

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

DATA SHEET

**NATIONAL REGISTER OF HISTORIC PLACES
INVENTORY -- NOMINATION FORM**

FOR NPS USE ONLY
RECEIVED MAY 12 1976
DATE ENTERED DEC 17 1976

SEE INSTRUCTIONS IN *HOW TO COMPLETE NATIONAL REGISTER FORMS*
TYPE ALL ENTRIES -- COMPLETE APPLICABLE SECTIONS

1 NAME

HISTORIC WEST BLUFF HISTORIC DISTRICT
AND/OR COMMON

2 LOCATION

STREET & NUMBER Randolph, High, and Moss east of Western and parts of adjoining streets

CITY, TOWN PEORIA VICINITY OF 18th CONGRESSIONAL DISTRICT
STATE ILLINOIS CODE 17 COUNTY PEORIA CODE 143
Robert Michel

3 CLASSIFICATION

CATEGORY	OWNERSHIP	STATUS	PRESENT USE
<input checked="" type="checkbox"/> DISTRICT	<input type="checkbox"/> PUBLIC	<input type="checkbox"/> OCCUPIED	<input type="checkbox"/> AGRICULTURE <input checked="" type="checkbox"/> MUSEUM
<input type="checkbox"/> BUILDING(S)	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> UNOCCUPIED	<input checked="" type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> PARK
<input type="checkbox"/> STRUCTURE	<input checked="" type="checkbox"/> BOTH	<input type="checkbox"/> WORK IN PROGRESS	<input checked="" type="checkbox"/> EDUCATIONAL <input checked="" type="checkbox"/> PRIVATE RESIDENCE
<input type="checkbox"/> SITE	PUBLIC ACQUISITION	ACCESSIBLE	<input type="checkbox"/> ENTERTAINMENT <input checked="" type="checkbox"/> RELIGIOUS
<input type="checkbox"/> OBJECT	<input type="checkbox"/> IN PROCESS	<input type="checkbox"/> YES: RESTRICTED	<input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SCIENTIFIC
	<input type="checkbox"/> BEING CONSIDERED	<input type="checkbox"/> YES: UNRESTRICTED	<input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> TRANSPORTATION
		<input type="checkbox"/> NO	<input type="checkbox"/> MILITARY <input type="checkbox"/> OTHER:

4 OWNER OF PROPERTY

NAME
STREET & NUMBER
CITY, TOWN VICINITY OF STATE

5 LOCATION OF LEGAL DESCRIPTION

COURTHOUSE, REGISTRY OF DEEDS, ETC. PEORIA COUNTY COURTHOUSE
STREET & NUMBER
CITY, TOWN PEORIA STATE
ILLINOIS

6 REPRESENTATION IN EXISTING SURVEYS

TITLE ILLINOIS HISTORIC STRUCTURES SURVEY
DATE 1974
DEPOSITORY FOR SURVEY RECORDS DEPT. OF CONSERVATION, SPRINGFIELD, ILLINOIS
CITY, TOWN STATE

7 DESCRIPTION

CONDITION

EXCELLENT
 GOOD
 FAIR

DETERIORATED
 RUINS
 UNEXPOSED

CHECK ONE

UNALTERED
 ALTERED

CHECK ONE

ORIGINAL SITE
 MOVED DATE _____

DESCRIBE THE PRESENT AND ORIGINAL (IF KNOWN) PHYSICAL APPEARANCE

Peoria, seat of Peoria County and third largest city in Illinois, is located on the right bank of the Illinois River at the lower end of a wide section in the river known as Peoria Lake, 153 miles southwest of Chicago and 166 miles northeast of St. Louis, Mo. The surface of the county was originally nearly equally divided between timber and prairie, with the latter generally confined to the highest lands between the watercourses and a narrow strip along the sandy terrace of the Illinois River. With the exception of the major river valleys and a number of smaller ravines, the topography is quite level and may best be described as slightly undulating.

The older part of the city of Peoria is built on two terraces, with the lower one consisting of yellow sand gradually sloping from the river bank to a height of 83 feet above the low water mark at the base of the second. The width of this first terrace varies from about three-quarters of a mile at the upper end of the city to a mile and a half at the lower end. The second terrace consists of a series of bluffs rising abruptly from 75 to 100 feet above the first.

The West Bluff Historic District is confined to the face and plateau of these bluffs and, excepting the actual face, is quite flat throughout. Specific boundaries not actually determined by the bluff line were established dependant on visual cohesion and circumscribe the maximum extent of a generally homogeneous architectural quality. The southern boundary extends northeast along 7th avenue from Aiken to Union and continues in the same direction from Union along interior property lines below Moss and High to the first property line east of the intersection of High and Main, then striking north on this line to Main. This generally coincides with the beginning of the sharpest rise in the bluff. From North and Main, the boundary follows the first property line east of North, interior property lines southeast and east of Randolph, and then the east line of Linn to the right-of-way of Interstate 74, thus more closely paralleling the verge of the bluff. This departure from the base is occasioned by recent, unfortunate developments on Crescent. The northern boundary follows the r.o.w. of Interstate 74 to the line of Amber, turns south on Amber to the interior property lines north of Armstrong and then west on these lines to the west line of 607 W. Armstrong. It then extends south along this line, the west line of 606 W. Armstrong, and the first property line east of Sheridan to Columbia, further south along the alley between Sheridan and Ellis to the interior property lines north of Main, west on these lines to Sheridan, south on Sheridan to Windom, west on Windom to the alley west of Frink, south on this alley to Bradley, west and south on Bradley and Bourland/MacArthur to the alley north of Moss and then west on this alley to University. From University it runs west along the alley north of Barker to Cooper, south on Cooper to the alley south of Barker, east on this alley to the property lines first west of Glenwood, south on these lines to Ayres and the alley north of Moss, southwest on this alley to the west line of 1819 W. Moss and then southeast on this and the east line of 1820 W. Moss to 7th. This excludes the extreme western end of Moss, whose character changes abruptly at 1820.

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Land use within the district is predominantly residential and almost exclusively so west of Sheridan. Commercial uses are limited to W.Main, an extension of Peoria's central business district, and a short stretch of North. There are no industrial uses, a modicum of vacant land, no apparent federal properties, and a scattering of religious, educational, social, and other such uses well within the norm of a residential neighborhood. A significant feature of the land use is the amount of open space attached to residences along the edge of the bluff, especially those on the south side of Moss west of Mac Arthur.

The main source of transportation is the private automobile, with traffic concentrated on Main, MacArthur, and Moss west of Union. Most streets in and around the district are laid out on a strict north-south rectangular grid, though some, notably Hamilton and MacArthur, are determined by an earlier grid established parallel to the river bank. The routes of the three most significant residential streets, Moss, High, and Randolph, however, as well as that of 7th, are clearly derived from the line of the bluff.

Residential density within the district is quite moderate throughout, though the south side of Moss, with its large lots, presents at least the appearance of considerably lower density. Single-family detached residences are the dominant building type, although a number of multiple-dwelling structures are scattered throughout the district. Masonry and frame construction are about equally represented, with the former concentrated nearest the edge of the bluff and the latter more in evidence as one moves toward the interior of the plateau. Street setbacks, lot size, and dwelling size all follow the same basic pattern: the more splendid structures, with all their associated space, dominate the crest of the bluff; the more modest, requiring far less room for display, are located above it.

Architectural styles best represented in the district are those popular between ca.1850 and 1930, with those which reached their zenith of fashionability before 1890 more in evidence on High, Randolph, and North than on Moss. Among the earliest are some good examples of Italianate (v.Nos.6, 17, 21 below) and French Second Empire (v.Nos.8-9,15,30). In terms of both quantity and quality, however, the eastern part of the district is characterized by the Queen Anne (v.Nos.2-4,7,14-15,19). Moss, which developed relatively slowly from east to west, displays a great variety of styles -- mainly revival -- achieving currency after 1890. Of special note are two works of Frank Lloyd Wright and the Prairie School (Nos.11 & 12). The north side of Moss and the adjoining streets west of University seem to have been developed rapidly during the 1890's and reveal an interesting mixture of late Queen Anne and Classical Revival.

Intrusions in the West Bluff Historic District are relatively few and mainly confined east of Sheridan. Most of these have arisen as a result of this area's proximity to the central business district and the Methodist Hospital of Central Illinois and consist of new, inappropriate commercial structures along North, a health clinic at Randolph and Hamilton, and some parking lots on Hamilton. The intrusions on Randolph are particularly regrettable, since it is architecturally on of the most significant streets in the district. To the west, the only prominent intrusion is a new parish

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house at Malvern and Moss, unsympathetic to its surroundings in both scale and design. A few recent apartment buildings along Moss and the western end of High are visually unfortunate but at least continue the neighborhood's residential tradition.

8 SIGNIFICANCE

PERIOD	AREAS OF SIGNIFICANCE -- CHECK AND JUSTIFY BELOW			
<input type="checkbox"/> PREHISTORIC	<input type="checkbox"/> ARCHEOLOGY-PREHISTORIC	<input type="checkbox"/> COMMUNITY PLANNING	<input type="checkbox"/> LANDSCAPE ARCHITECTURE	<input type="checkbox"/> RELIGION
<input type="checkbox"/> 1400-1499	<input type="checkbox"/> ARCHEOLOGY-HISTORIC	<input type="checkbox"/> CONSERVATION	<input type="checkbox"/> LAW	<input type="checkbox"/> SCIENCE
<input type="checkbox"/> 1500-1599	<input type="checkbox"/> AGRICULTURE	<input type="checkbox"/> ECONOMICS	<input type="checkbox"/> LITERATURE	<input type="checkbox"/> SCULPTURE
<input type="checkbox"/> 1600-1699	<input checked="" type="checkbox"/> ARCHITECTURE	<input type="checkbox"/> EDUCATION	<input type="checkbox"/> MILITARY	<input type="checkbox"/> SOCIAL/HUMANITARIAN
<input type="checkbox"/> 1700-1799	<input type="checkbox"/> ART	<input type="checkbox"/> ENGINEERING	<input type="checkbox"/> MUSIC	<input type="checkbox"/> THEATER
<input checked="" type="checkbox"/> 1800-1899	<input type="checkbox"/> COMMERCE	<input type="checkbox"/> EXPLORATION/SETTLEMENT	<input type="checkbox"/> PHILOSOPHY	<input checked="" type="checkbox"/> TRANSPORTATION
<input checked="" type="checkbox"/> 1900-	<input type="checkbox"/> COMMUNICATIONS	<input type="checkbox"/> INDUSTRY	<input type="checkbox"/> POLITICS/GOVERNMENT	<input type="checkbox"/> OTHER (SPECIFY)
		<input type="checkbox"/> INVENTION		

SPECIFIC DATES

BUILDER/ARCHITECT

STATEMENT OF SIGNIFICANCE

The area of Peoria described within the West Bluff Historic District is a significant, well-preserved reminder of the opulence once common to a certain class of American society and bears excellent witness to the wealth and tastes of the city's notables during the 19th and earlier 20th centuries. Of better than average architectural quality throughout, the district also embraces specific areas -- on Randolph, High, and Moss -- where that quality achieves a distinction both in ensemble and in individual structures unsurpassed in the state.

Working in concert with the general architectural excellence, the manner in which the structures are integrated into the landscape provides a further mark of distinction. The face of the bluff has remained essentially undeveloped and thus provides both a strong point of separation from the lower town as well as an open setting for the palatial residences on the crest.

Though the area itself does not play a decisive role in the historical development of the city, the men and women who lived here did, particularly during the period when Peoria grew of age as a major industrial center. And their residency has left an unmistakable imprint on the district.

HISTORY

The history of settlement in the Peoria area is one of the longest in the state of Illinois, though unlike its chief rival for the title of oldest town, Cahokia, it has not been continuously occupied. Marquette and Jolliet were the first Europeans to reach the site, passing northward through Lake Peoria in the fall of 1673. The area was then controlled by the Peoria Indians, and Indian control which, later assumed by the Chippewa, Ottawa and Potawatomi, lasted until about 1819 despite increasing European activity after 1680 and actual cession of the land to the United States government in 1795.

The first French efforts to establish themselves permanently on Lake Peoria were directed by Robert Cavelier, Sieur de la Salle, under whose command the short-lived Fort Creve Coeur was erected on the left bank in 1680. In 1691, the post at Fort St. Louis on Starved Rock was transferred to Lake Peoria, where it became known as Fort Pimiteoui, and engendered a small, semi-permanent settlement. Though virtually abandoned early in the Revolutionary War, a French colony returned in 1779 under Hypolite Maillet and established the village known variously as Au Pe, Le Pe, Opa, La Ville

9 MAJOR BIBLIOGRAPHICAL REFERENCES

The History of Peoria County, Illinois, Johnson & Co., Chicago 1880.
 Rice, James M., Peoria City and County, Illinois, Chicago 1912.
 Beck, F.B. Eine populäre Geschichte der Stadt Peoria, Peoria 1906.
 Peoria Historical Society, A.Wilson Oakford Collection (unpublished).
 Ballance, Charles, The History of Peoria, Illinois, Peoria 1870.

10 GEOGRAPHICAL DATA

ACREAGE OF NOMINATED PROPERTY APPROX. 365

UTM REFERENCES

A 16 | 278475 | 45109160
 ZONE EASTING NORTHING
 B 16 | 280700 | 45107190

A 16 | 280760 | 45109075
 ZONE EASTING NORTHING
 C 16 | 278425 | 45107290

VERBAL BOUNDARY DESCRIPTION

see Description; Item 7.

LIST ALL STATES AND COUNTIES FOR PROPERTIES OVERLAPPING STATE OR COUNTY BOUNDARIES

STATE	CODE	COUNTY	CODE
STATE	CODE	COUNTY	CODE

11 FORM PREPARED BY

NAME / TITLE
 Robert Wagner, Staff Researcher

ORGANIZATION
 Historic Preservation Services (Paul Sprague)

DATE
 March 10, 1976

STREET & NUMBER
 1808-10 W. 103rd Street

TELEPHONE
 312-881-1870

CITY OR TOWN
 Chicago

STATE
 Illinois

12 STATE HISTORIC PRESERVATION OFFICER CERTIFICATION

THE EVALUATED SIGNIFICANCE OF THIS PROPERTY WITHIN THE STATE IS:

NATIONAL STATE LOCAL

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

FEDERAL REPRESENTATIVE SIGNATURE

Anthony J. Dean

TITLE
 State Historic Preservation Officer

DATE
 4-6-76

FOR NPS USE ONLY

I HEREBY CERTIFY THAT THIS PROPERTY IS INCLUDED IN THE NATIONAL REGISTER

Active
 DIRECTOR, OFFICE OF ARCHEOLOGY AND HISTORIC PRESERVATION

DATE
 12/17/76

ATTEST:
 KEEPER OF THE NATIONAL REGISTER

DATE
 11.28.76

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de Maillet and New Piorias. The few inhabitants withdrew temporarily in 1781, but returned two years later and enjoyed a period of tranquility that lasted until the village was permanently destroyed by Capt. Thomas E. Craig in November 1813.

Despite the erection of Fort Clark by Capt. Craig's troops in late 1813, the history of Peoria's American settlement does not begin until 1819. At that, it represents a completely new development, since none of the previous French residents were ever known to have returned. Fort Clark itself, though garrisoned until June 1818, produced no adjacent settlement and was finally burned by Indians about six months after its evacuation. But on April 17 and 19, 1819, the first seven American civilians arrived to form the earliest nucleus of modern Peoria.

The growth of this settlement, situated near the ruins of Ft. Clark on the riverfront, was extremely slow. An Indian trading post was established by John Hamlin as a station of the American Fur Company in 1822 and the first school opened in the same year. Other signs of vitality are lacking. On 13 January 1825, though, the state legislature established the County of Peoria, fixing its seat of justice at Fort Clark, soon to be known as Peoria City. The county's jurisdiction included the entire northern half of the state and contained the grand population of 1,236.

Peoria was surveyed and platted by William S. Hamilton, Alexander Hamilton's son, on 10 July 1826 and a public auction of lots under the auspices of William Clark was held the following day. Only 17 purchasers responded. Another auction was ordered for November, a third in 1832 and several others subsequently. So few people settled in Peoria, however, that it was governed as a rural precinct despite its role as county seat. In 1833, the population totalled roughly 150. The town-fraction was then re-surveyed by Charles Ballance on 27 May 1834 and finally incorporated as a village 11 March 1835. On 5 May 1845, though numbering only 1,619 inhabitants, Peoria incorporated as a city and embarked on a period of rapid and sustained growth: 11,858 in 1855; 14,045 in 1860; 22,849 in 1870; 29,259 in 1880; 41,024 in 1890; 56,100 in 1900; and 66,950 in 1910. The 1970 population was 126,963. The original quarter section town-site has been enlarged several times, the most important extensions occurring in 1863 with the inclusion of the entire township and around 1900 when West, South, and North Peoria were annexed.

Peoria's growth as an industrial and transportation center kept pace with its accretions in population and area. By 1844, the town's manufactures included a variety of agricultural machinery, copper and tinware, wagons, and brass and iron foundry products. That same year, however, Almiran S. Cole started an operation, than which "no business has proved to be more profitable:" the distilling of whisky. In 1864, there were twelve distilleries in the city with a daily production exceeding 36,000 gallons. The extent of production by 1911 can be gauged by the federal tax revenue it generated that year: approx. \$30 million. Though consolidated into fewer firms, Peoria's whisky production is still a major economic factor: in 1973, one firm alone was producing 125,000 gallons daily. Another industry of early importance, conditioned like that of distilling by Peoria's location in a rich agricultural region, was flour-milling. The first mills in the area were erected in 1830 & 1837

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on the Kickapoo Creek west of the settlement. By 1850, four mills were producing nearly 35,000 bbls. for export, a figure that rose to 575,000 bbls. from eight producing mills by 1870, when milling was the city's leading manufacturing interest. From that year on, milling interests began to decline. Numerous other industries located in Peoria during the 19th century, bringing the total number of manufacturing plants in the city to over 400 by 1912. Chief among their products were farm implements (Kingman Plow Co., Avery Co., R.Herschel, Acme Harvesters), stoves (Cutler and Proctor), automobiles (Glide), binder twine, crackers, and pottery. An immense 20th century addition to the industrial base came with the location of the Caterpillar Tractor Co. in the city.

The first Peoria railroad, the Peoria and Oquawka, was chartered in 1849 and completed the western half of its line from Peoria to Burlington early in 1857, while the eastern extension to the Indiana state line was delayed until 1859. The second line chartered (1853), but the first to begin service was the Peoria and Bureau Valley, which ran the first regular passenger train into the city in Nov. 1854. Other roads soon followed, notable among them the Peoria and Rock Island (1871), Peoria, Pekin and Jacksonville (1868), and Peoria and Springfield (1871), and by 1879 40-50 daily passenger trains served the city over ten lines. By 1912, 14 roads entered the city, making it the most important railroad center in the state after Chicago. Rail business, however, suffered a rapid decline and by 1970 passenger service was limited to one train daily.

The area of the West Bluff Historic District was not a part of the original town plat, that having been confined to the immediate vicinity of the river. Nor has it ever played a major role in the economic development of the city. The bluff seems to have remained relatively undeveloped at least until 1841 when I. Francis Proctor purchased a quarter section to engage in stock raising and fruit growing. Tobias Bradley (v.No. 27 below) located on the bluff in 1843 and also initially pursued a variety of agricultural activities. More intensive residential exploitation set in around mid-century as the city's commercial center expanded and forced those interested in prime residential property to look elsewhere. Both the West Bluff and the East Bluff -- together with the valley lying below the latter -- benefited and developed, along with an area of N. Knoxville Avenue, as the city's most exclusive residential neighborhoods.

Settlement of the West Bluff proceeded primarily along the brink of the bluff from the eastern end around High, Randolph and North, where the earliest residences of a non-agricultural cast date from the 1850's (v.Nos. 17 & 28), southwesterly along Moss. Though described in 1880 as the site of "numerous princely residences surrounded by ample and richly decorated grounds," the West Bluff did not reach residential maturity until about 1930, particularly along western Moss. The area above the bluff, including the north side of Moss was intensively developed along more modest lines in the decades 1890-1910 and attained its maturity before World War I.

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SITES AND STRUCTURES OF SPECIAL SIGNIFICANCE

Numbers refer to map. Areas of Significance, where more than one applies, in order of priority.

