

NORTH CAROLINA STATE HISTORIC PRESERVATION OFFICE
Office of Archives and History
Department of Cultural Resources

NATIONAL REGISTER OF HISTORIC PLACES

Lexington Memorial Hospital

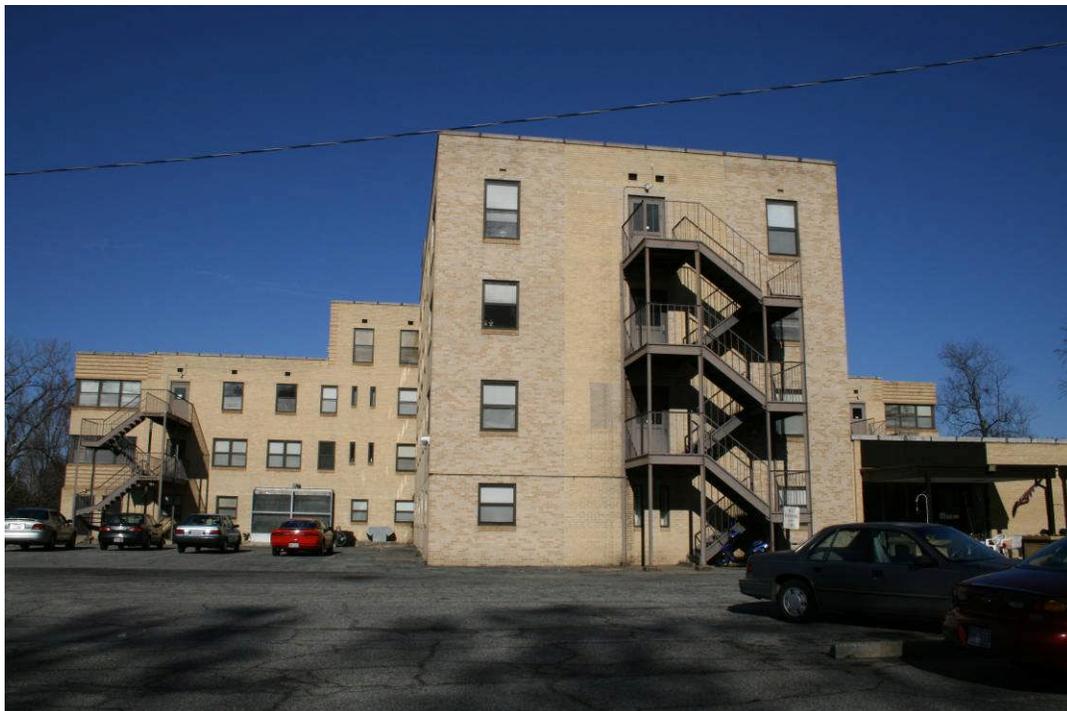
Lexington, Davidson County, DV0854, Listed 5/24/2012

Nomination by Ashley Neville LLC

Photographs by Ann V. Swallow, November 2007



Façade view



Rear view

**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 How to Complete the National Register of Historic Places Registration Form (National Register Bulletin 16A). Complete each item by marking "x" in the appropriate box or by entering the information requested. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional entries and narrative items on continuation sheets (NPS Form 10-900a). Use a typewriter, word processor, or computer, to complete all items.

1. Name of property

historic name Lexington Memorial Hospital

other names/site number _____

2. Location

street & number 111 North Carolina Avenue not for publication N/A

city or town Lexington vicinity N/A

state North Carolina code NC county Davidson code 057 zip code 27292

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act of 1986, 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
 ___ nationally ___ statewide ___ locally. (___ See continuation sheet for additional comments.)

 Signature of certifying official Date

 State or Federal agency and bureau

In my opinion, the property ___ meets ___ does not meet the National Register criteria. (___ See continuation sheet for additional
 comments.)

 Signature of commenting or other official Date

 State or Federal agency and bureau

4. National Park Service Certification

I, hereby certify that this property is:	Signature of the Keeper	Date of Action
___ entered in the National Register ___ See continuation sheet.	_____	_____
___ determined eligible for the National Register ___ See continuation sheet.	_____	_____
___ determined not eligible for the National Register	_____	_____
___ removed from the National Register	_____	_____
___ other (explain): _____	_____	_____
_____	_____	_____
_____	_____	_____

Lexington Memorial Hospital
Name of Property

Davidson, North Carolina
County and State

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	
<u>1</u>	<u>1</u>	buildings
<u>0</u>	<u>0</u>	sites
<u>0</u>	<u>0</u>	structures
<u>0</u>	<u>0</u>	objects
<u>1</u>	<u>1</u>	Total

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

Number of contributing resources previously listed in the National Register
N/A

6. Function or Use

Historic Functions

(Enter categories from instructions)

Cat: HEALTH CARE Sub: Hospital

Current Functions

(Enter categories from instructions)

Cat: DOMESTIC Sub: Multiple Dwelling

7. Description

Architectural Classification (Enter categories from instructions)

ART DECO
MODERNE

Materials (Enter categories from instructions)

foundation BRICK
roof OTHER
walls BRICK
other CONCRETE: CERAMIC TILE

Narrative Description

(Describe the historic and current condition of the property on one or more continuation sheets.)

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 a grave.

D a cemetery.

E a reconstructed building, object, or structure.

F a commemorative property.

G less than 50 years of age or achieved significance within the past 50 years.

Areas of Significance

(Enter categories from instructions)

ARCHITECTURE

HEALTH/MEDICINE

Period of Significance

1946-1961

Significant Dates

1946

1957

1958

Significant Person

(Complete if Criterion B is marked above)

N/A

Cultural Affiliation

N/A

Architect/Builder

Hartmann, Charles Conrad

Narrative Statement of Significance

(Explain the significance of the property on one or more continuation sheets.)

