplant for the entire building. This room is lowered and is reached from the back of the building. The door at the bottom of the photograph on the right leads to a staircase that goes up to the basement level.



The front façade as seen from the southeast corner of Brook Street and East Broadway, facing north. The windows have been removed and the façade is in the process of being cleaned.
17 of 31.



The east façade along South Brook Street in the process of being cleaned. The dark section has not yet been cleaned. The blond brick has been cleaned.
18 of 31.



The first floor, facing south toward the front of the building. The initial framing has begun for the first floor corridor. The ceilings and floors have not been completed yet.
19 of 31.



The first floor, facing south toward the front of the building, just prior to the initial framing beginning.



The front of the second floor, facing north toward the rear of the building. The initial unit framework has begun. The floors and ceilings have not been completed.



The second floor, facing south toward the front of the building. The non-historic partition walls were removed and the initial framing is beginning.



The front of the second floor, in the southwest corner, along the interstate, which is visible through the right window. Initial framing has begun with the non-historic partitions removed.



The middle of the second floor, facing southeast toward the front of the building. The initial framing has begun, which is restoring the full height of the spaces.



The rear of the third floor, facing north toward the rear of the space. The initial framing has begun. The beam and columns are remaining completely exposed in the main corridor down the center of the building.

25 of 31.



The very rear of the third floor, facing northwest. The flooring has not been fully uncovered, which will only be done at the very end of the process, to refinish and repair the floors.
26 of 31.



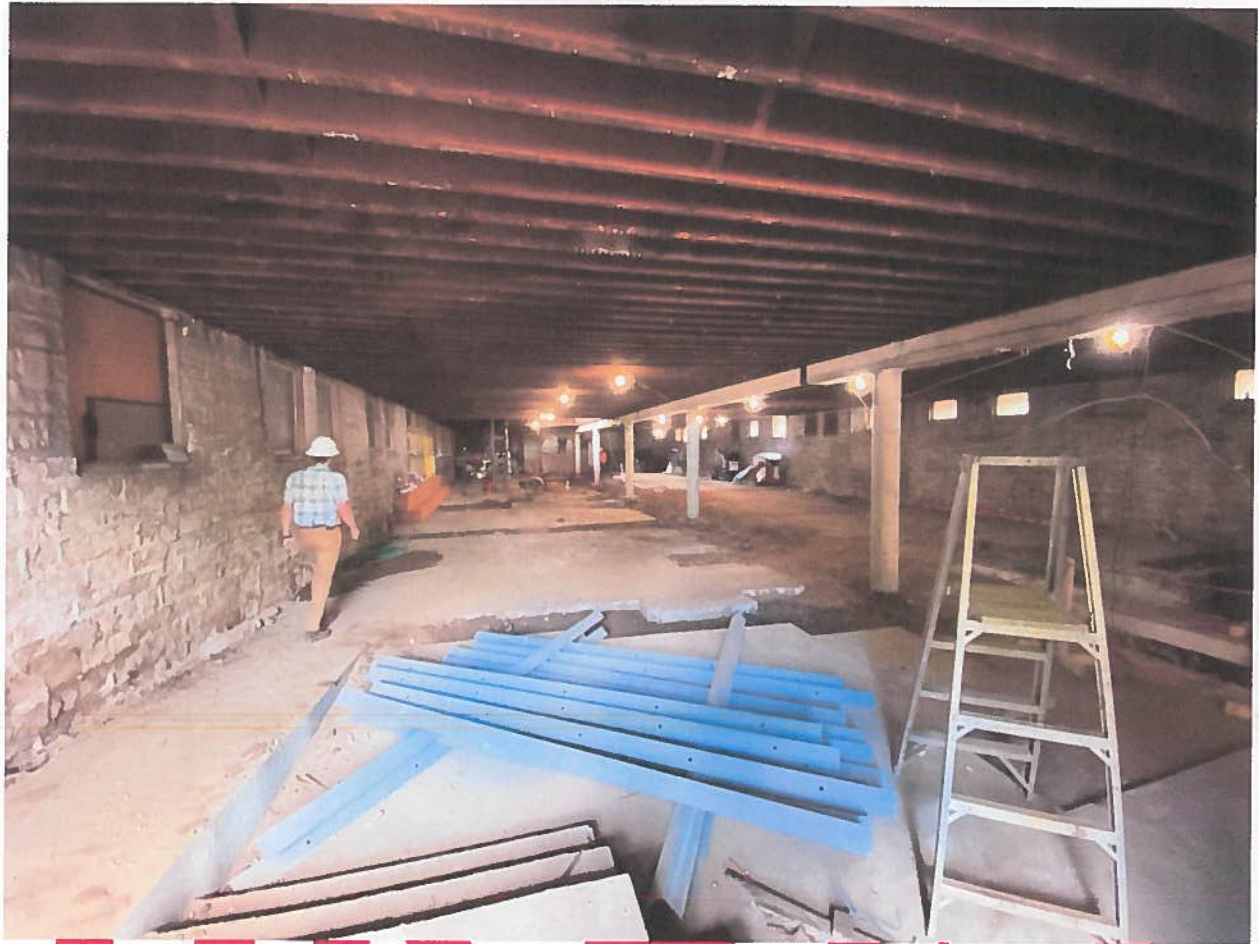
The middle of the third floor, facing southwest. The initial framing has begun, restoring the original height of the space.
27 of 31.