1. Sarah Holman & George Root Residence
111 Roanoke
Built ca.1896
Architectural Significance

2. Residence
259 North Randolph
Architectural Significance

3. Residence
255 North Randolph
Architectural Significance

4. Residence
204 North Randolph
Architectural Significance

5. Residence
128 North Randolph
Architectural Significance

6. Residence
1101 North North
Architectural Significance

7. Judge Jacob Gale Residence
1007 North North
Built ca.1877

Jacob Gale settled in Peoria in 1834 and was long active in the civic affairs of the town. He was twice elected mayor and also served several years as superintendent of schools.

Architectural and Historical Significance

8. Henry R. Woodward Residence
1120 Moss
Built in 1871

H.R. Woodward was prominent in various business pursuits, primarily in pharmaceuticals. He was also one of the organizers of the Peoria Street Railway company and served as its president.

Architectural and Historical Significance

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9. Moses Pettingill (Morrison) Residence
1212 Moss
Built in 1862;rebuilt in 1868 after fire
Moses Pettengill was an early settler, prominent as merchant,
temperance advocate, and abolitionist. The house is now a museum
of the Peoria Historical Society.
Architectural and Historical Significance
10. Residence
1230 Moss
Architectural Significance
11. Residence
1316 Moss
Architectural Significance
12. Francis W.Little Residence and Coach House
1505 Moss
Designed in 1902 by architect Frank Lloyd WRIGHT
Francis Little was vice-president and general manager of the
Peoria Gas and Electric company and lived in the house only one
year. The second resident was Robert D. Clarke, a builder and
manufacturer.
Architectural Significance
13. Edward S.Easton Residence
1125 West Main
Built ca.1882
Edward Easton was one of Peoria's wealthiest citizens, active
in grain dealing, transportation, and real estate. He took a
major role in the organization of the Peoria Board of Trade and
served as its president in 1877. The house is now a mortuary.
Architectural and Historical Significance
14. John H.Francis Residence
429 High
Built ca.1874
John H.Francis was a prominent citizen engaged primarily in the
cooperage and distilling business but also very active in civic
affairs.
Architectural and Historical Significance
15. Residence
443 High
Architectural Significance
16. Residence
509 High
Architectural Significance

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17. Erastus D. Hardin Residence
511 High
Built in 1859; porch altered later
Erastus Hardin was a notable citizen of Peoria active in banking and real estate.
Architectural and Historical Significance
18. Residence
518 High
Architectural Significance
19. Residence
604 High
Architectural Significance
20. D.H.Bethard Residence
611 High
Built before 1916 by architects Hewitt & Emerson
Architectural Significance
21. Residence
909 North Douglas
Architectural Significance
22. Hale Methodist Church (Now: Grace Bible Church)
Southwest Corner Main and High
Built in 1900 by contractor Harrison Johns
The original Hale Chapel was built in 1868 in accord with the will of Asahel Hale. Hale, at his death in 1864, owned most of the bluff area between High, Sheridan, North and Columbia.
Architectural and Historical Significance
23. Westminster Presbyterian Church
1420 Moss
Dedicated 4 June 1900
The congregation was organized in 1897.
Architectural Significance
24. Trinity Evangelical Lutheran Church
West corner Randolph and Hamilton
Built in 1922-25
The congregation was organized in 1857.
Architectural Significance
25. Residence
1714 Moss
Architectural Significance

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26. Residence
510 High
Architectural Significance
27. Tobias S. Bradley Residence
802 Moss
Built in 1843; totally remodelled and enlarged
Tobias Bradley was a noted distiller and banker. After his death in 1867, his widow, Lydia Moss Bradley, continued his enterprises, amassing a substantial fortune. She founded Bradley University in Peoria in 1897.
Historical Significance
28. Phelps-Bourland Residence
519 High
Built before 1852; altered
Benjamin L.T. Bourland occupied an important place in the development of Peoria and was most active in banking and real estate. William R. Phelps, an erstwhile partner of Bourland, was the first resident of the house.
Historical Significance
29. Charles D. Clark Residence
1221 North North
Built ca. 1879
C.D. Clark was a very prominent businessman, active in flour-milling, hardware, coal and pottery. He was also deeply involved in local and national politics.
Historical and Architectural Significance
30. Henry E. Sieberns Residence
1119 North North
Built ca. 1875
H.E. Sieberns was vice-president of the German Fire Insurance Co. He also engaged in various other business ventures and was, all in all, a very wealthy and respected citizen.
Historical and Architectural Significance
31. Residence (Henry Means Pindell)
240 North Randolph
H.E. Pindell was a widely-known Peoria publisher, prominent in political circles throughout Illinois. He founded the Peoria Herald in 1889 and subsequently purchased the Transcript and the Journal (in 1902). He lived in this house from ca. 1898 until his death in 1924.
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32. William Fremont Wolfner Residence

1205 Moss

Built ca.1891; sided

W.F.Wolfner was one of the most prominent citizens of Peoria, noted for his business accomplishments and his public service. He was a director and manager of a number of distilleries and also represented various distilling interests at the government dissolution of the Whisky Trust in 1895.

Historical Significance

33. Charles E.Duryea Residence

1512 West Barker

Built ca.1892

Charles Duryea designed and built the first American automobile in 1893-4 while living in this house. The actual work was carried out in a frame barn, since razed, in the rear of the property. Duryea's further accomplishments in the early automobile industry are a matter of record and need not be rehearsed here. He lived at this address from 1893 to ca.1902.

Historical Significance

34. Joseph B.Greenhut Residence (A) and Coach House (B)

802 (A) & 816 (B) North Sheridan

Built ca.1886; residence (A) totally altered

J.B.Greenhut was a Peoria distiller and citizen of international reputation. In 1887, he organized the Distillers and Cattle Feeders Company ("Whisky Trust") and served as president until its dissolution in 1895. His wealth and influence were immense and his friends and house guests included at least one U.S.President, McKinley. The house (A) has since been stuccoed and otherwise extensively altered into apartments. The coach house (B), while also converted into apartments, retains most of its original architecture.

Historical (A) and Architectural (B) Significance

35. Frederick Streibich Residence

1812 Moss

Built in 1866; altered

Frederieck Streibich was an early inn keeper and merchant. In 1865, he developed this property as a vineyard, added a very popular and fashionable wine garden ("Streibich's Grove") and, finally, his own home.

Historical Significance

36. Horace Clark, Jr., Residence

305 Columbia

Built ca.1895 by Mr.Clark

Horace Clark, Jr., was a prominent member of a prominent family.

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**NATIONAL REGISTER OF HISTORIC PLACES
INVENTORY -- NOMINATION FORM**

CONTINUATION SHEET Significance ITEM NUMBER 8 PAGE 9

36.Cont.

His father, Horace, Sr., founded the important Home Mills in the early 1860's. Horace, Jr., was active in this firm as well as the Clark Coal and Coke Co., which he helped organize.

Historical Significance

Property West Bluff Historic District

State- Illinois Working Number 5.12.76.3421

TECHNICAL

Photos 38
Maps 6

CONTROL

OK ^{pl} 5.19.76

HISTORIAN

Return
E. Smith
9-22-76

The street shots indicates that the district is eligible but the material is so poorly organized until we can't be sure that this really is a valid district. Ward has summed up the nomination's weaknesses quite well.

ARCHITECTURAL HISTORIAN

intrusions confined "east of Sheridan" - "relatively few". How many bldgs in district? Inclusive street address numbers? History of Peoria in general, not this area specifically - West Bluff not originally part of original town plat. How this area developed is not described -

ARCHEOLOGIST

important figures in the area? We need a better justification for architectural significance than "better than average architectural quality". Maps are cumbersome - bldgs not identified in photos. What is the criteria for "special significance" (bldgs singled out for listing #8, pp4-9)?

OTHER

The area appears to be eligible, but this is poorly organized and without information that we require. **RETURN** August 8/27/76
Photos of intrusions along Randolph would be helpful. Commercial bldgs not discussed in either #7 or #8. We need labels or photo forms as well. Unsatisfactory!

HAER

Inventory _____
Review _____

REVIEW UNIT CHIEF

Return
W.R. Wice
9/22/76

Returned re Wice's comments **BRANCH CHIEF**

Herrington C. Shull for
9-23-76

KEEPER

National Register Write-up _____ Send-back 9.24.76 Entered _____
Federal Register Entry _____ Re-submit 10.13.76

INT:2106-74

NAME OF PROPERTY West Buff Historic District STATE Illinois

The attached National Register Inventory-Nomination form is being returned to your office for clarification of the information indicated below. PLEASE RETURN THIS FORM WHEN THE NOMINATION IS RESUBMITTED.

7 Description: For an area this large, we need descriptions of the most significant buildings, focal points within the district, a discussion of the intrusions (including photographs and locations pinpointed on map). How many buildings (approx.) are within district?

8 Statement of Significance: This section is particularly weak: we need information on the historical development of this particular area, mention of the most significant inhabitants, and a thorough discussion of architectural significance. We need more information on significant buildings in the district - why they are important, their historical associations, etc. We recommend you refer to →

9 Bibliography: _____

10 Geographical Data -- Acreage: _____
For future references, please begin UTM point
UTM Reference(s): points at upper right corner and continue clockwise
Verbal Boundary Description: Please justify boundaries in NE corner of district

12 Certification: _____

Photographic Coverage: Photographs should be individually labelled and identified. Provide photographs of intrusions & commercial bldgs in NE section of district.
Map Coverage: The sketch maps are cumbersome to use! Much of this information should be put on one map. Buildings should be numbered to correspond with
Other: descriptions in the text. Provide photographs of area around Randolph. If additional continuation sheets are used, please obtain original (not Xeroxed) forms.

Questions concerning this nomination may be directed to Ward Jandl
on the National Register staff, telephone 202/523-5483.

Thank you for your attention to the above items.

Carne Shall (acting) Date: 9-23-76
Chief, Branch of Registration

"How to Complete National Register Forms" and the sample district nomination enclosed for your information. Discuss the significance of this neighborhood as a whole.

- Property West Bluff Historic District

2nd Control Sheet

State Illinois

Working Number 5, 12, 76, 3421

ogle, County
76000725

TECHNICAL

Photos 38
Maps 6

CONTROL

OK PL
10.14.76

no changes

I think this is a good nomination. Return #7 is answered clearly by the nomination. #8 is not as good, but sufficient to establish the importance of the district. NE boundary was clearly justified in #7. Photos are clearly labeled + identified. Etc. Etc. Etc. I don't blame Farrar for being mad.

HISTORIAN

ACCEPT
LW Engood
18 Oct 76

WHILE I DON'T SHARE ALL OF WARD'S OBJECTIONS, I AGREE THAT THE NOMINATION DOES NOT FOLLOW "GUIDELINES." SPECIFICALLY, WRITTEN DISCUSSION HAS BEEN SUPPLEMENTED BY MAPS AND PHOTOS. ^{ESTABLISH} BUT THE PHOTOS, THE ARCHITECTURAL SIGNIFICANCE AND PHYSICAL HOMOGENEITY OF THE AREA, AND THE MAPS RESOLVE THE QUESTION OF USES AND INTRUSIONS ARE MENTIONED. (I WISH WE HAD PHOTOS OF INTRUSIONS, BUT I HAVE DISCUSSED THIS PROBLEM WITH ILL/WAGNER CONCERNING OTHER NOMINATIONS). ~~I AM SURE THAT THE PHOTOS AND INFORMATION~~

ARCHITECTURAL HISTORIAN

ACCEPT
LEBOVITZ
10.18.76

ARCHEOLOGIST

OTHER

HAER

Inventory _____
Review _____

REVIEW UNIT CHIEF

actup
BRANCH CHIEF

Accept
Col
11/15/76

KEEPER

Henry
for Mintz
11.26.76

National Register Write-up _____
Federal Register Entry 2-1-77

Send-back _____
Re-submit _____

Entered DEC 17 1976

INT:2106-74

1.a.



WINTER VIA THE WALKING TRAIL 7

Form No. 10-301a
(Rev. 10-74)

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES PROPERTY PHOTOGRAPH FORM

FOR NPS USE ONLY

RECEIVED

MAY 12 1976

DATE ENTERED

DEC 17 1976

SEE INSTRUCTIONS IN HOW TO COMPLETE NATIONAL REGISTER FORMS
TYPE ALL ENTRIES -- ENCLOSE WITH PHOTOGRAPH

1 NAME

HISTORIC West Bluff Historic District

AND/OR COMMON

2 LOCATION

CITY, TOWN Peoria

VICINITY OF

STATE

Illinois

COUNTY

Peoria

3 PHOTO REFERENCE

PHOTO CREDIT Robert Wagner

DATE OF PHOTO

2/22/76

NEGATIVE FILED AT Dept. of Conservatipn, Springfield, Illinois

4 IDENTIFICATION

DESCRIBE VIEW, DIRECTION, ETC. IF DISTRICT. GIVE BUILDING NAME & STREET
Northeast on Moss from 1312 Moss

PHOTO NO.

I a-c

GPO 892-454



NPS Number 12-17-76
Title: West Bluff HD
Deoria Co., Ill.
Loc. NE on Moss
from 1312 Moss

← 7c



PROPERTY OF THE NATIONAL REGISTER

NPS Number

12-17-76

Title:

West Bluff HQ
Deoria Co, Ind.

Loc.

NE on Moss
from 1312 Moss



IIa →

NPS Number

12-17-76

Title:

West Bluff Historic District

Loc.

Peoria Co., Illinois
NE on Moss from
1511 Moss

PROPERTY OF THE NATIONAL REGISTER



← II b

Form No. 10-301a
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UNITED STATES DEPARTMENT OF THE INTERIOR
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NATIONAL REGISTER OF HISTORIC PLACES
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DEC 17 1976

DATE ENTERED

SEE INSTRUCTIONS IN HOW TO COMPLETE NATIONAL REGISTER FORMS
TYPE ALL ENTRIES -- ENCLOSE WITH PHOTOGRAPH

1 NAME

HISTORIC

West Bluff Historic District

AND/OR COMMON

2 LOCATION

CITY, TOWN Peoria

— VICINITY OF

STATE Illinois

COUNTY Peoria

3 PHOTO REFERENCE

PHOTO CREDIT Robert Wagner

DATE OF PHOTO 2/22/76

NEGATIVE FILED AT

Dept. of Conservation, Springfield, Illinois

4 IDENTIFICATION

DESCRIBE VIEW, DIRECTION, ETC. IF DISTRICT, GIVE BUILDING NAME & STREET

PHOTO NO.

Northeast on Moss from 1511 Moss

II a-b

GPO 892-454

PROPERTY OF THE NATIONAL REGISTER

111 a. →



Form No. 10-301a
(Rev. 10-74)

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

**NATIONAL REGISTER OF HISTORIC PLACES
PROPERTY PHOTOGRAPH FORM**

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DATE ENTERED DEC 17 1976

SEE INSTRUCTIONS IN HOW TO COMPLETE NATIONAL REGISTER FORMS
TYPE ALL ENTRIES -- ENCLOSE WITH PHOTOGRAPH

1 NAME

HISTORIC West Bluff Historic District

AND/OR COMMON

2 LOCATION

CITY, TOWN Peoria

____ VICINITY OF

STATE

Illinois

COUNTY

Peoria

3 PHOTO REFERENCE

PHOTO CREDIT Robert Wagner

DATE OF PHOTO

2/22/76

NEGATIVE FILED AT Dept. of Conservation, Springfield, Illinois

4 IDENTIFICATION

DESCRIBE VIEW, DIRECTION, ETC. IF DISTRICT, GIVE BUILDING NAME & STREET

Southwest on Moss from Cooper

PHOTO NO.

III a-b GPO 892-454

← 116



PROPERTY OF THE NATIONAL REGISTER

NPS Number 12-17-76
Title: West Bluff HD
Peoria Co, Ill
Loc. SW on Moss
from Cooper



IV a →

PROPERTY OF THE NATIONAL REGISTER

NPS Number

1217-76

Title:

West Bluff HD
Peoria Co, Ill.

Loc.

west from Randolph
and North



← IVb

IVb →

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

**NATIONAL REGISTER OF HISTORIC PLACES
PROPERTY PHOTOGRAPH FORM**

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MAY 12 1976

DEC 17 1976

DATE ENTERED

SEE INSTRUCTIONS IN *HOW TO COMPLETE NATIONAL REGISTER FORMS*
TYPE ALL ENTRIES -- ENCLOSE WITH PHOTOGRAPH

1 NAME

HISTORIC

West Bluff Historic District

AND/OR COMMON

2 LOCATION

CITY, TOWN

Peoria

— VICINITY OF

STATE

Illinois

COUNTY

Peoria

3 PHOTO REFERENCE

PHOTO CREDIT

Robert Wagner

DATE OF PHOTO

2/22/76

NEGATIVE FILED AT

Dept. of Conservation, Springfield, Illinois

4 IDENTIFICATION

DESCRIBE VIEW, DIRECTION, ETC. IF DISTRICT. GIVE BUILDING NAME & STREET

West from Randolph and North

PHOTO NO.

IV a-c



— IVc

PROPERTY OF THE NATIONAL REGISTER

NPS Number 12-17-76

Title: West Bluff HD
Peoria Co, Ill.

Loc. west from
Randolph and
North



Vc →

PROPERTY OF THE NATIONAL REGISTER

NPS Number

12-17-76

Title:

West Bluff HD
Peonia Co, Ill.

Loc.

North on Randolph
from 228 Randolph



← Vb

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NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
PROPERTY PHOTOGRAPH FORM

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DATE ENTERED

DEC 17 1976

SEE INSTRUCTIONS IN *HOW TO COMPLETE NATIONAL REGISTER FORMS*
TYPE ALL ENTRIES -- ENCLOSE WITH PHOTOGRAPH

1 NAME

HISTORIC

West Bluff Historic District

AND/OR COMMON

2 LOCATION

CITY, TOWN Peoria

____ VICINITY OF

STATE Illinois

COUNTY Peoria

3 PHOTO REFERENCE

PHOTO CREDIT Robert Wagner

DATE OF PHOTO 2/22/76

NEGATIVE FILED AT Dept. of Conservation, Springfield, Illinois

4 IDENTIFICATION

DESCRIBE VIEW, DIRECTION, ETC. IF DISTRICT. GIVE BUILDING NAME & STREET

PHOTO NO.

North on Randolph from 228 Randolph

V a-b



Form No. 10-301a
(Rev. 10-74)

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DEC 17 1976

DATE ENTERED

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TYPE ALL ENTRIES -- ENCLOSE WITH PHOTOGRAPH

1 NAME

HISTORIC

West Bluff Historic District

AND/OR COMMON

2 LOCATION

CITY, TOWN

Peoria

____ VICINITY OF

STATE

Illinois

COUNTY

Peoria

3 PHOTO REFERENCE

PHOTO CREDIT

Robert Wagner

NEGATIVE FILED AT

Dept. of Conservation, Springfield, Illinois

DATE OF PHOTO

2/22/76

4 IDENTIFICATION

DESCRIBE VIEW, DIRECTION, ETC. IF DISTRICT, GIVE BUILDING NAME & STREET

South from inter. of North & Main

PHOTO NO.

VI

VII a →



NPS Number 12-17-76
Title: West Bluff HD
Peoria Co, Ill.
Loc. SW on High from
~~423~~ 423 High

PROPERTY OF THE NATIONAL REGISTER

← VII b



UNITED STATES DEPARTMENT OF THE INTERIOR
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NATIONAL REGISTER OF HISTORIC PLACES
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DEC 17 1976

DATE ENTERED

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TYPE ALL ENTRIES -- ENCLOSE WITH PHOTOGRAPH

1 NAME

HISTORIC West Bluff Historic District

AND/OR COMMON

2 LOCATION

CITY, TOWN Peoria _____ VICINITY OF STATE Illinois COUNTY Peoria

3 PHOTO REFERENCE

PHOTO CREDIT Robert Wagner

DATE OF PHOTO 2/22/76

NEGATIVE FILED AT Dept. of Conservation, Springfield, Illinois

4 IDENTIFICATION

DESCRIBE VIEW, DIRECTION, ETC. IF DISTRICT, GIVE BUILDING NAME & STREET

PHOTO NO.

Southwest on High from 423 High

VII a-b GPO 892-454

423 High



VIII a →

PROPERTY OF THE NATIONAL REGISTER

NPS Number

12-17-76

Title:

West Bluff Ho
Peoria Co., Ill.

Loc.