9. Major Bibliographical References

Bibliography

(Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets.)

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 # _____

Primary Location of Additional Data

State Historic Preservation Office

Other State agency

Federal agency

Local government

University

Other

Name of repository: _____

Lexington Memorial Hospital
Name of Property

Davidson, North Carolina
County and State

10. Geographical Data

Acreage of Property 3.07

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

Zone Easting Northing
1 17 567860 3962920
2

Zone Easting Northing
3
4
 See continuation sheet.

Verbal Boundary Description

(Describe the boundaries of the property on a continuation sheet.)

Boundary Justification

(Explain why the boundaries were selected on a continuation sheet.)

11. Form Prepared By

name/title Anne Barrett, Ashley Neville, and John Salmon

organization Ashley Neville LLC date 12/1/2011

street & number 112 Thompson Street, Suite B-3 telephone 804-798-2124

city or town Ashland state VA zip code 23005

12. Additional Documentation

Submit the following items with the completed form:

Continuation Sheets

Maps

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

A **sketch map** for historic districts and properties having large acreage or numerous resources.

Photographs

Representative black and white photographs of the property.

Additional items (Check with the SHPO or FPO for any additional items)

Property Owner

(Complete this item at the request of the SHPO or FPO.)

name Lexington-Hilltop Terrace, LLC

street & number 100 W Franklin Street, Suite 300 telephone 804-343-7201

city or town Richmond state VA zip code 23220

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C. 470 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 18.1 hours per response including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, P.O. Box 37127, Washington, DC 20013-7127; and the Office of Management and Budget, Paperwork Reductions Project (1024-0018), Washington, DC 20503.

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National Park Service

National Register of Historic Places Continuation Sheet

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Lexington Memorial Hospital
Davidson County, North Carolina

Summary Description

The Lexington Memorial Hospital stands at 111 North Carolina Avenue in a residential neighborhood about a mile south and east of downtown Lexington, Davidson County, North Carolina. The hospital property, which consisted of one main building and a nearby Nurses Quarters, sits back from Carolina Avenue in a primarily residential neighborhood. It is bordered on the sides and rear by trees that screen it from neighboring residences and commercial buildings. Designed in an interesting mix of Art Deco and Art Moderne styles, the main building is a three- and four-story, T-shaped, yellow-brick structure with a fourth story on the center of the front block and the original rear wing. A separately owned Nurses Quarters, built in 1949, sits on its own 1.5-acre parcel southeast of the main hospital building. Architecturally contemporary to the original hospital, the Nurses Quarters is not part of the nominated acreage.

DESCRIPTION

The hospital, oriented northeast, is prominently sited at the pinnacle of an irregularly shaped graded lot about three acres in size. A row of trees separates the front and the hospital from commercial buildings on its east and a residential neighborhood on the west. Two separate driveways lead to the building. One rises from Carolina Avenue and forms a circular drive in front of the hospital with a small parking lot on each side of the driveway. There is a small grassy area with trimmed shrubs in the center of the circle. Concrete sidewalks lead from the parking areas to several low concrete steps at the front of the entrance terrace stairs. Shrubbery is located across the façade and in front of the terrace. The second driveway leads from Carolina Avenue southwest of the building to a paved parking lot at the rear of the hospital. The area between the main block of the original hospital building and a 1958 rear addition is paved and there is a concrete handicap access ramp on the east end of the main block.

The hospital, which opened in late 1946, is an interesting mix of mid-twentieth-century styles, namely Art Deco and Art Moderne. Designed by prominent North Carolina architect Charles Hartmann, this large masonry T-shaped building is three- and four-stories tall and seventeen bays wide with an early emergency room one-story addition on the east end and a 1958 one-story addition off the rear wing that housed an updated emergency room. The hospital is composed of simple, geometric volumes, built of yellow brick laid in five-course American bond with bands of decorative rowlock courses capping the structure and emphasizing horizontality. Additional rowlock courses are found below the first floor windows, creating a base. The rowlock courses are composed of red brick, and project from the surface of the building. The lowest level of the building is composed of slightly darker brick than the remainder of the building. The Art Deco

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elements are primarily focused on the entrance with its curvilinear qualities while the simple geometric forms and the horizontality found in this building characterize its Art Moderne aspects.

Only the center section of the front block at the top of the T and the rear wing of the T has a fourth story. The four-story, five-by-three-bay wing extending to the rear of the hospital was original to the hospital. The rear wing was built in the shape of a cruciform but in 1957 the corners of this cruciform plan were filled in to create a rectangular volume, and an overall T-plan building. The difference in brick is still noticeable on each corner infill, as the newer brick is darker. Charles C. Hartmann, the original architect, also designed the corner infill in 1957. The 1957 architectural drawings show that at the time of the change, the rear wing housed pediatrics, emergency operating rooms, reception and waiting areas as well as housekeeping functions.¹ Some of these functions were moved to the 1958 addition when it was built.

Two major additions have been made to the building. The first addition, date of construction unknown, was built at the east end of the front block of the building and housed an emergency room. This one-story, one-bay addition was constructed soon after the building itself was erected and features the same brick rowlock detailing as the original building. The second addition projects to the east off the rear wing of the building. Constructed in 1958, it housed an expanded emergency room. Although the later rear addition was constructed of a brick of similar color to the original hospital and first addition, it does not have the rowlock detailing found on the first addition, and was erected much later.

The flat roof has decorative parapets capped by concrete coping. The parapet that once outlined the cruciform plan of the rear wing is still extant; however, it is only visible from the roof.

Projecting from the façade is a one-bay, one-story raised terrace accessed by quarter-turn stairs on both sides. Robust decorative masonry railings with stepped fret and concentric triangle motifs flank the stairs. The under side of the terrace contains a brick archway, forming a narrow covered pedestrian passage with a single-leaf louvered door to the storage room beneath the terrace.