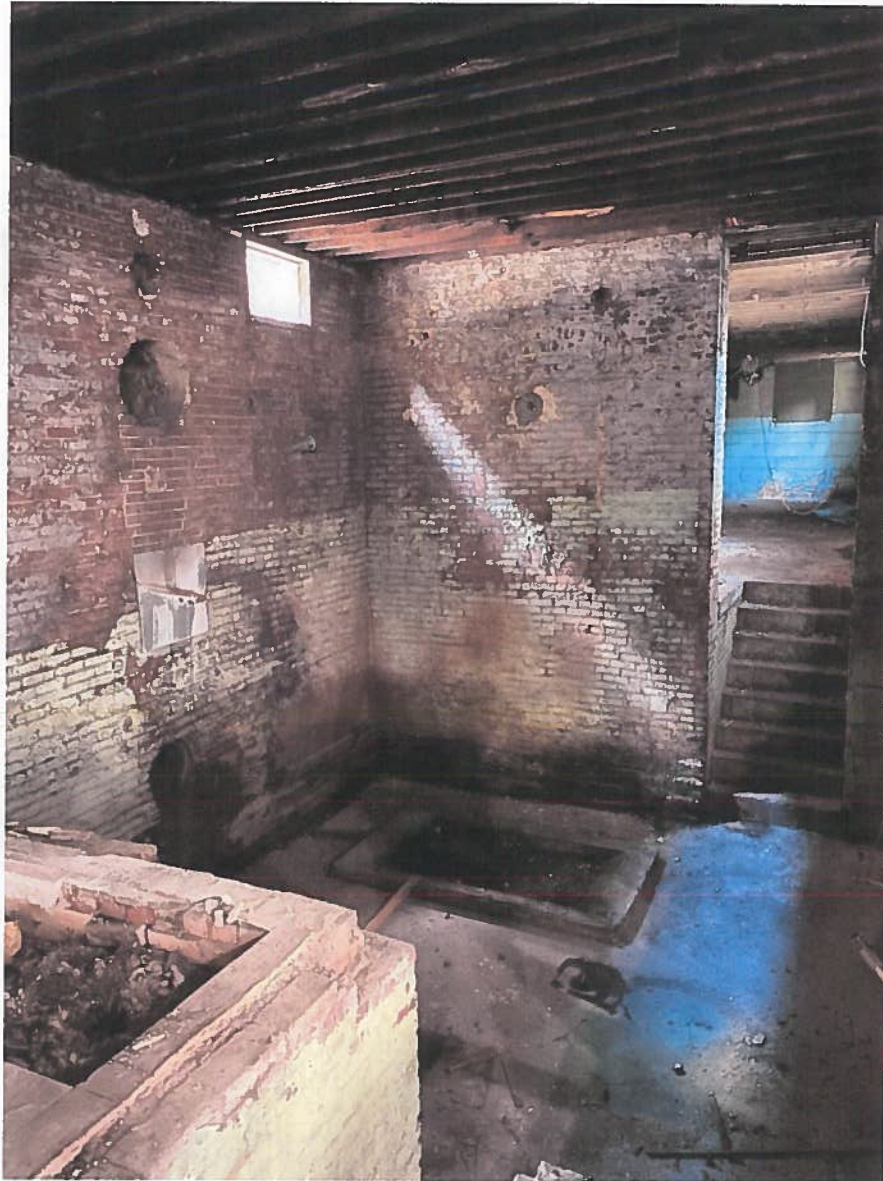
The front of the third floor, facing north along the east façade. The original heights have been restored and the non-historic partitions removed.
28 of 31.