SW on High from
State

[Handwritten signature]



— viii b

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
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DEC 17 1976

DATE ENTERED

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TYPE ALL ENTRIES -- ENCLOSE WITH PHOTOGRAPH

1 NAME

HISTORIC

West Bluff Historic District

AND/OR COMMON

2 LOCATION

CITY, TOWN

Peoria

— VICINITY OF

STATE

Illinois

COUNTY

Peoria

3 PHOTO REFERENCE

PHOTO CREDIT

Robert Wagner

DATE OF PHOTO

2/22/76

NEGATIVE FILED AT

Dept. of Conservation, Springfield, Illinois

4 IDENTIFICATION

DESCRIBE VIEW, DIRECTION, ETC. IF DISTRICT. GIVE BUILDING NAME & STREET

Southwest on High from State ,

PHOTO NO.

VIII a-b

GPO 892-454

PROPERTY OF THE NATIONAL REGISTER

state

IXa →



UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
PROPERTY PHOTOGRAPH FORM

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MAY 12 1976

DEC 17 1976

DATE ENTERED

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TYPE ALL ENTRIES -- ENCLOSE WITH PHOTOGRAPH

1 NAME

HISTORIC West Bluff Historic District

AND/OR COMMON

2 LOCATION

CITY, TOWN Peoria

____VICINITY OF

STATE Illinois

COUNTY Peoria

3 PHOTO REFERENCE

PHOTO CREDIT Robert Wagner

DATE OF PHOTO 2/22/76

NEGATIVE FILED AT Dept. of Conservation, Springfield, Illinois

4 IDENTIFICATION

DESCRIBE VIEW, DIRECTION, ETC. IF DISTRICT. GIVE BUILDING NAME & STREET

West on Moss from High & Sheridan

PHOTO NO.

IXa-c

GPO 892-454

*from Moss
High and
Sheridan*

IX b ←

IX b →



PROPERTY OF THE NATIONAL REGISTER

NPS Number

12-17-76

Title:

West Bluff HD
Peoria Co, Ill.

Loc.

west on Moss from
High + Sheridan

← IXc



PROPERTY OF THE NATIONAL REGISTER

NPS Number

12-17-76

Title:

West Bluff HD.

Florida Co., Ill.

Loc.

West on Moss

from High and

Sheidan



2a →

PROPERTY OF THE NATIONAL REGISTER

NPS Number

12-17-26

Title:

West Bluff HD

Peoria Co, Ill

Loc.

East on Moss

from 1007 Moss



← Xb

Xb →

Form No. 10-301a
(Rev. 10-74)

UNITED STATES DEPARTMENT OF THE INTERIOR
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NATIONAL REGISTER OF HISTORIC PLACES
PROPERTY PHOTOGRAPH FORM

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DEC 17 1976

DATE ENTERED

SEE INSTRUCTIONS IN *HOW TO COMPLETE NATIONAL REGISTER FORMS*
TYPE ALL ENTRIES -- ENCLOSE WITH PHOTOGRAPH

1 NAME

HISTORIC West Bluff Historic District

AND/OR COMMON

2 LOCATION

CITY, TOWN Peoria

____ VICINITY OF

STATE Illinois

COUNTY Peoria

3 PHOTO REFERENCE

PHOTO CREDIT

Robert Wagner

DATE OF PHOTO

2/22/76

NEGATIVE FILED AT

Dept. of Conservation, Springfield, Illinois

4 IDENTIFICATION

DESCRIBE VIEW, DIRECTION, ETC. IF DISTRICT, GIVE BUILDING NAME & STREET

East on Moss from 1007 Moss

PHOTO NO.

Xa-c



← 8c

NFS Number

12-17-76

Title:

West bluff HD
Peoria Co., Ill.

Loc.

East on Moss
from 1007 Moss



Xia →

PROPERTY OF THE NATIONAL REGISTER

NPS Number 12-17-76
Title: West Bluff HD
Pennia Co, Ill.
Loc Sw on Moss from
1117 Moss



← xib

xib →

NPS Number 12-17-76
Title: West Bluff HD
Pocahontas Co, W. Va.
Loc. SW on Moss
from 1117 Moss



← XIc

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
PROPERTY PHOTOGRAPH FORM

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MAY 12 1976

DATE ENTERED

DEC 17 1976

SEE INSTRUCTIONS IN HOW TO COMPLETE NATIONAL REGISTER FORMS
TYPE ALL ENTRIES -- ENCLOSE WITH PHOTOGRAPH

1 NAME

HISTORIC

West Bluff Historic District

AND/OR COMMON

2 LOCATION

CITY, TOWN

Peoria

— VICINITY OF

STATE

Illinois

COUNTY

Peoria

3 PHOTO REFERENCE

PHOTO CREDIT

Robert Wagner

DATE OF PHOTO

2/22/76

NEGATIVE FILED AT

Dept. of Conservation, Springfield, Illinois

4 IDENTIFICATION

DESCRIBE VIEW, DIRECTION, ETC. IF DISTRICT. GIVE BUILDING NAME & STREET

Southwest on Moss from 1117 Moss

PHOTO NO.

XIa-c

from 1117 MOSS

W COLUMBIA TER 300

XII a →



Form No. 10-301a
(Rev. 10-74)

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

**NATIONAL REGISTER OF HISTORIC PLACES
PROPERTY PHOTOGRAPH FORM**

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RECEIVED MAY 12 1976

DATE ENTERED DEC 17 1976

SEE INSTRUCTIONS IN *HOW TO COMPLETE NATIONAL REGISTER FORMS*
TYPE ALL ENTRIES -- ENCLOSE WITH PHOTOGRAPH

1 NAME

HISTORIC West Bluff Historic District

AND/OR COMMON

2 LOCATION

CITY, TOWN

Peoria

____VICINITY OF

STATE

Illinois

COUNTY

Peoria

3 PHOTO REFERENCE

PHOTO CREDIT

Robert Wagner

DATE OF PHOTO

2/23/76

NEGATIVE FILED AT

Dept. of Conservation, Springfield, Illinois

4 IDENTIFICATION

DESCRIBE VIEW, DIRECTION, ETC. IF DISTRICT, GIVE BUILDING NAME & STREET

South on Roanoke from Columbia

PHOTO NO.

XIIa-b

GPO 892-454

South on Roanoke from Columbia

← XII b



PROPERTY OF THE NATIONAL REGISTER

NPS Number 12-17-76
Title: West Bluff HD.
Polonia Co, Ill.
Loc. South on Roanoke
from Columbia

XIIIa →



Form No. 10-301a
(Rev. 10-74)

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

**NATIONAL REGISTER OF HISTORIC PLACES
PROPERTY PHOTOGRAPH FORM**

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RECEIVED MAY 12 1976

DATE ENTERED DEC 17 1976

SEE INSTRUCTIONS IN HOW TO COMPLETE NATIONAL REGISTER FORMS
TYPE ALL ENTRIES -- ENCLOSE WITH PHOTOGRAPH

1 NAME

HISTORIC

West Bluff Historic District

AND/OR COMMON

2 LOCATION

CITY, TOWN Peoria

___ VICINITY OF

STATE Illinois

COUNTY Peoria

3 PHOTO REFERENCE

PHOTO CREDIT Robert Wagner

DATE OF PHOTO 2/23/76

NEGATIVE FILED AT Dept. of Conservation, Springfield, Illinois

4 IDENTIFICATION

DESCRIBE VIEW, DIRECTION, ETC. IF DISTRICT, GIVE BUILDING NAME & STREET

West on Armstrong from Amber

PHOTO NO.

XIIIIa-b

GPO 892-454

from Amber

← XIII b



PROPERTY OF THE NATIONAL REGISTER

NPS Number 12-17-76

Title: West Bluff HD.
Peoria Co, Ill.

Loc. West from Armstrong
from Ambers



PROPERTY OF THE NATIONAL REGISTER

NRS Number: 12-17-76

Title: West Bluff HD
Peoria Co, Ill.
North on Flora
from Stone

Log:

← XIV b



Form No. 10-301a
(Rev. 10-74)

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
PROPERTY PHOTOGRAPH FORM

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DEC 17 1976

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1 NAME

HISTORIC West Bluff Historic District

AND/OR COMMON

2 LOCATION

CITY, TOWN Peoria

____ VICINITY OF

STATE Illinois

COUNTY Peoria

3 PHOTO REFERENCE

PHOTO CREDIT Robert Wagner

DATE OF PHOTO 2/23/76

NEGATIVE FILED AT

Dept. of Conservation, Springfield, Illinois

4 IDENTIFICATION

DESCRIBE VIEW, DIRECTION, ETC. IF DISTRICT, GIVE BUILDING NAME & STREET

North on Flora from Stone

PHOTO NO.

XIVa-b

GPO 892-454

LOC.

from Stone

XVa →



UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
PROPERTY PHOTOGRAPH FORM

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DATE ENTERED DEC 17 1976

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1 NAME

HISTORIC West Bluff Historic District

AND/OR COMMON

2 LOCATION

CITY, TOWN Peoria

— VICINITY OF

STATE Illinois

COUNTY Peoria

3 PHOTO REFERENCE

PHOTO CREDIT Robert Wagner

DATE OF PHOTO 2/23/76

NEGATIVE FILED AT

Dept. of Conservation, Springfield, Illinois

4 IDENTIFICATION

DESCRIBE VIEW, DIRECTION, ETC. IF DISTRICT, GIVE BUILDING NAME & STREET

West on St. James from 812 W. St. James

PHOTO NO.

XVa-b

James West St. James

← XVb



NPS Number 12-17-76
Title: West Bluff HD
Peoria Co, Ill.
Loc. west on St. James
from 812 W. St. James

XVI a →



PROPERTY OF THE NATIONAL REGISTER

NPS Number 12-17-76

Title: West Bluff HD
Peoria Co, Ill.

Loc. West Bluff HD
Viewed from
Peoria C. B. D.

XVI 6 →

← XVI b



Form No. 10-301a
(Rev. 10-74)

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
PROPERTY PHOTOGRAPH FORM

FOR NPS USE ONLY

RECEIVED MAY 12 1976

DATE ENTERED DEC 17 1976

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TYPE ALL ENTRIES -- ENCLOSE WITH PHOTOGRAPH

1 NAME

HISTORIC West Bluff Historic District

AND/OR COMMON

2 LOCATION

CITY, TOWN Peoria VICINITY OF STATE Illinois COUNTY Peoria

3 PHOTO REFERENCE

PHOTO CREDIT Robert Wagner

DATE OF PHOTO 2/24/76

NEGATIVE FILED AT
Dept. of Conservation, Springfield, Illinois

4 IDENTIFICATION

DESCRIBE VIEW, DIRECTION, ETC. IF DISTRICT, GIVE BUILDING NAME & STREET

PHOTO NO.

West Bluff H.D. viewed from Peoria C.B.D.

XVIa-d

GPO 892-454

PROPERTY OF THE NATIONAL REGISTER

← XVI c

XVI c →



NPS Number 12-17-76
Title: West Bluff HD
Peoria Co, Ill.
Loc. West Bluff HD
viewed from Peoria
C. B. D.

← XVI d



PROPERTY OF THE NATIONAL REGISTER

NPS Number

12-17-76

Title:

West Bluff HD
Peoria Co, Ill.

Loc.

West Bluff HD
Viewed from Peoria
C. B. D.

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

**NATIONAL REGISTER OF HISTORIC PLACES
PROPERTY MAP FORM**

FOR NPS USE ONLY

RECEIVED MAY 12 1976

DATE ENTERED DEC 17 1976

SEE INSTRUCTIONS IN *HOW TO COMPLETE NATIONAL REGISTER FORMS*
TYPE ALL ENTRIES -- ENCLOSE WITH MAP

1 NAME

HISTORIC West Bluff Historic District

AND/OR COMMON

2 LOCATION

CITY, TOWN Peoria

___VICINITY OF

COUNTY Peoria

STATE Illinois

3 MAP REFERENCE

SOURCE Drawn by R.Wagner from Peoria Planning Dept.Zoning Map

SCALE 3"=800'

DATE March 1976

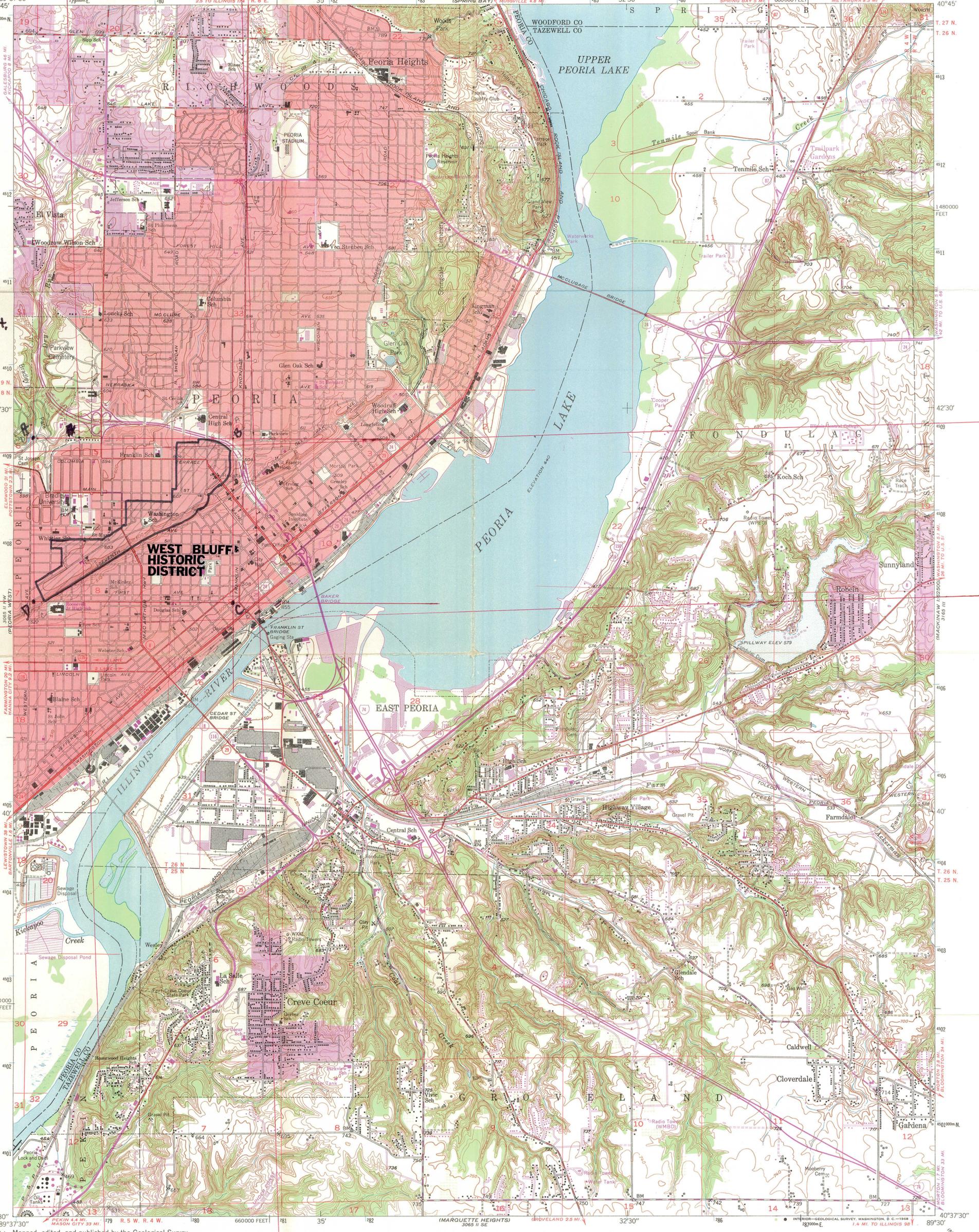
4 REQUIREMENTS

TO BE INCLUDED ON ALL MAPS

1. PROPERTY BOUNDARIES
2. NORTH ARROW
3. UTM REFERENCES



W. Bluff Hist Dist.
R. D
E 276,475
N 4,509,160
B A
E 280,760
N 4,509,075
C B
E 260,700
N 4,507,190
D
E 278,425
N 4,507,290



WEST BLUFF HISTORIC DISTRICT

EAST PEORIA

Sunnyland

Maped, edited, and published by the Geological Survey
Control by USGS and USC&GS
Topography by photogrammetric methods from aerial photographs taken 1946 and planetable surveys 1948-49
Polyconic projection. 1927 North American datum
10,000-foot grid based on Illinois coordinate system, west zone
1000-meter Universal Transverse Mercator grid ticks, zone 16, shown in blue
Red tint indicates area in which only landmark buildings are shown
Dashed light-blue pattern indicates area subject to infrequent inundation above Fondulac Dam
Revisions shown in purple compiled from aerial photographs taken 1967. This information not field checked
Purple tint indicates extension of urban areas



CONTOUR INTERVAL 10 FEET
DATUM IS MEAN SEA LEVEL

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, WASHINGTON, D. C. 20242
AND BY THE STATE GEOLOGICAL SURVEY, URBANA, ILLINOIS 61801
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

ROAD CLASSIFICATION

Heavy-duty	Light-duty
Medium-duty	Unimproved dirt
Interstate Route	U.S. Route
	State Route



PEORIA EAST, ILL.
NE 4 PEORIA 15' QUADRANGLE
N4037.5-W8930/7.5

1949
PHOTOREVISED 1967
AMS 3065 II NE-SERIES V863

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

**NATIONAL REGISTER OF HISTORIC PLACES
PROPERTY MAP FORM**

FOR NPS USE ONLY

RECEIVED

MAY 12 1976

DATE ENTERED

DEC 17 1976

SEE INSTRUCTIONS IN *HOW TO COMPLETE NATIONAL REGISTER FORMS*
TYPE ALL ENTRIES -- ENCLOSE WITH MAP

1 NAME

HISTORIC West Bluff Historic District

AND/OR COMMON

2 LOCATION

CITY, TOWN Peoria

___VICINITY OF

COUNTY Peoria

STATE Illinois

3 MAP REFERENCE

SOURCE

Drawn by R.Wagner based on field data

SCALE

DATE

3"=800'

feb. 1976

4 REQUIREMENTS

TO BE INCLUDED ON ALL MAPS

1. PROPERTY BOUNDARIES
2. NORTH ARROW
3. UTM REFERENCES

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

**NATIONAL REGISTER OF HISTORIC PLACES
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3 MAP REFERENCE

SOURCE

Drawn by R.Wagner from field observation

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TYPE ALL ENTRIES -- ENCLOSE WITH MAP

1 NAME

HISTORIC West Bluff Historic District

AND/OR COMMON

2 LOCATION

CITY, TOWN Peoria _____VICINITY OF _____ COUNTY Peoria STATE Illinois

3 MAP REFERENCE

SOURCE drawn by R.Wagner based on field observation

SCALE 3" = 800'

DATE feb.1976

4 REQUIREMENTS

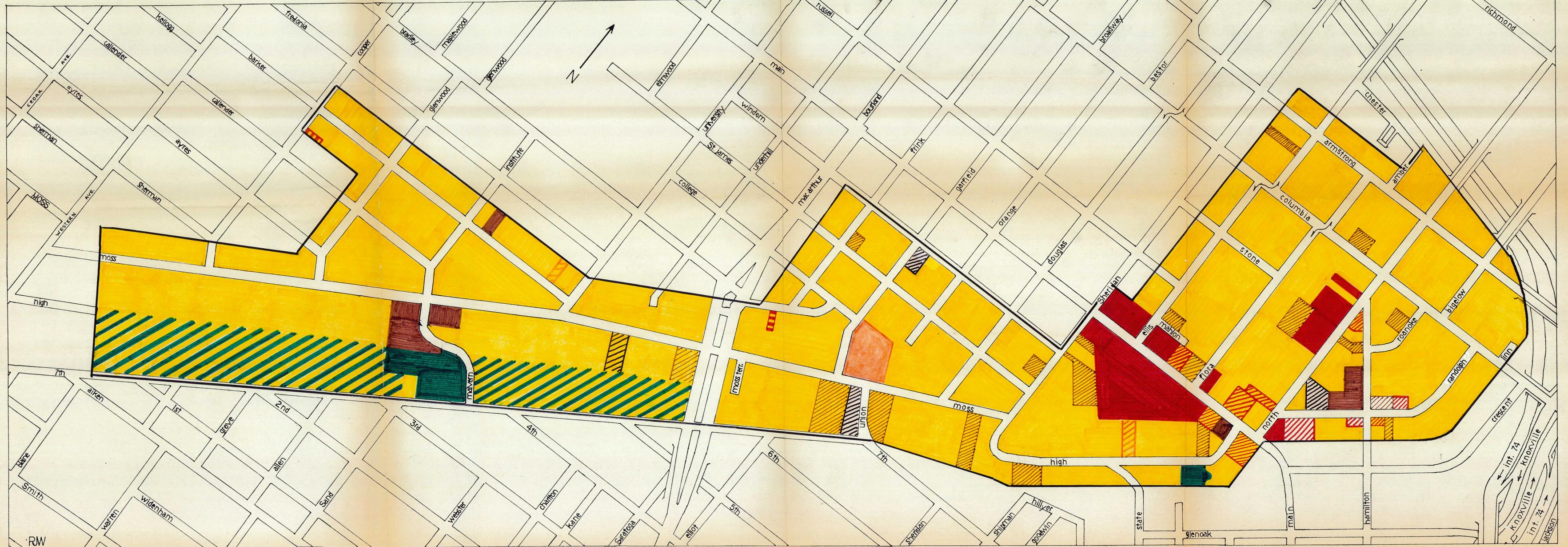
TO BE INCLUDED ON ALL MAPS

1. PROPERTY BOUNDARIES
2. NORTH ARROW
3. UTM REFERENCES



LAND USE

Vacant	Residential Converted: Cultural	Religious	Multiple Residential	Residential Open Land	Park/Open Space	Educational
Health	Residential Converted: Social	Residential Converted: Commercial	Mixed Residential-Commercial	Parking	Commercial	Residential



RW

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

**NATIONAL REGISTER OF HISTORIC PLACES
PROPERTY MAP FORM**

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MAY 12 1976

DATE ENTERED

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1 NAME

HISTORIC

West Bluff Historic District

AND/OR COMMON

2 LOCATION

CITY, TOWN Peoria

___VICINITY OF

COUNTY Peoria

STATE Illinois

3 MAP REFERENCE

SOURCE USGS

SCALE 1:24 000

DATE 1949; revised 1967

4 REQUIREMENTS

TO BE INCLUDED ON ALL MAPS

1. PROPERTY BOUNDARIES
2. NORTH ARROW
3. UTM REFERENCES

H34-PR

SEP 9 1976

Mrs. Frederick Bouland
240 Randolph Avenue
Peoria, Illinois 61606

Peoria

File
9/8
for CATH

Dear Mrs. Bouland:

Thank you for your inquiry by telephone concerning the nomination of the West Bluff Historic District in Peoria, Illinois, and the National Register program.