The main Art Deco components of the building is the two-story entrance frontispiece incorporated in the façade, the stairs and terrace that lead to the entrance. The entrance is

¹ Charles C Hartmann, "Alterations & Additions to the Lexington Memorial Hospital, Lexington, N.C.," Architecture drawings on file at the new Lexington Memorial Hospital, Lexington, N.C., 1957.

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composed of a convex frontispiece with a molded balcony over the front door. Stylized two-story fluted pilasters stand to either side of the door, surrounded by decorative moldings, all composed of cast stone. The entrance itself, composed of a single-leaf, single-light door, is recessed. Paired windows are situated above the molded balcony, and are separated by fluted pilasters. The signage for the hospital is incorporated into the façade of the building and extends directly above the balcony and paired windows. It is composed of cast stone lettering in relief. Directly above this sign is a row of windows, between which are fluted engaged columns.

The first emergency room entrance on the east end of the main block consists of a double-leaf, glass-and-aluminum door set in a recessed area. It is accessed by a concrete ramp with metal pipe railings. Additional secondary entrances are found on each floor of the rear of the main block and the rear wing and have single-leaf doors with upper lights. They are accessed by exterior metal stairs, providing additional access to all floors. There are several other ground-floor doors on both sides of the 1958 emergency room addition. The main entrance to this section is located on the south side of the addition and consists of a single-leaf aluminum door with large upper light set within a storefront of glass panels. A flat, modern canopy shelters this entrance. Other doors on this addition are single-leaf flush doors.

Windows throughout the building are metal one-over-one-light sash windows, which replaced the original casement windows in the 1994 renovation of the hospital into apartments. All windows have projecting double-row brick sills.

The current interior is organized with double-loaded corridors in both the east-west-oriented main block and the rear north-south-oriented wing as was the original hospital. The front entrance opens into a small lobby that houses an office on the right and post office boxes on the left. South of this room, a larger lobby is formed by the intersecting corridors and the space in front of the elevator. Access to the original stairs is through a single-leaf door located just south of the elevator. Another door provides access into the rear wing from the stairwell. The enclosed stairs are utilitarian with wooden handrails and terrazzo treads overlaid with a rubber tread in the center of each step. On the main level only, the stair features a solid, half-height balustrade with a wooden cap.

The organization of the corridors remains unchanged, and patient rooms or wards, examination rooms, storage and other support rooms would have opened off these corridors. The multiple windows and set back at each end of the building on the second and third floors indicate that this space was originally intended as a solarium or sun room but they were later converted to wards. The original architectural drawings and plans for the hospital have not been located.

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Architectural plans for the 1957 infill of the rear wing corners are extant but provide details for only the infilled areas and no information on the original plan of the front block. The 1957 plans show patient rooms in the infilled area with the rear rooms housing three beds and the infill immediately adjacent to the front block with two beds per room. Alterations were made to the interior of the building in 1994 when it was renovated for residential use, but the overall feel and flow of the building reflect its original layout and function. Instead of patient rooms on both sides of the corridors, apartments are now located there, combining several patient rooms to create the current apartment that features a living/kitchen space, bedroom, and bathroom. Apartments also have been inserted into the former solariums.

The interior finishes of the building are very utilitarian and reflect the original simple finishes of the hospital. Both windows and doors have a plain trim and all corridor doors are flush doors. The original terrazzo floors, now covered with carpet, were probably the most ornamental feature of the original hospital.

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STATEMENT OF SIGNIFICANCE

Lexington Memorial Hospital, located on Carolina Avenue in Lexington, Davidson County, North Carolina, was completed and opened in 1946. It is locally significant as a symbol of civic engagement and the efforts of the community to have access to healthcare. Under the leadership of local dairyman George S. Coble, city and county residents, especially local workers, contributed most of the money—about ninety percent—despite recovering from the Great Depression and competing with War Bond sales to support the nation's efforts during World War II. The new hospital was a modern facility well equipped to deliver health services to a growing city. The hospital continued to grow and improve with the addition of a new emergency room, air-conditioned operating rooms, and modernized obstetrics in the 1950s. The hospital is also significant as a distinctive local example of mid-twentieth century Art Deco/Art Moderne style. It is a departure from the historic period architectural styles of other public buildings in Lexington and is the work of a prominent Greensboro, North Carolina architect, Charles Conrad Hartmann, who was well known for his hospitals, hotels, and other public buildings. The period of significance begins in 1946, when the hospital opened and ends fifty years ago in 1961. The period after 1961 is not of exceptional significance.

JUSTIFICATION OF CRITERIA

Lexington Memorial Hospital meets National Register of Historic Places Criterion A (Health) for its association with the city's history of medical care. It also meets Criterion C (Architecture) as a significant example of the Art Deco and Art Moderne styles in Lexington, and it was designed by an important North Carolina architect, Charles Conrad Hartmann. The hospital largely retains the integrity of its historic location, association, setting, feeling, design, materials, and workmanship.

HISTORICAL BACKGROUND AND HEALTH/MEDICINE CONTEXT

The town of Lexington, North Carolina, was established about 1790, when Rowan County resident Michael Beard laid out the community on thirty acres of his land and began to sell lots. A post office was established by 1800, and by 1810 the population of the town was eighty-three. Davidson County was formed from part of Rowan County in 1822, and Lexington became the new county's seat two years later. The first large industry, the Lexington Manufacturing Company, opened a cotton mill in 1839; it burned in 1844. When the North Carolina Railroad was constructed through the county in the 1850s, Lexington underwent a construction boom. Later in the century, flour mills, cotton mills, and a brick-making factory helped attract workers