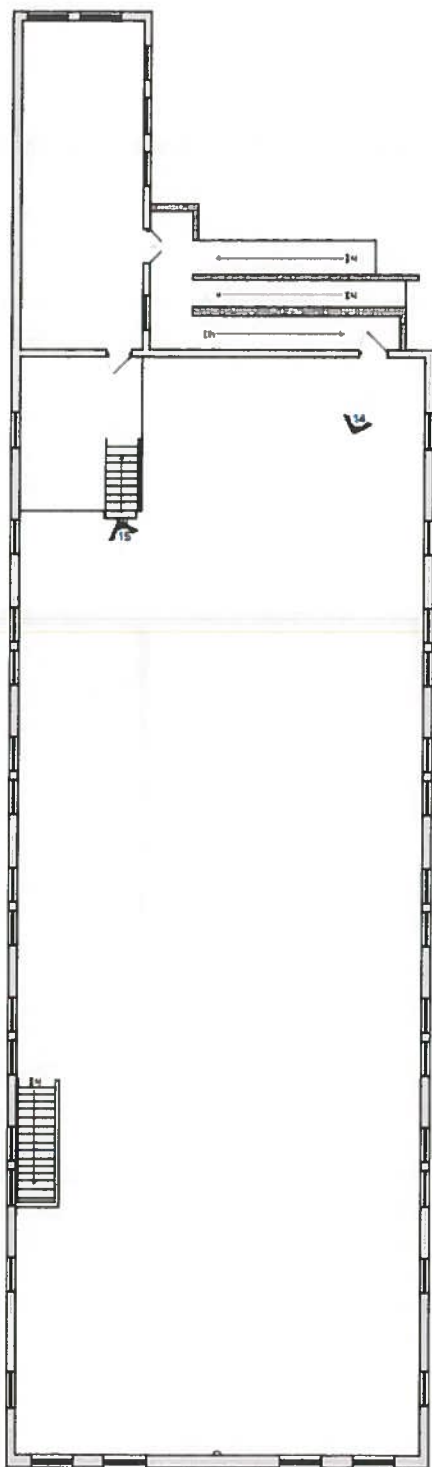
The southwest corner of the third floor, facing southwest. The plaster walls were all restored after shattering behind the furred out drywall.
29 of 31.



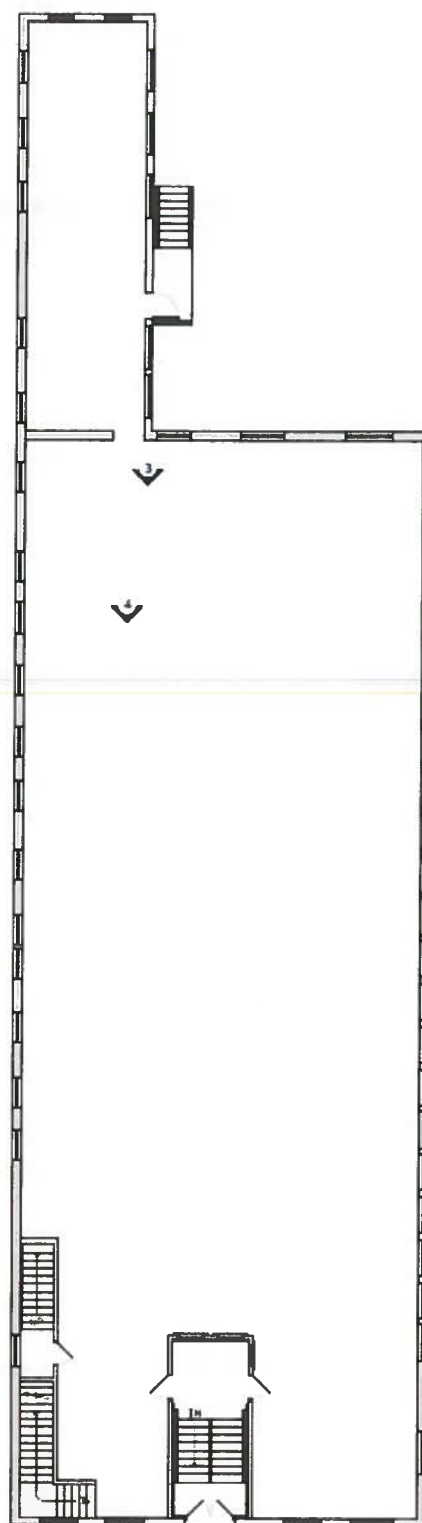
The basement, facing south from the very rear entrance to the space. The original columns and beam are all present and the stone walls and windows have all been exposed with the removal of the non-historic partitions.
30 of 31.