The nomination forms for the West Bluff Historic District are currently being reviewed by professional staff members of the National Register who indicate that it may be necessary to return the forms to the Illinois State Historic Preservation Officer for additional information.

Listing on the National Register is Federal recognition that a property possesses historic values and is worthy of preservation. Inclusion of a property on the Register insures that the Advisory Council on Historic Preservation is given an opportunity to review and comment upon any undertaking licensed, funded, or executed by a Federal agency that may affect the property. In addition, preservation projects on properties listed in the National Register, in accordance with an approved State historic preservation plan, can qualify for either acquisition or development grants-in-aid.

Listing has no other effect on the property; it does not affect, in any manner, the range of actions an owner could take, as long as there is no Federal involvement; and it gives no governmental unit any authority or control over the property, its use, or disposition.

As you realize, continuing protection and preservation for a historic district is mainly effected by interested local citizens and should include, if possible, local ordinances and the integration of a commitment for preservation concerns into established local planning. Funding commitments are also often needed; perhaps Community Development Block Grants funds could aid institutions within the proposed historic district to develop plans for expansion that would not adversely affect the integrity of the district.

You may wish to consult the Illinois State Historic Preservation Officer, Mr. Anthony Dean, Director, Department of Conservation, 602 State Office

Building, 400 South Spring Street, Springfield, Illinois 62706, concerning the revision and resubmission of the nomination forms, and we will be happy to supply any additional needed information. Leaflets concerning the National Register and grants-in-aid programs are also enclosed.

Sincerely yours,

(Sgd.) George F. Emery

^{for}
William J. Murtagh
Keeper of the National Register

Enclosures

cc: Mr. Anthony Dean
Director, Department of Conservation
602 State Office Building
400 South Spring Street
Springfield, Illinois 62706

bcc: Regional Director, Midwest Region
Director's Reading File

PR

FNP:HERRINGTON:sle:9-7-76

BASIC FILE RETAINED IN PR



STATE OF ILLINOIS

DEPARTMENT OF CONSERVATION

605 STATE OFFICE BUILDING
400 SOUTH SPRING ST.
SPRINGFIELD 62706

ANTHONY T. DEAN
DIRECTOR

WILLIAM A. WATTS
ASSISTANT DIRECTOR

CHICAGO OFFICE—ROOM 100, 160 N. LA SALLE ST., 60601

May 5, 1976

Mr. William J. Murtagh
Keeper of the National Register
National Register of Historic Places
National Park Service
Department of the Interior
Washington, D. C. 20240



Dear Mr. Murtagh:

Enclosed are National Register nomination forms for the West Bluff Historic District in Peoria, Illinois.

Thank you for your prompt attention to these forms.

Sincerely,

William G. Farrar

William G. Farrar
Coordinator of Preservation Services
Historic Sites Division

WGF/lg
Enclosure

DATE 10/1/76

TELEPHONE REPORT

TIME OF CALL

1:15

AM

PM

1. CALL TO: FROM (Name)

John Paulson

2. ADDRESS (Tel. No. if needed)

309-672-5521
Director of Planning
Methodist Medical Center
221 N.E. Glenoak Peoria, Ill 61636

3. SUBJECT, PROJECT NO., ETC.

West Bluff Historic District
Peoria, Illinois

4. DETAILS OF DISCUSSION

He was concerned about ^{the} effect of listing the district on the ^{center's} future plans ~~to~~ ~~the~~ to build in the area.
He also asked about notification procedures.

I explained the National Register program and how it related to the Advisory Council.

~~The~~ A notice was placed in the June 1, 1976 Federal Register on the nomination.

He should check with the SHPO on how property owners were notified.

I will send a copy of our procedures and a green leaflet.

I told him we would be happy to receive comments on the significance of the area even though the official comment period is past.

NAME OF PERSON PLACING/RECEIVING CALL

Ray Luce

TITLE

Hist

OFFICE

PR

JOHN McGUIRE
DIRECTOR



Illinois
Department of
Conservation
life and land together



WILLIAM A. WATTS
ASSISTANT DIRECTOR

605 STATE OFFICE BUILDING • 400 SOUTH SPRING STREET • SPRINGFIELD 62706
CHICAGO OFFICE – ROOM 100, 160 NO. LASALLE 60601

October 7, 1976

Mr. Ward Jandl
National Register of Historic Places
National Park Service
Department of the Interior
Washington, D.C. 20240



Dear Ward:

Enclosed as per our conversation, is the West Bluff
Historic District nomination form.

We have noted your comments concerning the numbering
of the U.T.M. grid co-ordinates and will follow that
procedure in the future.

If you have any further questions please don't
hesitate to contact me.

Sincerely,

Bill Farrar

William G. Farrar
Coordinator of Preservation Services
Historic Sites Division

WGF/lb
Enclosure

10-18-76

TELEPHONE REPORT

1. CALL TO; FROM (Name)

2. ADDRESS (Tel. No. if needed)

John Paulson

3. SUBJECT, PROJECT NO., ETC.

West Bluff Hist. Dist
Peoria

4. DETAILS OF DISCUSSION

They should be able to get their comments to us
& within 10 days -

Therefore we agreed to extend the comment
period until the end of the month - 10/31/76

NAME OF PERSON PLACING/RECEIVING CALL

TITLE

OFFICE

W. Ray Luce

Hist

DR



76 years . . . of dedicated service

Responded
by
Telephone
WRL.

The Methodist Medical Center of Illinois

221 Northeast Glen Oak • Peoria, Illinois 61636

October 29, 1976



Mr. Ray Luce
National Register of Historic Places
National Park Service
Department of the Interior
18th and C Streets, N.W.
Washington, D.C. 20240

Dear Ray:

As follows and attached are the substantive comments we are making concerning the West Bluff Historic District nomination.

As I indicated to you in our telephone conversations, a portion of the proposed West Bluff Historic District is in an area which was planned to be developed for the purposes of accomplishing our Long-Range Plan. This area specifically is the Southeast Side of Randolph Avenue between Hamilton Boulevard and Columbia Terrace. The hospital owns property in that area. As you may know, there has been a local historic preservation effort in the Randolph-Roanoke triangle behind the hospital. The comments which immediately follow pertain to these matters.

Technicalities and Related Local Ramifications:

While we would prefer to have the Southeast Side of Randolph Avenue between Hamilton Boulevard and Columbia Terrace excluded from the proposed West Bluff Historic District on the merits of our Long-Range plan, it seems pertinent to enumerate additionally technicalities and local ramifications.

- a. Nomination of property to the National Register of Historic Places must be communicated appropriately to the affected property owners. In the case of the West Bluff Historic District, notification was accomplished merely by a letter from the State of Illinois Coordinator of Preservation Services, Historic Sites Division, to the Mayor of the City of Peoria. There was no communication from this point on.
- b. The survey work for the West Bluff Historic District was undertaken by college students using a method referred to as a "windshield" survey.

The Methodist Medical Center:

Methodist Hospital
Methodist Hospital School of Nursing
St. Jude Midwest Affiliate
Peoria School of Medicine, University of Illinois
Physicians Medical Plaza
Family Physician Center
Institute of Physical Medicine and Rehabilitation,
Methodist Division

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Karl R. Sohberg, M.D.,
Secretary-Treasurer

Mr. Ray Luce

National Register of Historic Places

October 29, 1976

Page 2

- c. While several properties in the portion of the West Bluff Historic District, which we are opposing, were noted for architectural significance, other architects have advised us that the architectural characteristics of these properties are common to the properties throughout the city which are of similar age.
- d. In the process of the local preservation effort, over 60% of the property owners in the Randolph-Roanoke triangle behind the hospital signed petitions against a local historic district being established in that area.
- e. On two occasions the Peoria City Council has voted to exclude the South-east Side of Randolph Avenue between Hamilton Boulevard and Columbia Terrace from local historical districting. A recent petition to include a portion of the property in that area was voided because the petitioners failed to comply with the requirements of the local historic district ordinance which calls for visual and written evidence of the historical or architectural significance of the property.
- f. The preservationists in the area have proposed no plan for maintenance of the properties or for accessibility to the public.

Please call me if there is anymore material I can forward to you. Your time and consideration will be appreciated.

Sincerely,



John E. Paulson
Director of Planning

JEP:dep
Enclosures



MAILGRAM SERVICE CENTER
MIDDLETOWN, VA. 22645



western union Mailgram®



2-045914E302 10/28/76 ICS IPMBNGZ CSP WSHC
3096725521 MGM TDBN PEORIA IL 100 10-28 0513P EST

▶
RAY LUCE
CARE NATIONAL REGISTER OF HISTORIC PLACES
NATIONAL PARK SERVICE, DEPT OF THE INTERIOR
18 AND C STS NORTHWEST
WASHINGTON DC 20240

PLEASE DELAY DECISION ON WEST BLUFF HISTORIC DISTRICT IN PEORIA
ILLINOIS UNTIL YOU RECEIVE UP-TO-DATE AND IMPORTANT INFORMATION IN THE
MAIL TO YOU AS OF OCTOBER 29 1976

JOHN E PAULSON
METHODIST MEDICAL CENTER
PEORIA IL 61636

17:13 EST

MGMCOMP MGM

DATE ~~NOV~~ Nov. 5, 1976
TIME OF CALL 2:30 AM
PM

TELEPHONE REPORT

1. CALL TO: FROM (Name)

BILL FARRAR

2. ADDRESS (Tel. No. if needed)

ILL. SHPOFFICE

3. SUBJECT, PROJECT NO., ETC.

WEST BLUFF HISTORIC DISTRICT, PEORIA, ILL.

4. DETAILS OF DISCUSSION

- ^{he did not know} Methodist Medical Center of Illinois ^{was} ~~is not~~ ^{owner} property in district;
- SHPOffice had been working with city and city supports the nomination
- will send copy of letter notifying city in advance of meeting
- survey by Sprague

- Ill. works with city + Mayor in cases of historic districts - would not nominate without approval + support of city

NAME OF PERSON PLACING/RECEIVING CALL

Bill Laborel

TITLE

Arch Hist

OFFICE

NR

DATE
11.10.76

TELEPHONE REPORT

TIME OF CALL

9:00

AM
PM

1. CALL TO: FROM (Name)

Bill Farrer

2. ADDRESS (Tel. No. if needed)

111. Shpo office

3. SUBJECT, PROJECT NO., ETC.

West Bluff Historic District Nomination

4. DETAILS OF DISCUSSION

Bill had been previously requested to send copies of his letter(s) notifying the city of consideration by the Review Board of the nomination and giving the city the opportunity to appear at the Review Board meeting.

As Bill's staff had been working closely with the City planning office and had presented the nomination to the city (mayor, planning board) in advance, and the city favored the nomination, the city was never notified in writing of review board meeting.

If necessary, Bill can provide dates of meetings between dat state staff and city planning and other agencies.

NAME OF PERSON PLACING/RECEIVING CALL

Bill Lebovich

TITLE

Architectural Historian

OFFICE

NR

ENTRIES IN THE NATIONAL REGISTER

STATE ILLINOIS

Date Entered DEC 17 1976

Name

Location

West Bluff Historic District

Peoria
Peoria County

Also Notified

Hon. Charles H. Percy
Hon. Adlai E. Stevenson
Hon. Robert H. Michel
Regional Director, Midwest Region
880 Mott 12/22/76

State Historic Preservation Officer
Mr. John McGuire
Director, Department of Conservation
602 State Office Building
400 South Spring Street
Springfield, Illinois 62706

MOSS-BRADLEY RESIDENTIAL ASSOCIATION

Dedicated to Neighborhood Preservation and Restoration

December 21, 1976



OFFICERS

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Ken Goldin, Vice President
Mrs. Robert K. Middleton, Secretary
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Loan Association

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Central Illinois Light Co.

Dr. George J. Kottemann
Board of Directors
Peoria City Beautiful

Glen Belcke, President
Peoria Historical Society

William J. Murtagh
Keeper of the National Register
National Park Service
United States Department of Interior
Washington, D.C. 20240

Dear Mr. Murtagh:

On behalf of the Moss-Bradley Residential Association, I wish to express to you our support for the listing of the West Bluff Historic District in Peoria on the National Register. Our neighborhood organization covers part of the area included in the West Bluff Historic District; a listing on the National Register would do a great deal to further the attainment of our Association's goal to preserve the unique character of our neighborhood. Moss and High Streets have already been declared an historic by the City. Listing on the National Register would further emphasize the historic and architectural value of our area and help us in our preservation efforts.

We urge your careful consideration of this matter.

Sincerely,

A handwritten signature in cursive script that reads "Nora J. Cambier".

Nora J. Cambier, President
c/o 1402 West Barker

NJC:jc

THE NATIONAL REGISTER OF HISTORIC PLACES

DATE REC'D **DEC 27 1976**

_____ INDIVIDUAL RESPONSE (ATTACHED)

_____ INFORMATIVE MATERIAL SENT

_____ TELEPHONE CALL (ATTACHED)

DATE ACTION TAKEN _____

INITIALS _____



STATE OF ILLINOIS

DEPARTMENT OF CONSERVATION

605 STATE OFFICE BUILDING

400 SOUTH SPRING ST.

SPRINGFIELD 62706

David Kenney

CHICAGO OFFICE—1227 S. MICHIGAN AVE. 60605

James C. Helfrich

June 7, 1977

Kathy Burns
National Register of
Historic Places
National Park Service
Department of Interior
Washington, D. C. 20240

Dear Kathy:

Enclosed please find the list of owners and their addresses for the West Bluff Historic District in Peoria, which has been requested by your office as a result of the Tax Reform Act of 1976.

Sincerely yours,

A handwritten signature in cursive script that reads "Keith".

Keith A. Sculle
National Register Coordinator

KAS/js

enc.

THE NATIONAL REGISTER OF HISTORIC PLACES

DATE RECORDED **JUN 13 1977**

_____ (ATTACHED)

DATE CHECKED _____

INITIALS _____

WEST BLUFF HISTORIC DISTRICT

SURVEY COMPLETED BY:

KENYON AND ASSOCIATES, ARCHITECTS
735 N. Knoxville Avenue
Peoria, Illinois 61602
309 674-7121

FOR:

Illinois Department of Conservation
Springfield, Illinois

DATE: April 14, 1977

WEST BLUFF HISTORIC DISTRICT

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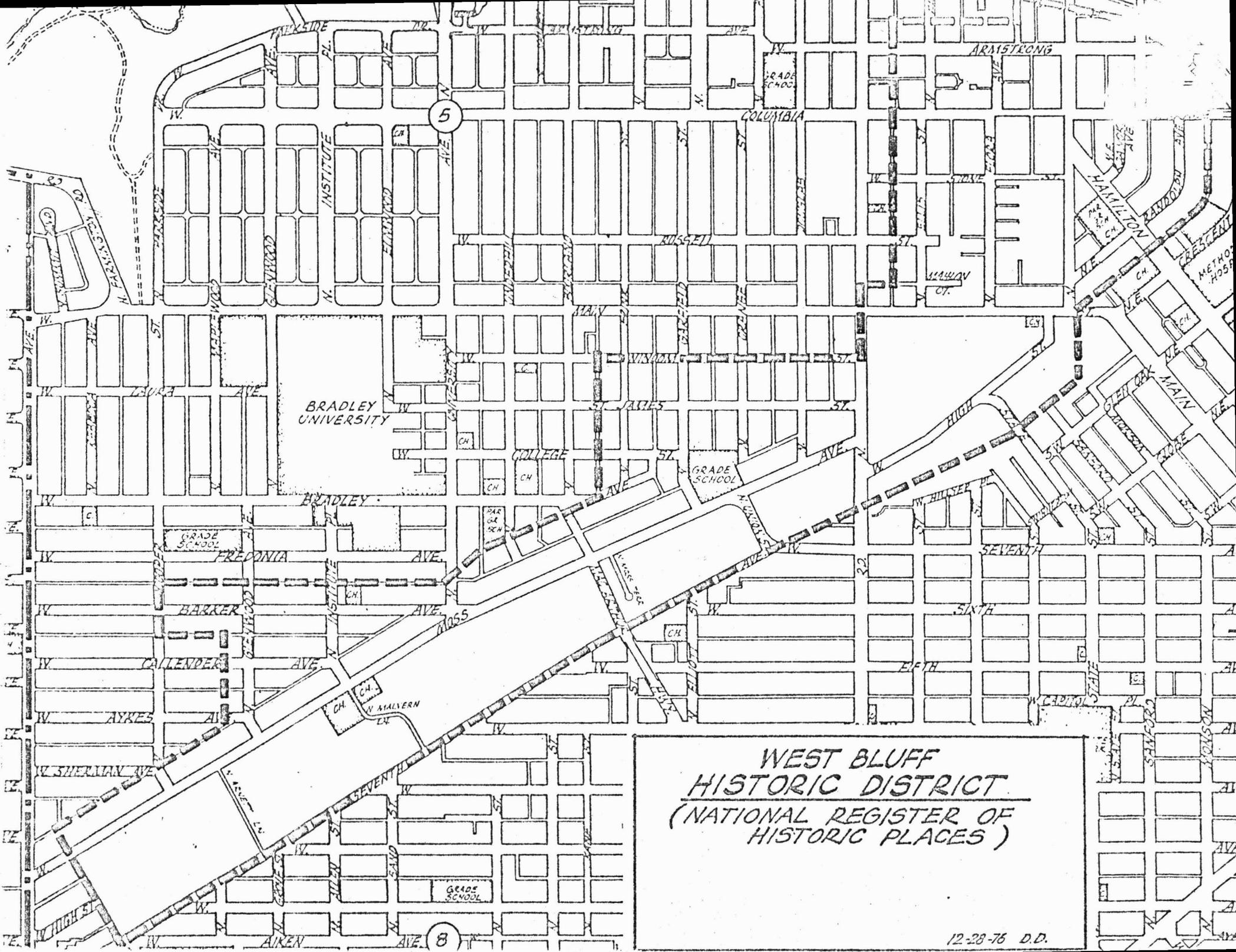
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The following sheets are the results of a survey of the West Bluff Historic District of Peoria, Illinois, done for the Department of Conservation, State of Illinois, by Kenyon and Associates, 735 North Knoxville Avenue, Peoria, Illinois.