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and businesses to the county and town. By 1900, Davidson County had 23,403 residents; the population grew from 29,404 in 1910 to 35,201 in 1920; 47,865 in 1930; 53,377 in 1940; and 62,244 in 1950. In 1900, Lexington's population was 1,440; it had risen dramatically to 4,163 by 1910. In 1920, Lexington had 5,254 residents; in 1930, 9,652; in 1940, 10,550; and in 1950, 13,571.²

During the first quarter of the twentieth century, neither Lexington nor Davidson County had a hospital to serve the residents, with the exception of the Erlanger Infirmary, which had been constructed by 1916 for workers in the Erlanger Cotton Mill village located a mile north of Lexington. The hospitals closest to Lexington were in High Point (Junior Order United American Mechanics Hospital), Salisbury (Whitehead-Stokes Sanatorium), and Winston-Salem (City Memorial Hospital and Lawrence Hospital for whites, and Ray's Hospital for blacks). Lexington did not lack physicians. In 1914, E. J. Buchanan, Charles M. Clodfelter, D. J. Hill, Jarvis R. Terry, and Willis J. Vestal practiced in the town. Charles R. Sharpe and J. Alexander Smith joined them by 1916. Lexington had one African American physician, J. R. Hawkins, by 1920; in 1930, Hawkins was gone but George W. A. Sherrill had taken his place. The town's white doctors in 1930 included Grover C. Gambrell and Jacob L. Sowles as well as Sharpe, Smith, Terry, and Vestal.³

In 1924, to better serve the local residents, Smith opened the county's first hospital, located on North Main Street in Lexington. Smith maintained his medical office there and also served as the hospital's superintendent and chief of staff. This thirty-bed facility was a for-profit private hospital, as were most hospitals at the time. By the middle of the 1930s, however, Smith was willing to transfer ownership to a board of trustees that would operate the facility as a not-for-profit community hospital. The trustees leased Smith's hospital from him in 1936 while fund-raising efforts to purchase the property were underway. In October 1937, when almost all of the pledges for the purchase had been collected, the trustees appointed a new board of directors for Davidson Hospital, Inc. The members were the Reverend Odell Leonard, C. C. Wall, George S.

² Heather Fearnbach, "Lexington Residential Historic District," pp. 10–15, listed on the National Register of Historic Places on Apr. 19, 2007, on Lexington Historic Preservation Commission Web site, www.lexingtonnc.net/hpc, accessed Feb. 13, 2009; U.S. Census Bureau Web site, www.census.gov/population/cencounts/nc190090, accessed Feb. 13, 2009.

³ *High Point, N.C., City Directory*, 1910–11, p. 225, on Internet Archive Web site, www.archive.org, accessed Dec. 5, 2010; *ibid.*, *Salisbury-Spencer, N.C., City Directory*, 1913–14, p. 302; *ibid.*, *The North Carolina Year Book and Business Directory*, 1914, p. 179; *ibid.*, 1916, pp. 204–205; *ibid.*, *Lexington, N.C., City Directory*, 1916–1917, p. 195; *ibid.*, *Winston-Salem, N.C., City Directory*, 1922, p. 743; U.S. Census, Schedule of Inhabitants, North Carolina, Davidson County, Lexington Township, 1920, 1930, on Ancestry.com Web site, www.ancestry.com, accessed Dec. 2, 2010.

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Coble, Paul F. Evans, J. F. Spruill, and B. C. Philpott, Sr. The membership included, respectively, a prominent minister, a lumber dealer, a dairyman, a future superintendent of county schools, an eminent attorney, and the owner of a furniture factory. Soon, Smith transferred legal ownership of the hospital to the new trustees to “hold it on behalf of the community.”⁴

Like many other small but growing urban centers in the South and elsewhere, Lexington faced challenges in delivering health care to its residents during the second quarter of the twentieth century. The Great Depression, coupled with the military priorities of World War II, left many communities coping with old, inadequate facilities. As the Depression and the war each approached an end, however, efforts were underway in Lexington to construct a replacement for Smith’s Davidson Hospital. The hospital trustees first discussed the construction of a completely new facility in January 1939.

Even before the acquisition from Smith was completed, they had submitted papers of transfer to the Duke Endowment for review and approval. North Carolina tobacco magnate and industrialist James Buchanan “Buck” Duke had established the endowment on December 11, 1924, seeding it with \$40 million. He created it primarily to support Duke University, Davidson College, Furman University, Johnson C. Smith University, not-for-profit hospitals and children’s homes in North and South Carolina, and rural Methodist churches in North Carolina, retired pastors, and their families. The Davidson Hospital trustees hoped to receive some funding for a new hospital from the endowment, which only participated if a community raised its funding through individual contributions rather than the issuance of bonds. The amounts given by the endowment to individual hospitals, however, tended to be small, based on the numbers of charity cases treated.⁵

Lexington Mayor John B. Craven and the city council also recognized the community’s need for a new hospital. In January 1939, Craven appointed a committee of council members to consider strategies for funding and building a facility. Craven contacted Charles M. Johnson, chairman of North Carolina’s Local Government Commission, to discuss public financing through bonds. Another option under consideration was to gain approval for a federal Public Works Administration bond issue. A North Carolina state constitutional amendment, however, limited new indebtedness, and the state supreme court had ruled that bonds for hospital construction

⁴ M. Jewell Sink and Mary Green Matthews, *Pathfinders Past and Present: A History of Davidson County, North Carolina* (High Point, N.C.: Hall Printing Co., 1972), 102; *The (Lexington) Dispatch*, Oct. 7, 1937, p. 1.

⁵ *The (Lexington) Dispatch*, Oct. 7, 1937, p. 1, Davidson Co. Public Library, Lexington, N.C.; *ibid.*, March 30, 1939, p. 3; Duke Endowment Web site, www.dukeendowment.org, accessed Feb. 1, 2009.