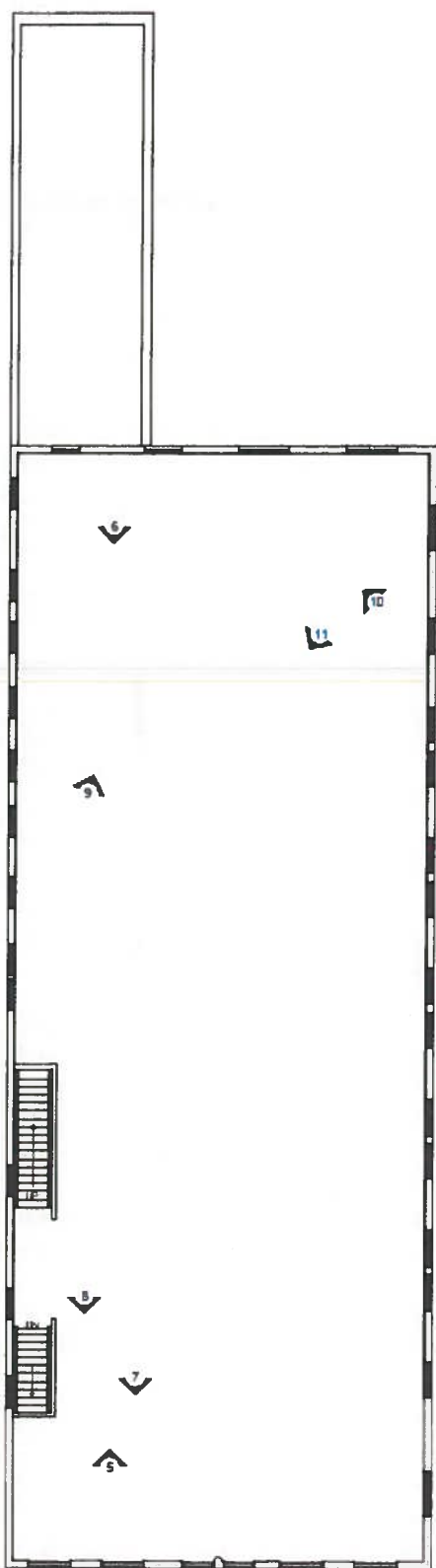
The boiler room at the rear of the basement in the northwest corner. The existing boilers were removed and the non-historic walls removed around the space.



Basement Photokey of Current Photographs

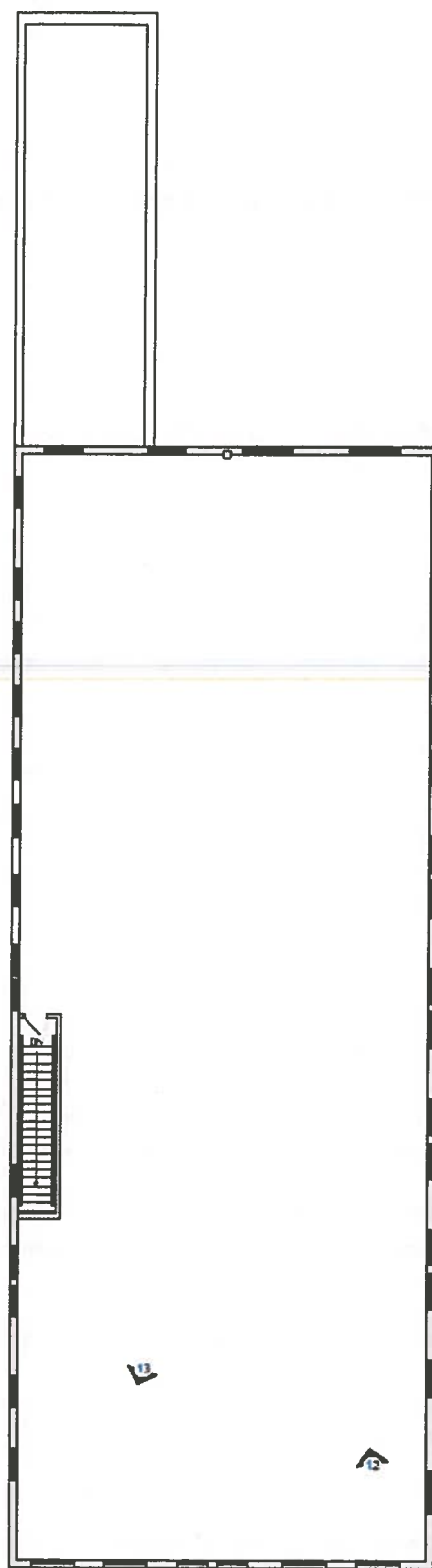


First floor Photokey of Current Photographs



Second floor photokey of current photographs.

A



Third floor photokey of current photographs.

Paperwork Reduction Act Statement: This information is being collected for nominations to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.). We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB control number.

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Tier 1 – 60-100 hours
Tier 2 – 120 hours
Tier 3 – 230 hours
Tier 4 – 280 hours

The above estimates include time for reviewing instructions, gathering and maintaining data, and preparing and transmitting nominations. Send comments regarding these estimates or any other aspect of the requirement(s) to the Service Information Collection Clearance Officer, National Park Service, 1201 Oakridge Drive Fort Collins, CO 80525.

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