The information is as complete as possible from the records at the Tax Assessor's Office of the City of Peoria, as of April 14, 1977, when the research began.

The sheets are arranged in alphabetical order by the names of the streets. All addresses given are Peoria, Illinois, unless stated otherwise. If no address is given with an owner's name, the address is the same as the property. The I.D. Numbers are those numbers under which the property is listed at the Tax Assessor's Office, and are for reference only.

A map outlining the West Bluff Historic District is enclosed.



**WEST BLUFF
HISTORIC DISTRICT**
(NATIONAL REGISTER OF
HISTORIC PLACES)

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>AMBER PLACE NORTH</u>		
1402	06 04 110 031	Paul R. Strang
1404	06 04 110 015	James R. Morrison
1410	06 04 110 022	John Newson Jr.
1412-1414	06 04 110 023	Charles F. Ehrlein 1414 N. Amber Pl.
1418	06 04 110 024	Mary Anna Kelch

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>ARMSTRONG AVENUE (WEST)</u>		
204	06 04 112 003	Aurelius Lofgren
210	06 04 112 034	Robert J. Bullock Jr.
212	06 04 112 035	Helen Dechman
214	06 04 112 036	Uyen Duc Bui
216	06 04 112 022	✓Mercantile Mortgage Co. Tax Dept. 8th & Locust St. Louis, Missouri 63166
218	06 04 112 021	William E. and Lois Yakley 113 Forrest Hill
219	06 04 108 017	Daniel L. McCartney
220	06 04 112 020	Marion E. Bair R. R. #2 Chillecothe, Ill. 61523
N. Bigelow Intersects		
300	06 04 112 016	Otto Mackert 1017 W. Gift
302	06 04 112 017	Pauline R. Van Gundy
303	06 04 107 025	Joseph I. King
304	06 04 112 018	John S. Rodgers 1231 N. Douglas
306	06 04 112 019	✓Jimmy S. Russell
307	06 04 107 024	✓Joseph P. King 303 W. Armstrong
310	06 04 112 001	✓Marguerite I. Roberts 795 Mayfair Drive Princeton, Ill.

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>ARMSTRONG AVENUE (WEST)</u>		
311	06 04 107 023	John E. Lawless
315	06 04 107 02	Charles J. Solomon
321	06 04 107 021	William A. Long
N. North Intersects		
400	06 04 111 059	Helen A. Scoofakes
401	06 04 110 018	William Buchanan Jr.
402	06 04 111 060	Arthur E. Kuenzi 106 W. Spruce Washington, Illinois 61571
404	06 04 111 061	James H. Dempsey
405	06 04 110 017	Lois Piekos c/o Merchantile Mortgage Co. Tax Dept. 8th and Locust Street St. Louis, Missouri 63166
406	06 04 111 062	Carl T. George
407	06 04 110 016	Vallie Moore 1336 E. Frye
N. Amber Begins		
412	06 04 111 063	Stephen J. Eakle
414	06 04 111 064	James H. Bradshaw
416	06 04 111 048	Paul R. Marshall
425	06 04 110 014	George J. Becker

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>ARMSTRONG AVENUE (WEST)</u>		
N. Flora Intersects		
500	06 04 111 044	Odis M. Jones
501	06 04 110 012	Margaret E. Davison
503	06 04 110 111	Helen M. Larke
505	06 04 110 010	Frances J. Peters
510	06 04 111 045	Mitchell Shesol
514	06 04 111 046	Venn S. Heerman
515	06 04 110 009	Earl L. Mowder
516	06 04 111 047	Venn S. Heerman
518	06 04 111 028	Mrs. Anna M. O'Laughlin
519	06 04 110 008	Venn S. Heerman
520	06 04 111 027	First Federal Savings & Loan Assoc. 111 NE Jefferson
521	06 04 110 007	Thomas R. Condron
601	06 04 105 021	Donald Tomsovic
602	06 04 111 021	Geza Biro
603	06 04 105 02	Charles A. Weoel
604	06 04 111 022	Cletis Manley
605	06 04 105 019	Gilbert S. Brown

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>ARMSTRONG AVENUE (WEST)</u>		
606	06 04 111 023	Patricia Martin
607	06 04 105 018	Bobby E. Peacher

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D.Number</u>	<u>Owner & Address if Different from Property</u>
<u>BARKER AVENUE WEST</u>		
1227	06 08 200 039	Edward C. Murphy
1301	06 08 103 029	Randall Glover
1305	06 08 103 028	Walter Ulrich
1307	06 08 103 027	Ill. Epsilon Chi Chapter c/o Joseph Solls 411 Lehmann Bldg. Peoria, Ill.
1311	06 08 103 026	William Goodwin 4617 N. Prospect
1319	06 08 103 024	Rev. David Maynard
1322	06 08 104 029	Thomas D. Moore 305 East Archer
1323	06 08 103 023	Donald Crusen
1400	06 08 104 028	James Gallagher
1401	06 08 103 022	Lois Johnson
1402	06 08 104 027	Michael J. Unruh & Nora Cambier
1403-1405	06 08 103 021	B. Robert Petruzzi
1406	06 08 104 026	Peter Galietta 1823 W. Moss
1407	06 08 103 020	Walter Hitz Jr.
1408	06 08 104 025	Joyce Campbell 1408 W. Barker
1410	06 08 104 024	Dean Nelson 1202 N. Frink
1411	06 08 103 019	Mr. and Mrs. Mandius Hansen 1524 W. Barker

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D.Number</u>	<u>Owner & Address if Different from Property</u>
<u>BARKER AVENUE WEST</u>		
1412	06 08 104 023	Dino Ori
1415	No I.D. Number Available at time of Research	
1416	06 08 104 022	Joseph Needham
1417	06 08 103 018	Second Church of Christ Scientists
1418	06 08 104 021	Thomas Regnier 3903 Hillmont Ct.
1420	06 08 104 020	Robert Lewis 1420 Parkside Drive
1421	06 08 103 017	Mr. and Mrs. John R. Knoblauch c/o Community Bank of East Peoria 235 E. Washington East Peoria, Illinois
N. Institute Pl. Intersects		
1500	06 08 102 033	Charles Tuerk
1501	06 08 102 032	Mr. and Mrs. Frederick Maier
1502	06 08 102 035	Anton J. Eisele 719 W. Meadows Pl.
1505	06 08 102 031	Harry D. Cravens
1506	06 08 102 036	Paul T. Jackson
1507	06 08 102 030	James R. LaHood
1508	06 08 102 037	Arthur Wolski 5450 Sunnyside Chicago, Ill. 60030
1511	06 08 102 029	Mandius Hansen 1524 W. Barker
1512	06 08 102 038	Mark Super

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D.Number</u>	<u>Owner & Address if Different from Property</u>
<u>WEST BARKER AVENUE</u>		
1515	06 08 102 028	Richard W. Osterman
1517	06 08 102 027	Robert Antle
1518	06 08 102 039	Fouzi Eldarzi
1519	06 08 102 026	James Stuttle
1520	06 08 102 040	Melvin Anderson
1523	06 08 102 025	John Knoblauch 107 Jay Street E. Peoria, Ill.
1524	06 08 102 041	Mr. and Mrs. Mandius Hansen
1527	06 08 102 024	Andrew & Judith Boone
1528	06 08 102 042	Dennis J. Crowley
1530-1532	06 08 102 043	Roger Sharp
1531	06 08 102 023	Leroy Demanes
Glenwood Intersects		
1600	06 08 101 025	John P. Kirwan
1601	06 08 101 024	Elias Salem
1603	No I.D. Number Available at Time of Research	
1604	06 08 101 026	Merlin C. Potter
1605	06 08 101 023	Charles L. Rigsby Jr. & Karen L. Brockunier

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>BARKER AVENUE (WEST)</u>		
1607	06 08 101 022	James C. Powers
1608	06 08 101 027	Mrs. Daniel M. Papich
1609	No I.D. Number Available at time of Research	
1611	06 08 101 021	Helen Everly 5519 N. University
1612	06 08 101 028	Margaret T. LaHood
1613	06 08 101 020	Griff L. Lathrop
1615	06 08 101 019	Mrs. Gwen E. Kaspar
1616	06 08 101 029	Joseph L. Budde
1617	06 08 101 018	Mr. and Mrs. James Siedlecki
1620	06 08 101 030	Russell Buster
1621	06 08 101 017	John Crawford
1623	06 08 101 016	Mr. and Mrs. Robert L. Jones
1624	06 08 101 031	Howard Iber
1627	06 08 101 015	George L. Abraham 813 N. Fernwood Circle
1628	06 08 101 032	Chester R. Zebell
1630	06 08 101 033	✓ Richard W. Osterman 1220 Douglas

WEST BLUFF HISTORIC DISTRICT

Number I.D. Number Owner & Address if Different From Property

BIGELOW STREET NORTH

1302	06 04 112 026	Arthur W. Palmer
1306	06 04 112 025	Joseph Pepe 3214 N. Sheridan
1308	06 04 112 024	Mr. and Mrs Daniel E. Pitcher 1120 Summit Blvd.
1310	06 04 112 023	Mr. and Mrs. Fred Davies
1311	06 04 112 015	Julius Gianakes 1311 N. Bigelow P. O. Box 993

W. Armstrong Ave. Intersects

1403	06 04 107 026	Joseph L. King 303 W. Armstrong
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WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
710	06 05 411 037	Edwin N. Davis
712	06 05 411 036	Helen E. Jordan
716	06 05 411 035	Vivian G. Smith

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
710	06 05 411 037	Edwin N. Davis
712	06 05 411 036	Helen E. Jordan
716	06 05 411 035	Vivian G. Smith

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>BRADLEY AVENUE WEST</u>		
900	06 05 411 017	Mrs. Lucille Hertter
906	06 05 411 021	Orville A. & Louise Vielhak
910	06 05 411 022	Commercial National Bank Trust #668232 301 SW Adams
912	06 05 411 023	J. Nyal Roszell 3733 Grandview Drive
914	06 05 411 024	G. H. Brownfield Home Builders 4001 E. Washington E. Peoria, Ill.
916-	06 05 411 025	Eugene Harper
N. Frink Intersects		
918	06 05 411 026	Lydia I. Zuercher
1001	06 05 411 038	Mrs. Blanche Smith
1003	06 05 411 039	Lloyd L. Kuster 962 Keswick Pl. Cincinnati, Ohio
1004	06 05 411 028	J. Nyal Roszell 3733 Grandview Drive
1005	06 05 411 040	A. Conrad Hopp 901 N. Cooper
1006	06 05 411 029	J. Nyal Roszell 3733 Grandview Drive
1008	06 05 411 030	Richard Dunne 4807 Wanda Bartonville
1009	06 05 411 041	John W. Ramsey
1012	06 05 411 032	Marilyn Taylor
1013	06 05 411 052	Edward C. Orr

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>BRADLEY AVENUE WEST</u>		
1014	06 05 411 033	S. & H. Rentals 5906 S. Adams Bartonville
1016	06 05 411 034	Robert Crider

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
1503	06 08 102 052	Ralph J. Lee
1504	06 08 107=009	Thomas M. Pucelik
1506	06 08 107 008	Louise Mueller 507 W. Albany
1507	06 08 102 051	Jerecki M. Johnson 2007 W. Proctor
1510	06 08 107 007	✓ Gwendolyn Dilley
1511	06 08 102 050	✓ Lloyd L. Hayward
1514	06 08 107 006	✓ Richard Davis
1515	06 08 102 049	✓ Carl H. Willi
1518	06 08 107 005	✓ Mr. and Mrs. Joseph Stowell
1519	06 08 102 048	✓ Kenneth L. Golden
1522	06 08 107 004	✓ Michael Doyle
1523	06 08 102 047	Henry A. Basfield 3904 N. War Memorial Drive
1524	06 08 107 003	Phillip Koepel
1525	06 08 102 046	Don Muir
1527	06 08 102 045	Melvin Waters
1528	06 08 107 002	George R. Scott
1531	06 08 102 044	Linda M. Larson

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>COLFAX COURT</u>		
1408	06 04 110 013	Daniel F. Baker
1415	06 04 110 029	First National Bank of Peoria Trust #01070224400 416 Main Street
1416	06 04 110 027	Eugene J. Maushard
1418	06 04 110 028	Albert J. Lonteen
1419	06 04 110 030	James W. Hauck

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
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COLLEGE STREET WEST

903-905- 907	06 05 409 046	Henry J. Stedman 1015 N. Orange
904	06 05 411 016	Alan J. Campbell

W. Bradley Begins

909	No I.D. Number Available at time of Research	
913	06 05 409 040	Mrs. Margaret Schmeilski
914	06 05 411 018	Mrs. Margaret Schmeilski 913 College
915	06 05 409 039	Luke Dempsey
916	06 05 411 019	Charles J. Cowell
917	06 05 409 038	Karen S. Johnson
918	06 05 411 020	Virgil E. Whetstone
919	No I.D. Number Available at time of Research	
921	06 05 409 036	Senarco Inc. 414 Hamilton Boulevard

N. Frink Intersects

1000	06 05 411 042	Daniel Deeb
1001	06 05 409 035	Senarco Inc. 414 Hamilton Boulevard
1002	06 05 411 043	Harold Culp Jr.
1003	06 05 409 034	Gary Schuller
1006	06 05 411 044	Mary Beth Zeller

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>College</u>	<u>Street West</u>	
1007	06 05 409 033	Mr. and Mrs. Francis Burwell
1008	06 05 411 045	Mr. and Mrs. Clarence Yeager North Point Drive, R. R. 1 East Peoria, Ill. 61611
1009	06 05 409 032	Leonard Damm

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>WEST COLUMBIA TERRACE</u>		
N. Crescent Ends		
131	06 04 112 037	Louis Nellas
200	06 04 304 027	Harry L. Taylor
201	06 04 112 030	Guyer Memorial Home
202	06 04 304 026	Ronald Wasden
204	06 04 304 025	Methodist Hospital 221 NE Glen Oak
209	06 04 112 029	M & S. Construction Co. Box 135 Metamora, Ill. 61548
N. Randolph Ends		
215	06 04 112 028	Community Workshop & Training Center 32 Liberty Street
217	06 04 112 027	Edmund Hooste 2200 W. Butler
220	06 04 303 022	Bernard Trinder
N. Bigelow Begins		
301	06 04 112 014	Joseph Kuzniar
303	06 04 112 013	Richard Ewing
N. Roanoke Ave. Ends		
305	06 04 112 012	Leland S. Wharton
307	06 04 112 011	Albert O. Stake
317	06 04 112 010	H. A. Geeraerts 511 W. Main
319	06 04 112 009	R. E. Thiemann 1015 First National Bank Bldg.

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D.Number</u>	<u>Owner & Address if Different from Property</u>
<u>WEST COLUMBIA TERRACE</u>		
321	06 04 112 008	✓ Merrill L. McCarrell 3910 N. Northwoods
N. North Intersects		
411	06 04 111 052	✓ Robert Williamson
412	06 04 302 054	✓ Bert and Genevieve Simpson
413	06 04 111 051	Jerry Snider
414	06 04 302 055	✓ Mr. and Mrs. Theodore J. Bocknik 128 E. War Memorial Drive
416	06 04 302 056	✓ Jay Seaton 6700 Stone Fence Court
417-419	06 04 111 050	✓ Richard F. Mishler Box 135, Metamora, Ill.
418	06 04 302 002	Walter Griminger 103 SW Adams
421	06 04 111 065	✓ Samuel George 1504 Kenwick Lane
423	06 04 111 049	✓ Jerrold A. Briggs
N. Flora Intersects		
501	06 04 111 041	✓ Odis M. Jones 500 West Armstrong
503	06 04 111 040	✓ Thelma Alsup
507	06 04 111 039	✓ Arthur Godfrey
510	06 04 301 052	Artie Fowler
511	06 04 111 038	Roger L. Hall

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>WEST COLUMBIA TERRACE:</u>		
512	06 04 301 053	Sylvia Nath 323 W. Glen
513	06 04 111 037	Charles E. Baldwin
514	06 04 301 002	Mr. and Mrs. James W. Domnick
515	06 04 111 036	Emma Malone
516-518	06 04 111 036	Marvin Kagan c/o Banco Mortgage Co. 4001 War Memorial Drive
517	06 04 111 035	Raymond R. Holt
519	06 04 111 034	Walter H. Kaminky
521	06 04 111 033	Charles W. Hicok
N. Ellis Intersects		
601	06 04 111 014	James R. Huff 1316 N. Underhill
603	06 04 111 013	Herbert S. Hinrichs 212 W. Grant St., Apt. 12 Streator, Ill. 61364
605	06 04 111 012	Thelma Milner 2724 N. Dechman
607	06 04 111 011	John Duke 2903 N. California
609	06 04 111 010	Mary Lockbaum
610	06 04 300 002	Joseph Wheeler 1623 N. Bigelow

WEST BLUFF HISTORIC DISTRICT

Number I.D. Number Owner and Address if Different from Property

COOPER

604

606

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06 08 101 014

✓ Edna M. Hanson
#3 Olde Farm Road
East Peoria, Illinois 61611

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner and Address if Different from Property</u>
<u>DOUGLAS STREET NORTH</u>		
810	06 05 410 037	✓ Wesley T. Reed
812	06 05 410 036	✓ Mrs. Charlotte A. Park c/o Mercantile Mortgage Company 8th and Locust St. Louis, Missouri
813	06 05 410 033	✓ Charles Elliot
815	06 05 410 032	✓ David E. Snyder 700 Mossville Road
817	06 05 410 031	✓ Mrs. Lillian M. Minninger
819	06 05 410 030	✓ Khalil J. Thomas
W. St. James Intersects		
900	06 05 407 033	✓ Robert L. Taylor 719 St. James
902	06 05 407 032	✓ Wanda L. Black
905	06 05 406 035	✓ John T. Niesen
906	06 05 407 031	✓ James Treadway
909	06 05 406 036	✓ James D. Treadway
911	06 05 406 037	✓ Willard E. Usedley
912	06 05 407 030	✓ Gerald A. Moses
914	06 05 407 029	✓ Ralph M. Robison Jr.
915	06 05 406 038	✓ Camille Gantous

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D.Number</u>	<u>Owner and Address if Different from Property</u>
<u>ELLIS STREET (NORTH)</u>		
1013	06 04 300 028	Leisy Brewery 326 SW Adams
1014	06 04 301 022	Lang Lee
1015	06 04 300 029	Marie A. Trefzger
1018	06 04 301 021	Floyd H. Pounds 5908 Trenton
1019	06 04 300 030	Lowell A. Puckett
1020	06 04 301 020	Robert and Doris Williamson 5722 Overland Pass Bartonville, Ill.
1021-1023	06 04 300 031	Steve Shockency Trivoli, Illinois
1022	06 04 301 019	John Wenger 3007 N. Sheridan Road
1024	06 04 301 018	Mrs. Edythe E. Brown
1025	06 04 300 032	Paul W. Godfrey
W. Russell Intersects		
1100	06 04 301 017	Robert D. Colgin 1422 N. Sheridan
1101	06 04 300 034	Walter Bowman et al
1104-1106	06 04 301 016	Charles G. Trigger 333 S. Minnesota Morton, Illinois
1105	06 04 300 035	Thomas C. Orr
1109	06 04 300 036	Duane Ingolia 1018 W. McClure

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>ELLIS STREET (NORTH)</u>		
1108-1110	06 04 301 015	✓ Edward R. Scoby 2138 N. Hampton Ct.
1111	06 04 300 037	✓ Walter Griminger 103 S. Adams
1112	06 04 301 014	✓ Robert Bushell 437 W. High
1113	06 04 300 038	Glen Heinz 4704 N. Laurel
1114	06 04 301 013	✓ Jesse Love
1115	06 04 300 039	✓ Wayne L. Fliginger 2614 W. Moss
1118	06 04 301 012	✓ Mrs. Anna G. Gaskins
1119	06 04 300 040	Charles L. Bullock
1122	06 04 301 011	✓ Mary C. Steadman 837 Garfield
1123	06 04 300 041	✓ Harold Geeraerts 511 W. Main
W. Stone Intersects		
1201	06 04 300 042	✓ Clifton Makeley
1202	06 04 301 010	✓ Anna Witzel 709 Seneca
1204	06 04 301 009	✓ Lena E. Landis
1205	06 04 300 043	Mrs. Louise D. Straesser
1206	06 04 301 008	✓ Gerald W. Blades
1207	06 04 300 044	Frederick L. Smith
1210	06 04 301 007	Beryl L. Gish Sr.