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were subject to voter approval—unlikely given the economic conditions of the Great Depression.⁶

In 1940, the Davidson Hospital trustees purchased ten acres in the Weaver Heights section of Lexington, despite the uncertainty over funding sources. When the United States entered World War II in December 1941, the chances that a new hospital would be built seemed even slimmer, since construction materials were rationed for the war effort. The project languished until January 1944, when the American College of Surgeons issued a list of hospitals that it had approved in North Carolina. The list included many hospitals in cities similar in size to Lexington, and almost every hospital in the central part of the state was on it; Davidson Hospital was not. The local newspaper lamented,

Our own Davidson Hospital is well staffed. . . . But until we get a larger and more scientifically designed building our hospital cannot make the approved list, we are informed. . . . Our city's financial position is such as to be inviting to new industries and new home owners and our community equipment is such as to invite growth. But people are going to be more hospital conscious than ever before. Which makes it urgent that the hospital campaign now being constructed receive such generous support as to make it possible to promptly carry out plans adopted by the hospital board at the earliest possible day.⁷

Those plans included an aggressive fund-raising campaign, despite the war. Rather than bond issues, the funds would be raised from the contributions of local residents and businesses. On April 25, 1944, the Davidson Hospital board of trustees elected dairyman George S. Coble the general chairman of a drive to raise \$250,000 for the new hospital. The board of trustees, which had been enlarged, included J. O. Burke, manager of Lexington Chair Company; D. S. Siceloff, Siceloff Manufacturing Company; A. S. Myers, Myers Auto Parts; H. T. Link, Dixie Furniture; G. S. Hartzog, Erlanger Cotton Mill; Z. V. Dillon, Lexington Manufacturing Company; W. F. Brown, Brown Paving Company; and J. E. Breece, a furniture factory employee. On May 11, the board named Coble chairman of the Campaign Committee, with the Reverend Odell Leonard as secretary and B. C. Philpott, Sr., as the third member. The campaign was scheduled to begin on June 5, 1944.⁸

⁶ *The (Lexington) Dispatch*, Jan. 12, 1939, p. 1; *ibid.*, Jan. 19, 1939, p. 1.

⁷ *Ibid.*, Jan. 5, 1944, p. 2.

⁸ *Ibid.*, April 27, 1944, p. 1; *ibid.*, May 15, 1944, p. 2.

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George S. Coble was intimately involved in the civic and business life of Lexington, where he is remembered today as the father of Davidson County's modern dairy industry. Born in 1908 in neighboring Randolph County, Coble attended North Carolina State University in Raleigh. In 1938, he assumed control of the Davidson County Creamery Company (organized in 1915), renamed it the Coble Dairy Products Company, and expanded its operations. Besides managing the hospital campaign, Coble served during the same period as president of the Kiwanis Club, was a trustee on the board of the University of North Carolina, and was elected president of the Dairy Foundation, which promoted dairy training and research at North Carolina State University. During the administration of Governor Kerr Scott (1949–1953), Coble served on the State Highway Commission, and promoted new road and highway construction in central North Carolina. U.S. Route 52 in Davidson County was later named the George S. Coble Memorial Highway in his honor. Coble died in Asheville on August 9, 1976.⁹

Under Coble's direction, the campaign committee organized several subcommittees or divisions to solicit specific parts of the community for contributions. A publicity division worked with the newspaper press, radio, and movie theaters to spread the word. The fund-raising divisions included Special Gifts, Merchants, Professional, Public Employees (county, city, state, and federal), Industrial, Manufacturing, Doctors, Women's, Ministers, Civic Organizations, Transportation, Rural, and Negro. Coble stated frequently during the drive that the hospital would serve both whites and African Americans, although in racially segregated areas of the building. Perhaps for the first time, blacks in Lexington were encouraged to participate in a city-wide civic campaign. A. B. Bingham, principal of Dunbar School and chairman of the Negro Division, stated, "Negro citizens are taking particular interest in this campaign as it will result in providing adequate hospitalization here for members of the race for the first time."¹⁰

The committee and its divisions soon began soliciting and receiving contributions and pledges in many forms. Although cash contributions were gladly accepted, workers could also donate two days' wages to the campaign through a pledge-card system. Word quickly came from the city's cotton and silk mills that the campaign among industrial workers was "meeting with a most generous response."¹¹

⁹ Sink and Matthews, *Pathfinders*, 129–130, 303, 214; *The (Lexington) Dispatch*, Apr. 27, 1944, p. 1; *ibid.*, Aug. 10, 1976, p. 1; interview, Catherine M. Hoffman, Curator, Davidson County Historical Museum, with Staley Jordan Nance, granddaughter of George S. Coble, Feb. 6, 2009.

¹⁰ *The (Lexington) Dispatch*, June 5, 1944, p. 1; *ibid.*, July 24, 1944, p. 1.

¹¹ *Ibid.*, May 22, 1944, p. 1; June 8, 1944, p. 1.

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The fund-raising committee also placed newspaper advertisements that personalized the campaign for a new hospital. The appeals worked, and worked quickly. By June 15, Coble's committee reported an estimated \$120,000 in cash and pledges. By July 17, the newspaper reported that \$93,701.69 was in the treasurer's hands. Coble was appointed head of the building and grounds committee, which was charged with persuading the War Production Board to make the new hospital a priority for rationed construction materials. Coble also worked with the project architect, Charles C. Hartmann, to complete the plans for the hospital.¹²

The new brick hospital that Hartmann designed for Lexington was three and four stories tall, constructed in the Art Deco and Art Moderne styles. Descriptions and drawings of the proposed building appeared in print regularly. Solariums were designed for the upper floors, as well as racially segregated nurseries, delivery rooms, staff quarters, and nurses stations. Operating rooms for major, minor, and emergency surgeries were planned, as well as a room for tending fractures, an X-ray facility, a waiting room, a business office, and food services. Hartmann also designed a separate nurses quarters building and a garage.¹³