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>ELLIS STREET (NORTH)</u>		
1211	06 04 300 045	Ricky Maclin
1212	06 04 301 006	Richard E. Davis
1214	06 04 301 005	✓ Frank H. Densberger Jr.
1215	06 04 300 046	✓ Joseph Melzer
1217-1219	06 04 300 047	✓ Gary Rowe 647 Kerfoot Street E. Peoria, Ill.
1218	06 04 301 004	✓ Jeff Hoerdeman
1220	06 04 301 003	Edwin V. Denton
1221	No ID Number Available at Time of Research	
1222	No ID Number Available at Time of Research	
1223	06 04 300 048	Roger Heim 648 Coolidge Ct.

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner and Address if Different from Property</u>
<u>FLORA AVENUE (NORTH)</u>		
1001	06 04 301 032	✓ Robert & Marie Calvetti 1827 West Glen
1005	06 04 301 033	✓ Luke Matarelli 3223 W. Farmington Road
1008	No I.D. Number Available at Time of Research	
1009	06 04 301 034	✓ Jefferson Bank Trust #3877 c/o Mr. Deuermeyer
1010	06 04 302 022	✓ Robert Hutchens
1012	06 04 302 032	✓ Edward Bossingham
1014	No I.D. Number Available at Time of Research	
1015	06 04 301 036	✓ Mrs. Frances Scoutaris
1017	06 04 301 037	✓ Virgil A. Miskimen
1018	06 04 302 020	✓ Fred H. Hessing
1020	No I.D. Number Available at Time of Research	
1022	06 04 302 019	✓ Raymond H. Gurnsey
1023	06 04 301 038	✓ Marvin Kagan 6009 N. Wickwood
1024	No I.D. Number Available at Time of Research	
1025	06 04 301 039	✓ Marybelle McCaw
1026	06 04 302 018	✓ Howard Iber P. O. Box 1334

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>FLORA AVENUE (NORTH)</u>		
1028	06 04 302 017	Robert L. Knickerbacker
1031	06 04 301 040	Edward A. Carrigan
1102	06 04 302 016	Robert E. Thieman First National Bank of Peoria Building 416 Main St.
1103	06 04 301 041	Donald L. Cummins
1104	06 04 302 015	Roger Heim (Trustee) 648 Coolidge Ct.
1108	06 04 302 014	Mr. and Mrs. John H. Marks
1109	06 04 301 042	Hugo Hoerdeman 1125 W. Moss
1112	06 04 302 013	Curtis Kirby
1113	06 04 301 043	Margaret S. Foley 1425 N. Rock Island
1114	06 04 302 012	Mrs. Alpha I. Hutchins
1117	No ID Number Available at Time of Research	
1119	No I.D. Number Available at Time of Research	
1120	06 04 302 011	Melvin & Raymond Schneider 2513 W. Roman
1121	No I.D. Number Available at Time of Research	
1122	06 04 302 010	Lyle Boucher 914 W. Moss
1123	06 04 301 044	Cletis Foley 1425 Rock Island
1124	No I.D. Number Available at Time of Research	

W. Stone Intersects

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>FLORA AVENUE (NORTH)</u>		
1200	06 04 302 009	Lee Buchbinder
1201	06 04 301 047	Robert R. Ballantyne
1204	06 04 302 008	Bradford Guidi
1205	06 04 301 048	Benjamin W. Zipprich
1206-1208	06 04 302 007	Mark Michelson 1241 N. Institute
1209	06 04 301 049	Lee Roten 1217 N. Flora
1210	06 04 302 006	Bernice Ford
1212	No ID Number Available at Time of Research	
1214	06 04 302 005	Jan Tyler
1217	06 04 301 050	Lee Roten
1218	06 04 302 004	Mrs. Evan Q. Thompson 8 Parkway Drive East Peoria, Ill.
1220	06 04 302 003	Clyde & Marian Ulrich 1021 W. Crestwood Dr.
1223	06 04 301 051	Ritchie L. Rogers
1224	06 04 302 001	Donald D. Dawn Sr.
W. Columbia Terrace Intersects		
1311	06 04 111 042	August Schmitz Jr. 1113 W. Moss
1315	06 04 111 043	Venn Salem Heerman 514 W. Armstrong
W. Armstrong Intersects		

WEST BLUFF HISTORIC DISTRICT

Number I.D. Number Owner & Address if Different from Property

FRINK STREET (NORTH)

826 06 05 409 037

✓ George L. Grant

828 06 05 409 041

✓ Francis J. Donovan

829 06 05 409 031

Mr. and Mrs. Thomas F. Wisher

St. James Intersects

908 06 05 409 063

✓ John Nahas

913 06 05 409 004

Robert L. Glaze

W. Windom Intersects

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>GARFIELD STREET NORTH</u>		
809	06 05 411 011	Stephen Johnson
811	06 05 411 012	Russell J. Stamper
813	06 05 411 013	Leroy Demanes
815	06 05 411 014	Ralph S. Buffington
817	06 05 411 015	Mr. and Mrs. George Margetis
821	06 05 409 047	E. Hinderliter 829 Garfield
W. College Begins		
824	06 05 410 004	Theo E. Mosher
825		Henry Stedman 1015 N. Orange
828	No I.D. Number Available on Date of Research	
829	06 05 409 047	Elmer Hinderliter
830	06 05 410 003	Michael Duggard
832	06 05 410 002	Allen Garner 1009 N. Flora

Continued on next page

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner and Address if Different from Property</u>
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GARFIELD STREET NORTH

833 06 05 409 048

✓ John Gunn

837 06 05 409 051

✓ Mrs. Mary C. Stedman

W. St. James Intersects

900 06 05 405 030

✓ Norman L. Garton
706 Nicholson
Joliet, Illinois

901 06 05 409 052

✓ Stephen Andrews

904 06 05 405 031

✓ Junior Melvin
704 N. Garfield St.

905 06 05 409 054

Mr. and Mrs. William F. Murphy
4918 N. Sherwood

906 06 05 405 032

✓ Leslie Hagar
1101 W. St. James

909 06 05 409 055

✓ Alvin J. Michel

911-913 06 05 409 056

✓ Franklin H. Banta
First National Bank Building
416 Main Street

914 06 05 405 033

Forest Park Foundation
4801 Prospect Road

915 06 05 409 057

✓ Mildred I. Hindert

W. Windom Intersects

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner and Address if Different from Property</u>
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GLENWOOD AVENUE NORTH

402	06 08 107 019	Mr. Henry Gunn c/o Banco Mortgage Co. 4001 War Memorial
404	06 08 107 020	Reverend Walter Teesdale c/o Mercantile Mortgage Co., Tax Dept. 8th and Locust St. St. Louis, Missouri 63166
407	06 08 106 012	Gary L. Griffith
406-408	06 08 107 021	Harold B. Clark 408 N. Glenwood
414	06 08 107 001	Leslie J. Redard

W. Callender Ave. Intersects

501	06 08 101 044	John P. Fought
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W. Barker Ave. Intersects
W. Fredonia Ave. Intersects

WEST BLUFF HISTORIC DISTRICT

Number I.D. Number Owner & Address if Different from Property

HAMILTON BOULEVARD

N. E. Crescent Intersects

1101 06 04 304 038 First Presbyterian Church

1120 06 04 304 010 Thomas H. Cafferty
1110 Hamilton Blvd.

1110 & 1111 No I. D. Number Available at Time of Research

1170 06 04 304 010 Thomas Cafferty
1110 Hamilton Blvd.

N. Randolph Ave. Intersects

1200 06 04 303 029 ✓ F. L. Stuttle, M.D.
Hamilton Bldg.
1200 Hamilton Blvd.

1220 06 04 303 013 ✓ Robert L. Disharoon

1221 No I.D. Number Available at Time of Research

1222 06 04 303 012 Harold A. Geeraerts
642 High Point Terrace

1228 06 04 303 011 ✓ Harold A. Geeraerts
642 High Point Terrace

1231 06 04 303 031 ✓ Arthur Muller ✓

N. Roanoke Begins

1319 06 04 303 032 ✓ Lewis & Eileen Betts & Richard & Laura Betts
209 East Randolph

1329 06 04 303 033 Frank Layton
207 Atlantic
Peoria Heights, Ill.

1331 06 04 303 034 Charles Purple
5304 W. Farmington Rd.

N. North Intersects

*Mrs. Virginia B. White
1402 Hamilton Blvd 61606*

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D.Number</u>	<u>Owner & Address if Different from Property</u>
<u>WEST HIGH STREET</u>		
401	06 04 306 018	First Assembly of God Church
405	06 04 306 019	✓George Schluster 201 N. School Street Washington, Illinois
410	No I.D. Number Available at Time of Research	
412	No I.D. Number Available at Time of Research	
414	No I.D. Number Available at Time of Research	
415	06 04 306 220	✓Harry Fredman
416	No I.D.Number Available at Time of Research	
419	06 04 306 021	✓Eli Royack
423	06 04 306 022	✓Mr. Quick, Inc. 3760 41st Street Moline, Illinois
426	06 04 307 003	✓Pleasure Driveway & Park District Glen Oak Pavillion 2500 N. Prospect Rd.
429	06 04 306 023	✓F. M. Spalding
432	06 04 307 002	Anderson Realty & Investments 417 W. Lawndale
437	06 04 306 024	Robert E. Bushell
438	06 04 307 001	Josephine Robinson
443	06 04 306 025	Lilly D. Velde 518 W. High
504	06 04 308 015	Charles M. Burns

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D.Number</u>	<u>Owner & Address if Different from Property</u>
509	06 04 306 026	✓Heart of Illinois United Way
510	06 04 308 014	✓Visiting Nurses Association of Peoria
511	06 04 306 027	✓Lilly D. Velde 518 W. High
512	No I.D. Number Available at Time of Research	
518	06 04 308 012	✓Lilly D. Velde 518 W. High
519	06 04 306 029	✓Lilly D. Velde 518 W. High
524	06 04 308 011	✓Harry Rose 2317 W. Sherman
525	06 04 306 031	✓Robert Bushell 437 W. High
528	06 04 308 010	✓Kenneth E. Himmel
529	06 04 306 033	✓Robert E. Bushell 437 W. High
600	06 04 308 004	Daniel Durfee
601	06 04 306 032	✓Citron Co. Mrs. Regina M. Citron
604	06 04 308 004	✓Daniel Durfee 600 High
605	06 04 306 034	✓Edward L. Washington
611	06 04 306 035	✓Agnes Crawford
612	06 04 308 002	✓Loyal Protective Life Insurance Co. 11 Deerfield Street Boston, Mass. 02215
618	No I.D. Number Available at Time of Research	
628	06 04 308 001	✓John F. Chalmers

WEST BLUFF HISTORIC DISTRICT

Number I.D. Number Owner & Address if Different from Property

INSTITUTE PL. NORTH

500	06 08 104 014	✓ A. Conrad Hopp 901 N. Cooper
504	06 08 104 015	✓ Howard Hoffman 7019 Galena Road
506 rear	06 08 104 016	✓ Joyce Campbell 1408 W. Barker
510	06 08 104 019	✓ Mary P. Tolliver
511	06 08 102 034	✓ Warren Reynolds 1107 W. Millford Lane
514	No ID Number Available at Time of Research	

W. Barker Intersects

WEST BLUFF HISTORIC DISTRICT

Number I.D. Number Owner & Address if Different from Property

LINN STREET

1315 06 04 112 031 Weldon F. Culler

WEST BLUFF HISTORIC DISTRICT

MAC ARTHUR HIGHWAY

No addresses in Historic District

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>MAHLON COURT WEST</u>		
511	06 04 301 024	Raymond Grafelman R.R. #1 Hanna City, Illinois
512	06 04 301 029	Harold Geeraerts 511 West Main
517	06 04 301 023	Raymond Grafelman R. R. #1 Hanna City, Illinois

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>WEST MAIN STREET</u>		
409	06 04 302 028	Philip McGrath, M.D.
412	06 04 306 018	First Assembly of God Church
413	06 04 302 027	Mrs. Philip McGrath 7204 N. Manning Drive
415	06 04 302 026	Lucille Hoagland
416	06 04 306 017	Jim Chan
417	06 04 302 025	John J. Endean
421	06 04 302 024	Aileane L. Baur
427	06 04 302 023	Chicago Title & Trust Co. Trust #63774 435 Hamilton Blvd.
430	06 04 306 015	Mid-West Mr. Quick, Inc. 3760 41st Street Moline, Illinois 61265
N. Flora Begins		
504-516	06 04 306 013	Greater Peoria Contractors & Suppliers, Inc. 504-516 W. Mainstreet
507	06 04 301 031	Ruth Ringer
511	06 04 301 028	Harold Geeraerts 511 West Main
511 rear	06 04 301 030	Harold Geeraerts 511 West Main
513	06 04 301 027	Harold Geeraerts 511 West Main
518	06 04 306 010	Walter Colgan 4025 Harvard
520-524	06 04 306 009	William J. Moran 612 Main Street

WEST BLUFF HISTORIC DISTRICTW. Main Street

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
521	06 04 301 026	✓Steak and Shake 1700 W. Washington Bloomington, Ill.

N. Ellis Begins

600	No I.D. Number Available at Time of Research	
601	06 04 300 027	✓Paul LeCour 909 West Main
602-612	06 04 306 007	✓William J. Moran 612 West Main
615	06 04 300 026	✓Margaret Dalton
616	06 04 306 005	✓Kenneth Moran 612 West Main Street
617-619	06 04 300 025	✓Mary Waldeck 715 W. Bourland
618	06 04 306 004	✓Sadie & Lillian Cohen Vickers Petroleum Corp. 125 N. Market, P. O. Box 2240 Wichita, Kansas 67201
625	06 04 300 024	✓Leisy Brewing Company 326 SW Adams, Room 200
631	06 04 300 023	✓Nicholas O. Chelikas 912 SW Jefferson
633-635	06 04 300 022	✓Ted Wurschmidt & Associates
637-641	06 04 300 021	✓Frances Hazar 910 W. Columbia Terrace
640	06 04 306 001	✓Sadie & Lillian Cohen Vickers Petroleum Corp. 125 N. Market, P. O. Box 2240 Wichita, Kansas 67201

N. Sheridan Intersects

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>MALVERN LANE NORTH</u>		
425	06 08 111 008	✓ Westminster Presbyterian Church 1504 West Moss
439	06 08 111 011	✓ J. Lowell Means

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>WEST MOSS AVENUE</u>		
703	06 05 410 045	William L. Morse 4228 N. University
708	06 05 412 001	Donald E. Hart 6529 N. War Memorial Dr.
710	06 05 412 002	Robert L. Rodgerson 2007 Cashman
711	06 05 410 042	Billy H. Pollard
715	06 05 410 040	Laszlo Kummer
719	06 05 410 039	David Palmer, Jr.
720	06 05 412 003 & 004	Mrs. Wadia Joseph
723	06 05 410 038	Donald C. Shelton
724	06 05 412 005	Laszo Kummer 715 W. Moss
N. Douglas Begins		
801	06 05 410 021	Clement J. Joseph
802	06 05 412 006	Samuel F. Reutter 803 W. Moss
805	06 05 410 020	Donald R. Wooley
807	06 05 410 019	Mrs. Olga Williams
810	06 05 412 007	CNR Investments, Inc. 414 Hamilton
811	06 05 410 018	Vernon F. Black P. O. Box 264
815	06 05 410 017	Gerald L. Osborne
817	06 05 410 015	Kahalil J. Thomas

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>WEST MOSS AVENUE</u>		
818	06 05 412 008	✓CNR Investments 414 Hamilton
Union St. Ends		
821	06 05 410 016	✓Mrs. Donna J. McMahon
824	06 08 202 019	✓Kathryn Shipman 690 Jungle Queenway Sarasota, Florida
825	06 05 410 014	✓Gary L. Hilton R. R. #2 Metamora, Ill.
827	06 05 410 019	✓Mrs. Olga Williams 807 Moss
839	06 05 410 012	✓Peoria School District #150 (Washington School)
842-844	06 08 202 018	✓Clifford Lee 5250 N. Knoxville
N. Garfield Begins		
900	06 08 202 017	✓Zack Monroe 1315 SW Garden
902	06 08 202 016	✓Reinhard Iben 902 W. Moss
903	06 05 411 010	✓Mrs. Gretchen B. Zimmermann
905	06 05 411 009	✓Walter A. Heerde
908	06 08 202 015	✓John Hanley 2039 SW 7th St.
911	06 05 411 008	✓Margaret Morton
914	06 08 202 014	✓Lyle Boucher
915	06 08 411 007	✓Mrs. Pauline R. Noirot
919	06 05 411 006	✓John Pollack

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>WEST MOSS AVENUE</u>		
1000	06 08 202 013	✓ C. Robert Chapman
1001	06 05 411 005	✓ Lilly Deane Velde 518 West High
1005	06 05 411 004	Nuell T. Putman
1006	06 08 202 012	Anthony J. Ieurulli
1007	06 05 411 003	Arthur L. Ott
1011	06 08 200 021	James G. Smarjesse
1012	06 08 202 011	✓ Merle Jolliff
W. Moss Terrace Begins		
1017	06 05 411 002	✓ Vernon P. Lindenmeyer
1025	06 05 411 001	✓ Harold E. Messmer
N. McArthur Highway Ends N. Bourland Ave. Begins		
1103	06 08 200 024	✓ Olga Williams 807 W. Moss
1105	06 08 200 025	✓ The First National Bank of Peoria 416 Main Agent for John L. Barrett
1109	06 08 200 026	✓ Mary L. Tavares
1113	06 08 200 027	✓ August Schmitz 1118 NE Glen Oak
1116	06 08 201 007	✓ Robert L. Kaplan 5106 Sunnyside Ct.
1117	06 08 200 028	✓ John M. Kinney

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>WEST MOSS AVENUE</u>		
1119	06 08 200 029	John P. Hanley
1121	06 08 200 030	Robert E. Ames
1125	06 08 200 031	Hugo Hoerdemann
1125	06 08 200 031	Hugo Hoerdemann
1129	06 08 200 032	Allegra Baxter
1200	06 08 201 006	William H. Fischer
1201	06 08 200 033	Robert C. Rosa
1205	06 08 200 034	Walter F. Seibold
1209	06 08 200 035	✓ Dennisons, Inc. 307 Oak St.
1212	06 08 201 005	Peoria Historical Society
1213	06 08 200 036	Waldo E. Roeschley
1217	06 08 200 037	Alan Ragains
W. Barker Ave. Begins		
1222	06 08 201 004	✓ Edward J. Dries c/o First Federal Savings & Loan 111 NE Jefferson
1223	06 08 200 038	✓ Robert B. Lannane
1230	06 08 201 003	Lawrence B. Holden 416 St. Marks Court
N. University Begins		

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>WEST MOSS AVENUE</u>		
1301	06 08 104 001	✓ Clarence Houston
1306	06 08 201 002	✓ Clifford L. McGinnis
1309	06 08 104 002	✓ Jack T. Szold
1311	06 08 104 003	✓ Moss-Bradley Revolving Fund 2621 W. Malone
1316	06 08 112 003	✓ Ronald Backen
1317	06 08 104 004	✓ William R. Retzer
1319	06 08 104 005	✓ Elizabeth Skene
1322	06 08 112 002	✓ Thomas S. Klise Box 3148
1325	06 08 104 006	✓ William S. Nagler
1401	06 08 104 007	✓ Richard Wellbrock
1403	No I.D. Number Available at time of Research	
1404	06 08 112 001	✓ Wilbert S. Newcomer
1405	06 08 104 008	✓ Donald L. Brooks-Miller
1409	06 08 104 009	✓ Loren C. Bailey
1410	06 08 111 012	✓ Mrs. Marguerite N. Sutherland
1413	06 08 104 010	✓ Spiro Margaris 1415 W. Moss
1415	06 08 104 011	✓ Spiro Margaris
1419	06 08 104 012	✓ Fred W. Dace 36 Hickory Point Springfield, Illinois
1420	06 08 111 010	✓ Westminister Presbyterian Church
1421	06 08 104 013	✓ David Muller 507 S. Broad Knoxville, Illinois 61448

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
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WEST MOSS AVENUE

N. Institute Place Begins
N. Malvern Lane Ends

1504		Westminister Presbyterian Church
1505	06 08 107 010	✓Walter Swardenski
1508	06 08 111 009	Westminister Presbyterian Church
1508 Rear	06 08 111 007	✓Westminister Presbyterian Church
1514	06 08 111 006	Daniel Crowley
1517	06 08 107 011	Leonard Crubaugh
1519	06 08 107 012	Joseph Romanus
1520	06 08 111 005	Barbara Bordeaux
1521	06 08 107 013	Martha Bockler
1523	No I.D. Number Available at time of Research	
1525	No I.D. Number Available at time of Research	
1527	06 08 107 014	O. Frank Heinz P. O. Box 1143
1528	06 08 111 004	✓James M. McComb
1529	06 08 107 015	O. Frank Heinz P. O. Box 1143
1533	06 08 107 016	O. Frank Heinz P. O. Box 1143
1536	06 08 111 003	George Zarkades
1537	06 08 107 017	✓Robert & Marie Calvetti 1827 W. Glen
1539	06 08 107 018	Jacob W. Rothbaum, Jr.