On Saturday, October 21, 1944, the War Production Board approved the hospital committee's application for priority in receiving construction material. The hospital board planned to meet immediately to consider its next moves, including the laying of water, sewer, and gas lines to the site. Architect Hartmann was authorized to prepare final specifications. Coble urged donors to make good on their pledges as soon as possible, so that the cash needed for the project would be available when construction started. The Duke Foundation assured Coble that it would contribute substantially, but the amount was not stated.¹⁴

A statewide survey of North Carolina hospitals undertaken by the state Hospital and Medical Care Commission was released in December 1944. It illustrated Davidson County's need for improved health services. The county was below the state average in both numbers of hospital beds and physicians per capita, although the survey acknowledged that the absence of many physicians who were in the service contributed to the latter low number. While the state averaged four hospital beds per thousand residents, Davidson County had only 1.35 beds per thousand.¹⁵

¹² Ibid., July 17, 1944, p. 1.

¹³ *The (Lexington) Dispatch*, July 25, 1944, p. 1.

¹⁴ Ibid., Oct. 16, 1944, p. 1; *ibid.*, Oct. 23, 1944, p. 1.

¹⁵ Ibid., Dec. 11, 1944, p. 1.

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Early in 1945, the trustees learned that the Duke Endowment, which they had thought would contribute a third of the costs, would give only about ten percent, or \$35,000. The trustees were then faced with either reducing the construction cost by building a facility with fewer modern amenities, or with raising more money locally. They refused to compromise on the facility, noting that communities that did so soon found the hospitals inadequate. The trustees also decided not to again canvass industrial workers or other employee groups, since they had given so generously earlier. Instead, they decided to establish a “memorial” program to furnish individual rooms. The new fund-raising goal was \$332,000, which included the cost of all equipment as well as the building. The trustees hoped to open the hospital by the end of the year.¹⁶

The contractor, Robert H. Pinnix, of Gastonia, North Carolina, began work on May 11, 1945, but even before he started, he advertised for additional carpenters and laborers. In addition, some construction materials were in short supply, despite the priority status of the project. Finally, the estimated cost rose again, to \$364,000 fully equipped. Labor and materials shortages continued throughout the year, while fund-raising efforts moved ahead.¹⁷ By February 1946, the walls had been completed and half of the roof had been poured. The new hospital was designed not only to be fireproof, but also to be virtually soundproof, with hollow partition walls and acoustical ceilings in each room. Acoustical tile continues to be used in the ceilings.

The trustees voted to change the hospital’s name from Davidson Hospital to Lexington Memorial Hospital and announced the change in June 1945. Because Thomasville, also located in Davidson County, also had a hospital, and because most of the contributions had come from Lexington residents, the trustees believed that the new hospital should bear the city’s name. The new name also recognized the memorializing aspect of the fund-raising campaign.¹⁸

Early in 1946, the trustees fully implemented their plan to raise funds from the sale of memorial plaques for individual rooms. The regular cost of a plaque was \$1,000, but memorials to veterans of either of the two world wars were available for only \$500. The funds were to be used to buy equipment.¹⁹ The memorial-plaque program was judged to be successful, with fifty-one plaques sold by May and \$25,500 raised from individuals, businesses, and civic groups. A few individuals and mill companies had subscribed to two plaques.²⁰ In September 1946, the

¹⁶ Ibid., Feb. 15, 1945, p. 1; *ibid.*, Mar. 19, 1945, p. 1; *ibid.*, Apr. 19, 1945, p. 1.

¹⁷ Ibid., May 7, 1945, p. 1; *ibid.*, May 10, 1945, p. 1; *ibid.*, June 18, 1945, p.1.

¹⁸ Ibid., June 18, 1945, p. 1.

¹⁹ Ibid., Jan. 24, 1946, p. 1; *ibid.*, Mar. 18, 1946, p. 1.

²⁰ Ibid., Feb. 25, 1946, p. 1; *ibid.*, May 16, 1946, p. 1.

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fund-raising drive shifted its focus to securing \$100,000 to complete the nurses quarters and purchase hospital equipment.

In Washington, D.C., meanwhile, a new potential funding source was created with the passage in 1946 of the Hospital Survey and Construction Act, also known as the Hill-Burton Act for its two principal Senate sponsors. The act provided federal grants and guaranteed loans to improve the nation's hospitals, and the hospital trustees decided to seek assistance from the fund. There is no evidence that the hospital received any funding from the Hill-Burton Act and by the time it was enacted the fundraising campaign was largely complete and the hospital under construction.

The new hospital was substantially completed by November 1946. Fundraising continued for the construction of the nurses quarters building as well as to buy additional equipment for the hospital. The hospital heating plant was tested in November and found to work well, and the last tiles were being laid in the interior that month. The Lexington newspaper reported that

A reception is planned when the move from the present building on North Main Street is effected, and the entire community will join in celebrating the occasion, long anticipated. Nearly every person in Lexington and many in the county have contributed toward the building of the New Lexington Memorial Hospital, which is considered one of the finest new buildings in the state.²¹

The new Lexington Memorial Hospital officially opened on December 23, 1946. The previous day, a reception was held in the building and thousands came to look while workmen put on the finishing touches. Lexington Memorial Hospital opened as a memorial not only to the county's veterans and other notable individuals and groups, but as a monument to the determination and persistence of the community, its leaders, and its citizens. Despite the Great Depression, World War II, and labor and materials shortages, the people had raised funds by every means possible and accomplished their goal to construct a modern facility well equipped to deliver health services to a growing population. Their successful efforts in the face of many obstacles and delays had truly been notable and heroic.

That the new facility immediately began serving the community's needs is apparent from a report that the hospital issued in 1948. During the first half of that year, 325 babies were born at the hospital, 2,065 patients were admitted, the mortality rate was a low 2.1 percent, the average stay was 4.5 days, and the average daily number of patients staying there was 52. The hospital

²¹ Ibid., Nov. 10, 1946, p. 1.