N. Glenwood Avenue Intersects

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>WEST MOSS AVENUE</u>		
1600	06 08 111 002	John H. Sprecher
1602	06 08 111 001	Clarence W. Reuling
1605	06 08 106 035	Bernell V. Davis
1609	06 08 106 036	Arthur S. Oakford
1610	06 08 110 011	Richard E. Eagleton
1613	06 08 106 037	Thomas A. Bausch
1614	06 08 110 010	Richard H. Lee
1617	06 08 106 038	John Venzon
1622	06 08 110 009	Paul V. Strehlow
1623	06 08 106 039	George M. Parker
1628	06 08 110 008	Patrick W. Elwood
1629	06 08 106 040	Larry La Fary
1631	06 08 106 041	Melvin R. White
1634	06 08 110 007	John S. Haverhals
1635	06 08 106 042	Mary A. Cody Estate
1637-39	06 08 106 043	Michael J. Reid
N. Cooper Intersects		
1700	06 08 110 006	Paul Strehlow, Sr. 1622 W. Moss
1705	06 08 108 014	Edward J. Ward 431 N. Western
1709	06 08 108 015	Paul R. Blough
1714	06 08 110 005	John M. McLean
1715	06 08 108 016	Thomas R. Kallister

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>WEST MOSS AVENUE</u>		
1720	06 08 110 004	Eugene A. Sullivan
1723	06 08 108 017	Marvin W. Bohls
1725	06 08 108 018	D. James Jumer 117 N. Western
1801	06 08 108 019	Dallas M. Costello
1802	06 08 110 003	Donald L. Mackley
1807	06 08 108 020	Dallas M. Costello
1808	06 08 110 002	D. James Jumer
1811	06 08 108 021	Charles F. Merkle, Jr.
1812	06 08 110 001	Paul V. Beard
1815	06 08 108 022	Dorothy T. Frank
1819	06 08 108 023	Mr. and Mrs. Bernard R. Filzen

END OF DISTRICT

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different</u>
<u>MOSS TERRACE NORTH</u>		
600	06 08 202 006	✓ Elfride K. Stahl
601	06 08 202 005	James L. and Rae A. Hamp
605	06 08 202 004	Merle Stillman
606	06 08 202 007	✓ David C. West
610	06 08 202 008	✓ Geraldine Henning
611	06 08 202 003	✓ Dorothy Koepfel
614	06 08 202 009	✓ Terry R. Kent
615	06 08 202 002	✓ Geraldine Henning & Burnell Guyton
617	06 08 202 001	✓ William J. Meehna

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
NORTH STREET		
1002	06 04 304 001	✓ North Street Bldg. Corp. c/o Ray Barger Commercial National Realty 414 Hamilton
1003	06 04 302 029	✓ Roger Heim 648 Coolidge Ct.
1007	06 04 302 030	✓ Roger Heim 648 Coolidge Ct.
1013	06 04 302 031	✓ Julian Vanezky 706 Commercial National Bank Bldg.
NE Randolph Ave. Begins		
1101	06 04 302 033	✓ Gerald S. Couri
1103		✓ Fred Wing
1105	06 04 302 035	✓ Martha H. Brannon 1107 North
1107	06 04 302 035	✓ Martha H. Brannon 1107 North
1109=1111	06 04 302 036	✓ Donald E. Chrisman
1115	06 04 302 037	✓ Ray Moore & Kenneth Pickens Commercial National Bank Bldg.
1116	06 04 303 036	✓ Mrs. Margaret H. Scotti
1119	06 04 302 037	✓ Ray Moore & Kenneth Pickens Commercial National Bank Bldg.
1120	06 04 302 035	✓ Margaret H. Scotti 1116 North
1121	06 04 302 039	✓ U.L.S.I.C.O. Atten.: Dick Ullman P. O. Box 1329
1123	No ID Available at Time of Research	
1125	06 04 302 040	Mrs. Bess R. Goodman
1127	06 04 302 041	Michael F. Stone

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>NORTH STREET (NORTH)</u>		
1131	06 04 302 042	Michael F. Stone 1127 N. North
1133	06 04 302 043	Clifford A. Brown
N. Hamilton Blvd. Ends		
1201	06 04 302 044 &046	Loren McEwen
1207	06 04 302 047	Max B. Dycus
1209-1211	06 04 302 048	Leo Schwabacker 5010 N. Sheridan Road
1213-1215	06 04 302 049	Romoco Inc. 1215 N. North
1216	06 04 303 002	Eugene Barber 1029 E. Brookhill Road
1218	06 04 303 003	Venn S. Heerman 514 Armstrong
1220-1222	06 04 303 004	Michael R. Bushell 1222 N. North
1221	06 04 302 052	Richard O. Arnold 5217 N. Knoxville
1225	06 04 302 053	Melvin L. Felker R. R. #1 Lynnwood Ct. Morton, Ill.
Columbia Terrace Intersects		
1301	06 04 111 053	Richard L. Lewis 3815 War Memorial Drive
1302	06 04 112 007	Thomas B. Aimone c/o Banco Mortgage Co. 4001 N. War Memorial Drive
1304	06 04 112 006	Richard L. Lewis 3815 N. War Memorial Drive
1306	No ID Available at Time of Research	

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>NORTH STREET (NORTH)</u>		
1307	06 04 111 054	Mrs. Edith Lev
1308	06 04 112 005	Mrs. Irma L. Neff
1310	06 04 112 004	William Hoffman 5020 Bevalon Pl.
1311	06 04 111 055	Joseph Pepe 3214 N. Sheridan
1313	06 04 111 056	Clarence V. Souza
1314	06 04 112 003	Aurelius Lofgren
1316	No ID Number Available at Time of Research	
1319	06 04 111 057 & 058	Edward Olsen
1320	06 04 112 002	Adolph & Jessie Friedrich
1322	06 04 112 038	Floyd E. Starnes R. R. #1 Dunlap, Illinois 61525
West Armstrong Intersects		
1409	06 04 110 019	Mr. and Mrs. Paul M. Callaway 1413 North North
1412	06 04 107 020	John C. Moran
1413	06 04 110 020	Paul M. Callaway
1415	06 04 110 021	Marvin Sleeth 6529 N. War Memorial Drive
1417	No ID Available at Time of Research	
W. Chester Ave. Begins		

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>ORANGE STREET NORTH</u>		
802	06 05 410 022	✓ Lloyd K. Heinhold 1904 W. Forrest Hill
806	06 05 410 023	✓ Margaret R. McCoy
807	06 05 410 011	✓ Ann M. Doris
808	06 05 410 024	✓ Lucille Joseph P. O. Box 3566
811	06 05 410 010	✓ Frank Cooper
812	06 05 410 025	✓ Bernard P. McReynolds
815	06 05 410 009	✓ Mr. and Mrs. Donald Wooley 805 W. Moss
817	06 05 410 008	✓ David White
819	06 05 410 007	✓ Grace C. Duggins
823	06 05 410 006	✓ Joyce A. Meiser 5403 N. Plaza Drive
St. James Intersects		
901	06 05 405 029	✓ Clark A. Hoagland 415 W. Main
904	06 05 406 031	✓ William J. Henry 818 St. James
905	06 05 405 028	✓ John R. McGarvey
908	06 05 406 029	✓ James L. Vogel 411 Oak Lawn Creve Coeur, Ill.
909	06 05 405 027	✓ Frank E. Poignant R. R. #2 Metamora, Ill.

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different than Property</u>
<u>ORANGE STREET NORTH</u>		
910-912	06 05 406 028	✓ John Rodgers 1231 N. Douglas
911	06 05 405 026	✓ John Rodgers 1231 N. Douglas
915	06 05 405 025	✓ Mrs. Tinia A. Dooley
926	06 05 406 022	✓ Travis Investment Co. 826 W. Main
928	06 05 406 022	✓ Travis Investment Co. (Car lot) 826 W. Main

W. Windom Intersects

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>RANDOLPH AVENUE NE</u>		
100		✓The Medical & Surgical Clinic
126	06 04 304 005	✓Congregation of First Presbyterian Church 1101 Hamilton Blvd.
128	06 04 304 006	✓Congregation of First Presbyterian Church 1101 Hamilton Blvd.
134	06 04 304 007	✓Congregation of First Presbyterian Church 1101 Hamilton Blvd.
135	06 04 303 030	✓Trinity Lutheran Church
146	06 04 304 008	✓Catholic Diocese of Peoria 1111 Hamilton Blvd.
Hamilton Blvd. Intersects		
200	06 04 304 009	✓Mrs. Betty M. Ford
204	06 04 304 011	✓Richard C. Betts 209 E. Randolph
204 Rear	06 04 304 012	✓R. C. Betts 209 E. Randolph
206	No I.D. Number Available on Date of Research	
209	06 04 303 027	✓Lewis J. Betts Jr.
218	06 04 304 015	✓Richard C. Betts 209 E. Randolph
224	06 04 304 016	✓Clifford R. Brenner
228	06 04 304 017	✓Richard C. Betts 209 E. Randolph
234	06 04 304 018	✓Raymond T. Johnson
240	06 04 304 019	✓Frederick M. Bourland

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>RANDOLPH AVE. NE</u>		
245	06 04 303 026	✓ Lilly Dean Velde 518 West High
248	06 04 304 020	✓ Albert L. Berry
255	06 04 303 025	✓ Herbert Kupper 821 Central Building
256	06 04 304 021	Eunice Crawford
259	06 04 303 024	Walter H. Bolmer
262	06 04 304 022	Ronald P. Nell
266	06 04 304 023	Methodist Hospital 221 NE Glen Oak
270	06 04 304 024	Charles Shehan
271	06 04 303 023	Rita Donovan

W. Columbia Terrace Intersects
Randolph Ends

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner and Address if Different from Property</u>
<u>ROANOKE AVENUE NE</u>		
101	06 04 303 010	✓ Robert J. Pina
102	06 04 303 014	✓ Herbert Hudgens 4625 Crystal Ave. Bartonville, Ill.
103	06 04 303 009	✓ Roger Heim 648 N. Coolidge Court
104	06 04 303 015	✓ Mahlon K. Mahoney
105	06 04 303 008	✓ Steve Blackwell 4115 Keenland
107	06 04 303 007	✓ James Roberts R.R. #2 Havana, Ill.
108	06 04 303 017	✓ Julius Gianakos P. O. Box 993
109	06 04 303 006	✓ Lester J. Hupprich
110	06 04 303 018	✓ Kenneth L. Bainter
111	06 04 303 005	✓ Lilly Dean Velde
112	06 04 303 019	Paul T. Dimler
114	06 04 303 020	Stanley C. Hollen 1221 Wildwood
116	06 04 303 021	Theresa Watkins

W. Columbia Terrace Intersects, Roanoke Ave. ends

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
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RUSSELL STREET WEST

608

06 04 300 033

✓ Jack K. Curtis
1214 N. Wood Road

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>ST. JAMES STREET WEST</u>		
702	06 05 410 044	✓ John McGill 1428 Gardner Lane CMR 158 Peoria Heights, Ill.
706	No I.D. Number Available at Time of Research	
709	No I.D. Number Available at Time of Research	
710	06 05 410 043	✓ Mr. and Mrs. Alfred D. McCrary
714	06 05 410 041	✓ Wayne Schilling R. R. 2, Box 107 Brimfield, Ill.
716	06 05 410 035	✓ Jerome Powers 1304 W. Parkside Drive
718	06 05 410 034	✓ Jerry Welch 7703 Orchard Road
719	06 05 407 033	✓ Robert L. Taylor
N. Douglas Intersects		
801	06 05 406 034	✓ Helen Castle & F. D. Adams 3308 Lexington Ct.
805	06 05 406 033	✓ Reed M. Romine
808	06 05 410 029	✓ Judy Matheny
809	06 05 406 032	✓ Sophia S. Wukasch 2514 Foulk Woods Road Wilmington, Delaware 19810
812	06 05 410 027	✓ Mary Lou Bushell
813	06 05 406 031	✓ William J. Henry 818 St. James
815-817	06 05 406 031	✓ William J. Henry 818 St. James

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner and Address if Different From Property</u>
818	06 05 410 026	✓ William J. Henry
819	06 05 406 030	✓ Mrs. Esther M. Gower
N. Orange Intersects		
832	06 05 410 005	✓ Dean H. Peterson
836-840, 842-844	06 05 410 001	✓ O. W. Bohanan Estate c/o M. Davidson 501 West Armstrong
N. Garfield Intersects		
906	06 05 409 050	✓ Mrs. George T. Anthony
908	06 05 409 049	✓ Mrs. George T. Anthony 906 Armstrong
909	06 05 409 053	✓ W. C. Klinkert
910	06 05 409 045	✓ Mr. and Mrs. William A. Foote
911	06 05 409 066	✓ Warren G. Reynolds 1107 W. Millford Lane
911 Rear	06 05 409 065	✓ Warren G. Reynolds 1107 W. Millford Lane
913-919	06 05 409 064	✓ Mr. and Mrs. Robert Calvetti 1827 West Glen
914	06 05 409 044	✓ James Bowman
916	06 05 409 043	✓ Robert Thorne
N. Frink Intersects		
1000	06 05 409 030	✓ Michael T. Joseph 828 Main
1001	06 05 409 005	✓ Joseph Pepe 3214 N. Sheridan Road

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner and Address if Different from Property</u>
<u>ST. JAMES STREET WEST</u>		
1002	06 05 409 029	Joseph Couri
1003	No I.D. Number Available at Time of Research	
1004	06 05 409 028	Leona M. Nixon
1005	06 05 409 006	Francis & Nellie Bond
1007	06 05 409 007	Cornelius C. Knorr R. R. #2 Gettysburg, Penna.
1008	06 05 409 027	F. L. Best

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>SHERIDAN ROAD NORTH</u>		
802	06 04 306 036	Mr. and Mrs. Robert Calvetti 1827 W. Glen
816	06 04 306 307	Mr. and Mrs. Robert Calvetti 1827 W. Glen
W. St. James Begins		
901	06 05 407 034	Donald Cummins 6112 N. Fairlane Drive
902	06 04 306 039	Robert Bushell 437 W. High
905	06 05 407 035	Cletis R. Foley 2419 W. Reservoir
906	06 04 306 040	Mrs. Juanita J. Von Seeger
908	06 04 306 041	John Hoffman
911	06 05 407 036	Robert L. Kaplan 5106 N. Sunnyside Ct.
912	06 04 306 042	Charles Culler Jr.
914	06 04 306 043	Robert Day
917	06 05 407 037	Juanita J. Von Seeger 906 Sheridan
918	06 04 306 030	Merlin E. Hindert

WEST BLUFF HISTORICAL DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner & Address if Different from Property</u>
<u>STONE STREET</u>		
414	06 04 302 045	Titan Investment Company 2803 W. Fountaindale
503	No I.D. Number Available at Time of Research	
510	06 04 301 045	Titan Investment Company 2803 W. Fountaindale
511	06 04 301 046	Loren McEwen 1201 North Street
519	06 04 301 010	Anna Witzel 709 E. Seneca

N. Ellis Intersects

N. Sheridan Rd. Intersects

WEST BLUFF HISTORIC DISTRICT

UNION STREET

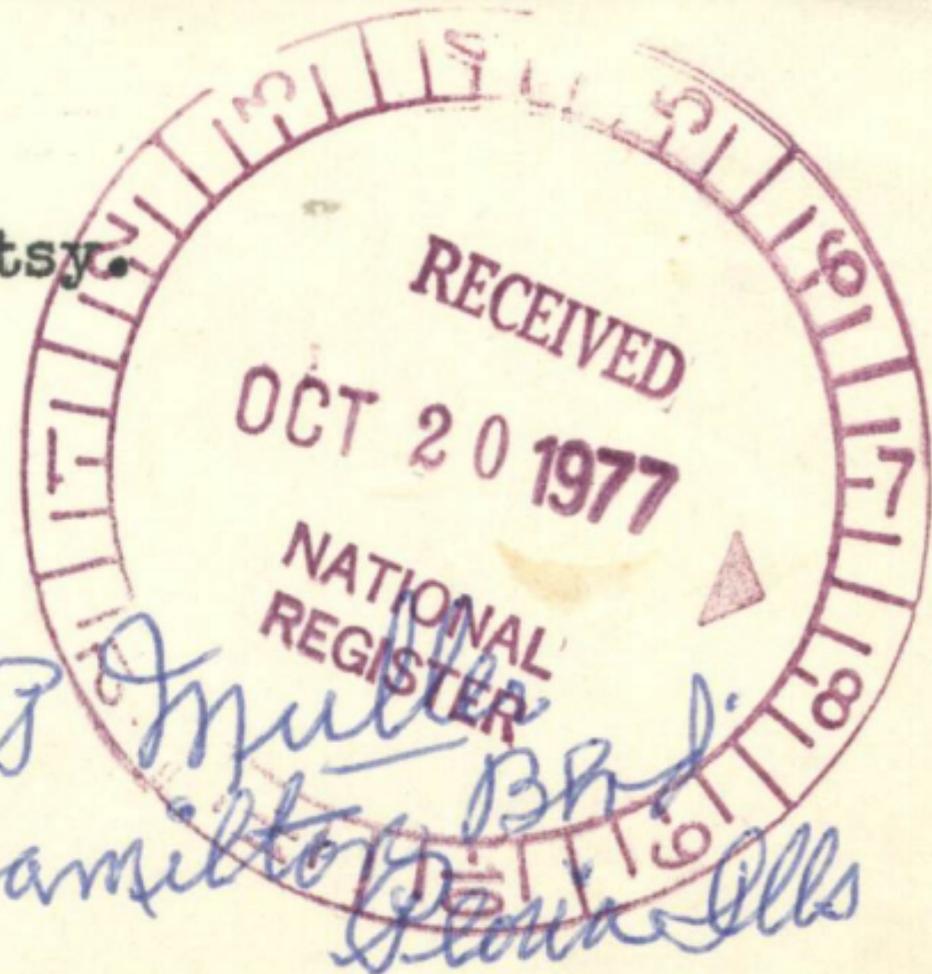
No addresses in Historic District

WEST BLUFF HISTORIC DISTRICT

<u>Number</u>	<u>I.D. Number</u>	<u>Owner and Address if Different from Property</u>
<u>WINDOM STREET WEST</u>		
From Sheridan Road West - Even numbers only		
708	06 05 407 038	✓ Mr. and Mrs. Gerald R. Crank
N. Douglas Intersects		
808	06 05 406 039	✓ John S. Rodgers Jr. 1214 N. Douglas
814	06 05 406 027	✓ Phillip G. Miller
820	06 05 406 026	H. A. Geeraerts 511 West Main
826	06 05 405 024	✓ Travis Investment Corp. 826 W. Main
N. Garfield Intersects		
906	06 05 409 058	✓ Mrs. Mary L. Barber
912-914	06 05 409 059	✓ Albert R. Schafer 809 Galena Road
916	06 05 409 060	✓ John Thomas
918	06 05 409 062	✓ Joseph Thomas
920	06 05 409 062	✓ William Marchulones
N. Frink Intersects		
1000	06 05 409 003	✓ George Young



160 acres of land granted to Sargent Silas Moore & wife Betsy.
From Essex County, New York. Veteran of War of 1812.
Granted August 14, 1824.
House was built in 1840.
Land was subdivided 1858 to 1860.



Alfred G. Muller
1231 Hamilton
Bnd
Glen Mills

Peoria Ills

Oct 10-1977

Dear Sir

Relative to the notice
you gave me about my house

Registered in your Department I

Want you to have this information

Alfred J Muller

1231 Hamilton Blvd

Peoria Illinois

61606

Peoria Ill.