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also treated 972 outpatients. That number soon grew as a polio outbreak occurred, with 44 cases confirmed by mid-August and the opening of school postponed. By May 1950, the hospital had treated 20,555 patients.²²

Twelve years after the hospital opened, in 1958, the residents of Davidson County reflected on their accomplishment:

In 1944, the people of Lexington recognized the growing need for a new hospital to replace the old hospital on North Main Street.

With George Coble as director of the drive, a 13-acre site was secured on the western edge of town . . . and funds were secured from local donations. It is to the credit of the people of Lexington that the entire cost of the hospital was paid locally, with only a small endowment from the Duke Endowment Fund. The story of the modern Lexington Memorial Hospital is a story of civic pride and accomplishment, for much of the money raised to finance the building of the four-story hospital was raised by the employees who voluntarily gave several days' pay toward its construction.²³

Necessary changes were made to the hospital and its policies over time. In 1950, the three operating rooms were air-conditioned, the obstetrics modernized, and the power and heating were expanded. Although the original plan had called for solariums, they were soon converted to wards. The rear wing was expanded in 1957 by filling in the corners creating new patient rooms and a pediatric section. These changes increased the capacity to 98 beds and 30 bassinets. The following year, 1958, the new emergency room wing was added.²⁴

Racial integration took place in the 1960s, although by 1966 the U.S. Department of Health, Education, and Welfare was still pressing the administration to comply with the desegregation requirements of the Civil Rights Act. Also by 1966, despite the many improvements to the facility, a debate had begun over the need for a new hospital because of the continually growing demand for services. At first, the idea failed to gain much support, and improvements, such as hospital-wide air conditioning and a new intensive care unit (both installed and constructed in 1971), continued to be made instead.²⁵

²² Ibid., July 15, 1948, p. 1; *ibid.*, Aug. 19, 1948, p. 1; *ibid.*, May 10, 1950, p. 1.

²³ *Ibid.*, Mar. 21, 1958.

²⁴ Campaign brochure, "The New Lexington Memorial Hospital," Part 2, 1976.

²⁵ *Ibid.*, Sept. 2, 1954, p. 1; *ibid.*, Apr. 20, 1966, p. 5; *ibid.*, Dec. 9, 1966, p. 1; *ibid.*, Feb. 11, 1967, p. 1; July 30, 1971, p. 1; *ibid.*, Oct. 15, 1971, p. 1.

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By the middle of the decade, however, momentum grew for a new hospital, as the 1946 facility, with its ward system rather than private rooms, became outdated. A promotional booklet outlined the accomplishments and growth of the old facility, but stressed the need for a new one, as the current hospital was usually filled above capacity. Among the changes that had been made over the years within the footprint of the existing hospital were a new diagnostic center completed in 1966, with laboratory and X-Ray in new quarters, an 11-bed Coronary Care unit completed in 1971, new X-Ray equipment added in 1972, and a new physical therapy unit opened in 1975.²⁶

The cost of a new hospital was estimated at \$7 million. The Duke Endowment, which had contributed little to the old hospital campaign, in 1977 pledged \$750,000. The new hospital opened in September 1979. Between 1980 and 1982, the old hospital served briefly as an adult day-care facility. Old Hospital, Inc., sold the old hospital building to Billy Shadrick and Warren Heffner on December 29, 1988. Shadrick and Heffner later incorporated as Lexington Hospital Association Limited Partnership and renovated the hospital into affordable apartments in 1994. In early 2008, Lexington-Hilltop Terrace, LLC, purchased the hospital from the previous owners and will also rehabilitate the building for affordable housing.²⁷

ARCHITECTURE CONTEXT

The Exposition des Arts Decoratifs et Industriels was a world's fair held in Paris in 1925, and this fair inspired a new movement in art and architecture known as Art Deco, which "appeared throughout America as an expression of Modernity."²⁸ The style is characterized by motifs reminiscent of exotic cultures (such as Native American, Mesopotamian, and Egyptian), the world of modern art (Cubism, Futurism, and Art Nouveau), and developments in technology (radio waves and airplane travel).

Art Moderne, which evolved from Art Deco in the 1930s, also emphasized modernity. Common elements of Art Moderne include horizontal orientation; rounded edges, corner windows, and glass block walls; glass block; porthole windows; chrome hardware; smooth exterior wall surfaces, usually stucco (smooth plaster finish); flat roof with coping; horizontal grooves or lines in walls; subdued colors -- base colors were typically light earth tones, off-whites, or beiges, and

²⁶ Campaign brochure, "The New Lexington Memorial Hospital," Part 2, 1976.

²⁷ *The (Lexington) Dispatch*, Apr. 11, 1977, p. 1; *ibid.*, Nov. 7, 1977, p. 1; *ibid.*, Feb. 2, 1980, p. 1; Feb. 2, 1982, p. 1.

²⁸ Catherine Bishir, *North Carolina Architecture*, (Chapel Hill: UNC Press, 2005), 481.

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trim colors were typically dark colors (or bright metals) to contrast with the light base.²⁹ Art Moderne, both as a stylistic development and as a reaction to tough economic times, stripped away the surface ornament that typified Art Deco buildings.

From the 1920s, two major stylistic threads characterize most architecture: first, architecture that focused on styles of the past; and second, architecture that focused on modern styles like Art Deco and Art Moderne, styles which “focused on technology and the future as the source of hope and progress.”³⁰ Both Art Deco and Art Moderne buildings were erected first in large cities, but made their way into smaller towns throughout America, usually as buildings associated with new types of enterprises for the period such as movie theaters, gas stations, hospitals.³¹

In terms of the Art Deco and Art Moderne styles, Lexington Memorial Hospital exhibits traits of both styles. The Art Deco elements are found primarily in the sculptural main entry with its curvilinear qualities. The elaborate flight of stairs to the terrace and entrance is set off by a massive balustrade that also exhibits Art Deco exoticism in its stepped-fret motif. The emphasis on horizontality, created in the configuration of the windows and highlighted in the brickwork is in the Art Moderne style. Additionally, the flat roof and smooth wall surfaces point to Art Moderne.

The hospital’s architect was Charles Conrad Hartmann, whose practice was based in Greensboro, North Carolina. Hartmann was educated at New York University, served apprenticeships with several architects in the city, and studied in a Beaux Arts atelier. He joined architect William L. Stoddart’s practice as a draftsman, then rose in the firm to the level of associate partner and became Stoddart’s supervising architect in North Carolina. Hartmann moved permanently to Greensboro in 1921 and opened his own practice becoming one of North Carolina’s most prominent architects, designing buildings in multiple styles. Hartmann died in Greensboro on December 30, 1977.³²

²⁹ “Streamline Moderne or Art Moderne,” http://en.wikipedia.org/wiki/Art_Moderne, accessed on 26 July 2010.

³⁰ Bishir, 526.

³¹ Bishir, 481-482.

³² William B. Bushong and Angie Clifton, “Hartmann, Charles C.,” biographical sketch, updated 2005, North Carolina Historic Preservation Office, Raleigh, N.C.; O. Henry Hotel, Historic American Buildings Survey, NC41-GREBO,3, Library of Congress, Web site, www.memory.loc.gov, accessed Feb. 1, 2009; *The Business Journal*, “Triad Works of Architecture,” Dec. 14, 2007. Web site: www.triad.bizjournals.com, accessed Jan. 27, 2009; Bushong and Clifton, “Hartmann”; Ancestry.com, North Carolina Death Collection, 1908–2004, on Web site www.search.ancestry.com, accessed Feb. 14, 2009.

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His first major commission in North Carolina was the Jefferson Standard Insurance Company Building (1922), which became North Carolina's tallest building. This building clearly reflects Hartmann's Beaux-Arts training in its vertically hierarchical spaces, combination of sculpture and architecture, profusion of architectural details, and the multiplicity of historical sources. The Jefferson Standard building began Hartmann's architectural legacy of designing buildings that were the tallest or first skyscrapers in their communities.³³

Throughout his career, Hartmann designed buildings for a wide variety of purposes, and worked in varying styles. His Atlantic Bank and Trust Company Building in Burlington, dating to the late 1920s, was one of Hartmann's first major attempts at Art Deco style. The building's design is characterized by a profusion of low-relief ornament, a technique that would show up, albeit in a much more restrained manifestation, at Lexington Hospital. His Atlantic Bank and Trust building continues to be one of the more distinctive elements of the downtown Burlington skyline, following the pattern of Hartmann's architectural oeuvre.

Among Hartmann's designs of the late 1920s is the L. Richardson Memorial Hospital in Greensboro, dating to 1927. Built as a result of community fundraising efforts to serve the African-American community, the hospital shows Hartmann's earliest-known attempt at designing a medical facility. The building was designed in the Spanish Mission style, composed of tan brick veneered concrete with a terra cotta tile roof, a style he would revisit at his Babies Hospital in Wilmington (1928). The projecting center-bay porte cochere and the T-plan are both features he would also translate into other hospitals, including both the Babies Hospital in Wilmington and the hospital in Lexington. This building's special masonry construction (a combination of concrete, brick and tile) made it the only fireproof hospital in Greensboro.³⁴

The 1940s found Hartmann working in Davidson County to design a new hospital in Lexington, just south and west of downtown. Existing important buildings in Lexington include the Old Davidson County Courthouse (1856-1858), the Grimes School (1930), and the Junior Order United American Mechanics National Orphans Home (1925-1932) which were modeled on different manifestations of the classical tradition. Only one known Art Deco building existed in Lexington at the time Hartmann went to work on designing the Lexington Hospital.

³³ Catherine Bishir, "Charles Conrad Hartmann," <http://ncarchitects.lib.ncsu.edu/people/P000118>, accessed 26 July 2010.

³⁴ Wilson Elkins, "The History of L. Richardson Memorial Hospital," *Journal of the National Medical Association*, 61/3 (May 1969), 207.

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The other building in Lexington that mixed Art Deco and Art Moderne architecture is the former Vestal Building, located at 109 S. Main Street.³⁵ The Vestal Building, dating to 1935, is a two-story brick commercial building with its stylistic features concentrated on its façade. The Vestal Building's flat roof, stringcourses, and balconies are all similar to components at Lexington Memorial Hospital, and denote Art Deco/Moderne in general. Hartmann's hospital design provided something fresh and robust for the community in terms of design and style with its highly decorative entrance and the exoticism of the balustrade of the terrace stair.

Lexington Memorial Hospital belongs to the architectural legacy of a prolific architect working throughout North Carolina between the 1920s and the 1960s. It is a manifestation of only one blend of the multiple styles Charles C. Hartmann worked in, being a combination of Art Deco and Art Moderne. It is a distinctive example of mid-twentieth century design in Lexington, and it stands out from other buildings in Lexington that were designed in different veins of the Classical tradition. Lexington Hospital represents not only the work of a prominent North Carolina architect, but also the efforts of the community to have access to healthcare.

³⁵ The Vestal Building is listed on the National Register as part of the Uptown Lexington Historic District.

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Carolina

Lexington Memorial Hospital
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Verbal Boundary Description

The hospital occupies Davidson County tax parcel #11117000F0034B.

Boundary Justification

The nominated property includes the entire parcel of land on which the hospital stands, which is the majority of land historically associated with the hospital. The historical Nurses Quarters is excluded from the nominated property. The Nurses Quarters is now on a separately owned parcel and the owner does not want it included in the nominated property.