Veldah Biro

Dec 17, 1976

602 W. Armstrong
Peoria, Illinois 61606

Oct 19, 1977

~~FP~~ called
10-27-77
Hardy
see log
sheet

United States Department of the Interior
National Park Service
Washington D.C. 20240

Re: Letter of Oct 5-1977
West Bluff Hist. Dist.
H 34-880.

Dear Dr. Murtagh.

This letter came as a complete surprise to us. We have received no information from local or state officials, however we are aware of the West Bluff Hist. Dist. We would like very much to become a part of this program. We are aware that our home is one of the more valuable ones in this area. You asked for comments - we would

Weldah Biro

602 W. Armstrong
Peoria, Illinois 61606

Dr. Murtagh -
H34-880

(2) like to know more about
this, so we may send you
any information that is
needed.

Sincerely yours

Mrs. Beza Biro

10-27-77

TELEPHONE REPORT

1. CALL TO: FROM (Name)

Mrs ^{Gega} ~~Bega~~ Bino

2. ADDRESS (Tel. No. if needed)

(309) 682-2988

3. SUBJECT, PROJECT NO., ETC.

West Bluff Hill district

4. DETAILS OF DISCUSSION

reply to District listed
letter.
explained TRA - she not affected
Grant-In-Aid - she wrote
TPS for grant info
gave her SHPO name, address
& phone number.

NAME OF PERSON PLACING/RECEIVING CALL

TITLE

OFFICE

Handy

Mrs. Virginia B. White
1402 Hamilton Blvd.
Peoria, Illinois 61606

Nov 3, 1977

U. S. Dept of the Interior
Natl Park Service
Mr. Tom J. Murtagh

Dear Mr. Murtagh:

On Oct 5, 1977 you sent letters H-34-880 to all residents in the West Bluff Historic District of Peoria, Ill. I did not receive one, nor did several other families on Hamilton Blvd.

We have assumed since Dec of 1976 that we were included. Due to the enclosed article and map which appeared in our local newspaper

there are overlooked by your office or are the boundary lines wrong in this article?

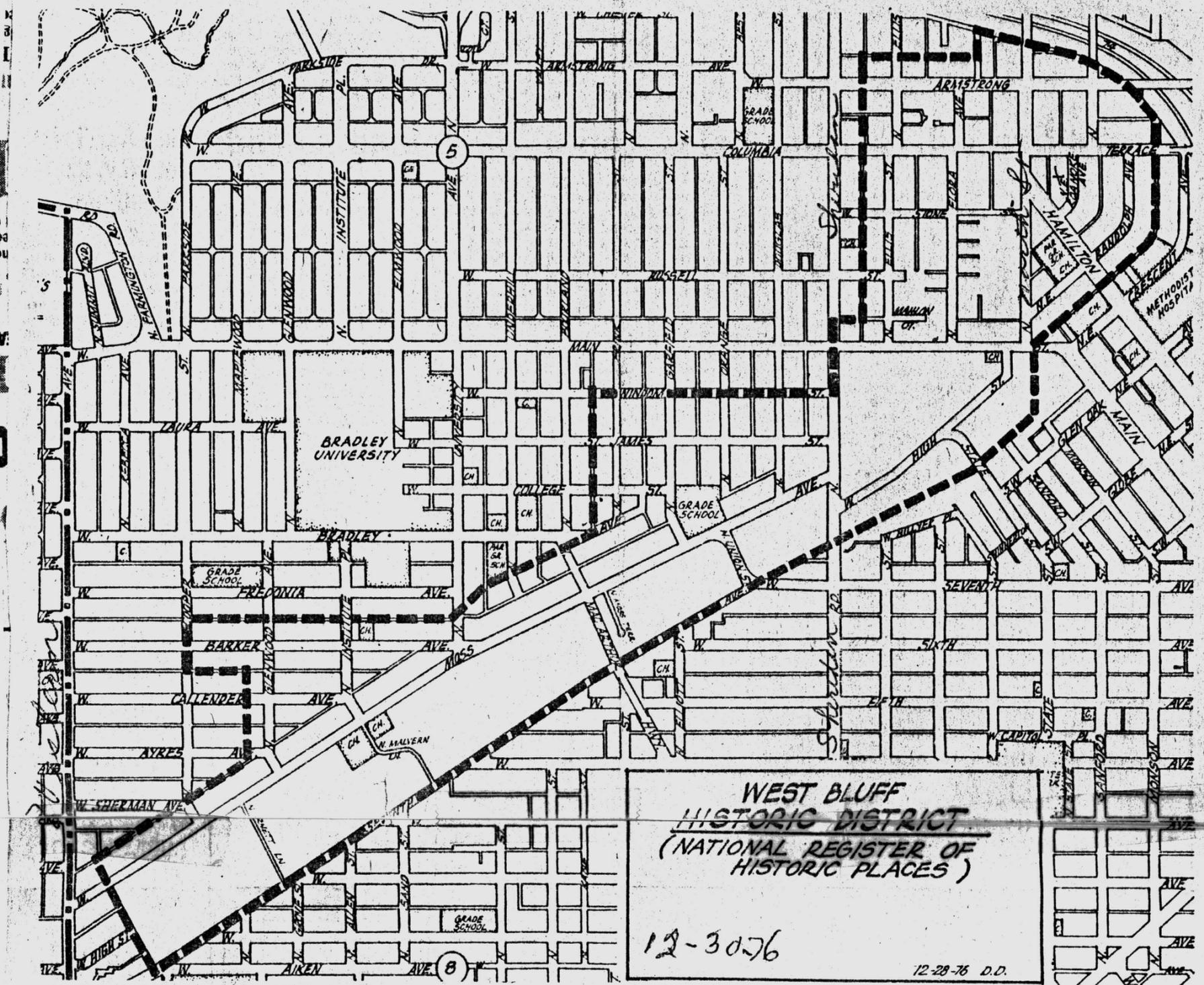
We have never seen an official map or the citation. Is it possible you could send us a copy of each?

Some of the residents

are planing on restoring
some houses in this area
but are going to wait
until they have official
word from your office.

Sincerely yours
Mrs Virginia S. White

THE NATIONAL REGISTER OF HISTORIC PLACES	
DATE RECD	NOV 9 1977
(CHECKED 11-15-77)	
11-16 - waiting	
to get final word	
from SHPO -	
DATE ACTION TAKEN	See phone call
INITIALS	11/16/77



Peoria W. Bluff Area Designated Historic District

An area of Peoria's bluff, stretching from Armstrong and Interstate 74 to Seventh and Western, has been placed on the National Register of Historic Places.

The "West Bluff Historic District" includes the areas designated as preservation districts under local ordinance, plus additional property.

U.S. Rep. Robert H. Michel, R-Peoria, informed local preservationists of the action, taken Dec. 17 in Washington, D.C. It was announced here in a press conference yesterday by Second District City Councilman R. James Bateman.

According to the office of William J. Murtagh, keeper of the national register, the designation:

- Makes possible some income tax breaks for landlords with property in the district.
- Allows for financial aid for renovation of the property.
- Requires review by an advisory council before any federally funded project can affect the property.

"Listing has no other effect on the property; it does not affect, in any manner, the range of actions an owner could take, as long as there is no federal involvement; and it gives no governmental unit any authority or control over the property, its use or disposition," said George F. Emery, an aide to Murtagh.

"Listing on the National Register is federal recognition that a property possesses historic values and is worthy of preservation," Emery said.

"This has been quite a year for historic preservation in Peoria," said L. Donald Luebbe, vice chairman of the local Historic Preservation Board and a member of the affected area.

"It is the Bicentennial year, and this is quite a way to cap it off."

Luebbe said the designation allows for federally-insured loans for rehabilitating the property up to \$15,000 per dwelling

and \$30,000 per building for up to 15 years.

Other aid is possible from a fund sponsored by the National Trust for Historic Preservation and in federal matching funds administered by the state, he said.

The latest income tax revision, enacted Oct. 4, provides for accelerated depreciation of rehabilitated historic buildings if they are rental property, and bars deductions for demolition of historic buildings or their replacements, Luebbe said.

The state Conservation Department financed the application process for the district, Bateman said, in a statewide effort to encourage local preservation programs.

"That has been shown to be the most effective, least costly way from a governmental standpoint, of rehabilitating older neighborhoods," Bateman said.

He sponsored the local preservation law. Luebbe was a key figure in its creation.

Cities already are allowed to use federal revenue sharing and urban renewal funds for rehabilitation aid regardless of whether a property is in a preservation area.

Bateman said he expects no major new programs to cover the historic district. But he noted most of the area is scheduled for later coverage by a newly created city loan program and the portion west of Sheridan already is included in another rehabilitation project.

William H. Fischer, chairman of the West Bluff Redevelopment Council, said the designation was one of the goals of the council's effort to improve the neighborhood.

"To be included in the National Register, we feel, is a feather in our cap. That's why we're so proud," he said.

City Planning Director Laurence J. Frishman said the designation will create no new hurdles for any project, such as expansion of Methodist Medical Center.

Property eligible for the National Register must have the

same review for federal programs whether it is listed or not, Frishman said.

Very few projects have been scuttled because of their impact on preservation areas, Frishman said, but more have been thwarted for lack of appropriate impact studies.

Bateman said residents of the newly designated area can decide whether to seek local preservation district status if they aren't already included.

"The local district has more impact in terms of both benefits and restrictions," Bateman said, and typically is smaller than districts placed on the National Register.

She Revisits The White House

WASHINGTON (AP) — The producer of television's "Sesame Street," who as the teen-age daughter of a Broadway producer visited the Harry S. Truman family in the White House, returned here 30 years later to direct a show hosted by First Lady Betty Ford.

Dulcy Singer, producer of the educational TV series for preschoolers, recalls that at her first visit President Truman, his wife Bess and daughter Margaret were hosts to the cast of Tennessee Williams' "The Glass Menagerie."

Singer's father, the late

Louis Singer, produced the benefit show for the March of Dimes in Washington's National Theater.

Singer returned to the White House with "Sesame Street" stars, who performed in the East Room for Mrs. Ford and the 550 children of members of the diplomatic corps who were her guests.

MACEDONIAN EMPIRE

The Macedonian Empire, founded by Alexander the Great, included Greece, European Turkey, Asia Minor, Egypt, Syria, Persia and eastwards as far as northern India.

Council Creates Peoria's 1st Historic Preservation District By 7-1 Vote

By LOREN W. WASSELL

The City Council last night created the city's first historic preservation district, including:

• Both sides of NE Roanoke.

• The "west" side of NE Randolph from Hamilton to Columbia Ter.

The council postponed until next week a decision on how much of the "east" side of Randolph should be included.

No action was taken on the Historic Preservation Board's recommendation to include the south side of Columbia Ter. from Roanoke to Crescent, because that proposal has not yet been the subject of a public hearing.

PETITIONS signed by more than 60 per cent of the property owners on both streets opposed the district. Under the 3-month-old preservation law, that required seven votes among the eight council members present to create a district.

The two areas included received identical 7-1 votes, with First District Councilman Richard L. Sutton the only dissenter.

The "east" side of Randolph, the area where Methodist Medical Center plans to expand, fell three votes short of passage on a four-to-four tie.

Second District Councilman R. James Bateman reiterated Fifth District Councilman Lester D. Bergsten's motion to

include all of the "east" side except for the first four lots off Hamilton. He then moved to postpone consideration for a week.

"I don't think we know exactly where the line ought to be drawn. I think we need a week to figure it out," Bateman said.

Bergsten said, in making the motion, he was trying to exclude the part of the street Methodist needs for its construction in the next five years.

On the motion to include the whole east side, those in favor were: Bateman, Third District Councilman Bruce E. Brown, Fourth District Councilman C. Richard Neumiller, and Councilwoman-at-Large Dorothy B. Sinclair.

OPPOSED were Councilman-at-Large Warren G. Reynolds, Bergsten, Councilman-at-Large Franklin L. Renner and Sutton.

Mayor Richard E. Carver was absent, and planned to abstain because he is a member of the Methodist Medical Center Board of Trustees.

The council's action followed an hour of debate. That followed 2½ hours of argument by persons favoring and opposing the designation of a preservation district and the controls that go with it.

Bateman said only a "handful" of Peoria's many fine old homes remain.

"The matter of neighbor-



Ringel Bateman Betts Paulson Luebbe Dimler Ortner Kenyon Broadway Wasden

hood preservation is terribly important I think," Bateman said. District status will encourage owners to fix up their homes knowing the neighborhood won't decay, he said.

Methodist has other alternatives for expansion, he said, although its planners said the others had been rejected.

"Any alternative you pick is a trade-off," he said.

"Preservation and the hospital can exist," Bateman said. "If we're willing to work at it we can have both. It won't be easy."

HE CONCEDED the controls in the ordinance are "frightening." But, he said, "I think we can develop a feeling of trust."

Renner suggested dividing the issue into three parts.

The council has shown its commitment to preservation with neighborhood improvement renewal programs, he said.

"The council has a greater duty to the total community,"

Renner said, and improved medical service is needed.

"There have been some very myopic views stated," he said.

"We are considering the appropriateness of that facility in that area."

Neumiller argued that the question shouldn't be split up, since construction on the "east" side of Randolph would aesthetically affect the other side anyway.

"If there is a place in Peoria that ought to be designated a historic preservation district, this is the area," Neumiller said.

"ONCE THESE structures are gone, they'll be gone for good."

He said no member of the council would knowingly stand in the way of Methodist's growth, but there is flexibility in where the hospital grows.

Reynolds, presiding in Carver's absence, suggested that a motion to include all of both streets in the district

would fail and partial motions would follow anyway.

"Do you want to take it on an organized basis or do you want to back into it?," he asked.

The Historic Preservation Board recommended including all of Randolph and only the parts of Roanoke whose owners wanted to be included.

It regarded the ordinance's provisions for 60 per cent opposition petitions as a "near mandate" to weigh objections heavily. At the time the board deliberated, Randolph owners had not yet formally objected.

"We feel the matter of historic zoning is the key to the entire question of inner city revitalization," said Margaret M. Ringel, chairman of the group.

"WE KNOW that other cities have found the historic districts to be an anchor around which a broader area of private residential reinvestment takes place.

"We cannot see a revitalized downtown without

some semblance of stabilizing and reinvesting neighborhoods in proximity," Miss Ringel said.

L. Donald Luebbe, vice chairman of the board, read a letter from Thomas J. Lutz, assistant director of the National Trust for Historic Preservation.

"Until residential reinvestment is recognized as a critical activity by those working to keep our cities healthy, and until historic districting is recognized as a catalyst for activating this type of activity, our inner city neighborhoods will remain a major urban battleground," the letter said.

Paul T. Dimler, 112 NE Roanoke, voiced the proponents' request to include all of both Roanoke and Randolph in the district.

"Limiting the district to one street or a portion of one street really is too small an area to give historic zoning the impact it can accomplish," he said.

M. Marilyn Trinder, 220 W. Columbia Ter., presented a slide show detailing features of some of the homes included

expressed toward the district, when he expected indifference.

HE PRESENTED petitions favoring the district signed by "somewhere around 1,976 Peorians," and urged "Don't let Peoria become a city of mediocrity."

James D. Broadway, attorney for Methodist, said the hospital has no objection to the district lines drawn by the council last night. But he disputed the contention that there is no conflict with between a district on the "east" side of Randolph and the hospital's 25-year plans to expand to fill it.

"There is a diametrical conflict, a life-or-death confrontation," he said.

Controls on building design and alterations in the ordinance will "severely hamper if not economically and practically prohibit" the needed expansion of Methodist's facilities, he said.

"This council must balance that impact on the community against the wishes of a few minority property owners," he

alistic motives, he said, some proponents only want to stop Julius Gianakos from building a "junk" apartment building at 108 NE Roanoke or to "keep the hospital from gobbling us up."

Controls in the district would "drastically" affect property rights down to what color a house may be, he said, and would "effectively neuter" the high-density residential zoning of the area.

CRITERIA in the ordinance are "classically vague," he said, and provisions are "undefined," "ambiguous," and "contradictory."

"The most damning fault of all," he said, is the provision allowing 10 per cent of the owners to petition for a district, but requiring 60 per cent to raise the requirement if they oppose it.

"No sane man would call this equitable. No equitable man would call it sane," he said.

"Liberty is worth more than any building," he said. And the ordinance does not prevent owners from doing nothing to improve their property, he added.

Mishael O. Gard, the lawyer representing Gianakos, said even proponents would admit the building he wants to raze has no significant architectural value.

The characteristics of the area are so mixed, he said, that no constitutional restrictions can be imposed on them.

Peoria City Should Permanently

Randolph should be included. No action was taken on the Historic Preservation Board's recommendation to include the south side of Columbia Ter. from Roanoke to Crescent, because that proposal has not yet been the subject of a public hearing.

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M. Marilyn Trinder, 220 W. Columbia Ter., presented a slide show detailing features of some of the homes included in the district.

Five have been deemed worthy of inclusion on the National Register of Historic Places, she said, citing a survey by a state-employed consultant.

PROF. TITUS Karlowicz, an assistant dean of Western Illinois University, said people need to visit the area and see its "totality" to judge it:

"It's a very worthy expression of a period that's gone by," he said.

Everett H. Ortner, president of Back to the Cities, Inc., said a historic district can "operate as a magnet" to hold onto the middle class in the city.

"We're talking about a community whose history and identity are integral with the history and identity of the city itself," he said. **Future generations will wish a district was created if it is not,** he said.

"The people of Roanoke and Randolph are middle class Americans who moved in one by one and bought their homes and fixed them up with their own money," said Leslie H. Kenyon, president of the Central Illinois Landmark Foundation.

"They're not activists. They're doers," he said.

Ronald E. Wasden, 202 W. Columbia Ter., said he was impressed by the enthusiasm young adults all over the city

expressed toward the district, when he expected indifference.

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"This council must balance that impact on the community against the wishes of a few minority property owners," he said.

METHODIST'S planning director, John E. Paulson, said the hospital's plans for the next five years include one building spanning Crescent near Hamilton, containing larger emergency facilities to accommodate new programs, a bigger laboratory, intensive care units, nursing units and a St. Jude's Midwest affiliate for cancer-stricken children.

They also include a new office building, near Randolph and Hamilton, to house doctors near the hospital's clinical facilities and training programs.

The "medical district" running from the Peoria School of Medicine past Methodist to St. Francis Hospital represents \$100 million in capital investment, \$50 million a year in salaries, and employment for or services to 10,000 people a day, Paulson said.

Richard C. Betts, 209 NE Randolph, said he spoke for his family, which owns five of the houses on the street, and for two other property owners on Randolph.

Despite expressions of ide-

ntial zoning of the area.

CRITERIA in the ordinance are "classically vague," he said, and provisions are "undefined," "ambiguous," and "contradictory."

"The most damning fault of all," he said, is the provision allowing 10 per cent of the owners to petition for a district, but requiring 60 per cent to raise the requirement if they oppose it.

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Mishael O. Gard, the lawyer representing Gianakos, said even proponents would admit the building he wants to raze has no significant architectural value.

The characteristics of the area are so mixed, he said, that no constitutional restrictions can be imposed on them.

"THERE IS no coherence, no cohesiveness, no standard that can be applied to this district," Gard said.

City Manager Robert O. Wright recommended leaving off part or all of the "east" side of Randolph where Methodist plans to expand.

"I don't think we can get reconciliation of the parties here," he said. "I'm a pragmatist."

Planning Director Laurence J. Frishman said the one-year delay district status can force for proposed demolition is "a flea on the side of a very tough old elephant" in the contest of a 15-to-25 year development plan for the hospital.

He recommended including the whole area. The board, in drafting objectives and criteria for the district as required can reduce ambiguity, provide guidelines and accommodate the hospital's needs, he said.



ONE OF THE HOMES that would be included in a proposed historic preservation district on Randolph and Roanoke is shown to the City Council by M. Marilyn Trinder, 220 W. Columbia Ter. The council voted to include all of Roanoke and the "west" side of Randolph from Hamilton to Columbia Ter. A decision on how much of the "east" side of Randolph to include was scheduled for next week. — Staff Photo by Al Harkrader.

Peoria City Should Permanently

(West Bluff Hist. District)

716 N. Bourland
Peoria, Ill. 61606
November 3, 1977

309. 676-0344

Dr. William J. Murtagh,
Keeper of the National Register
National Park Services
Dept. of the Interior
Washington, D. C. 20240

Dear Sir,
Concerning your letter of Oct. 5, 1977 informing me that my property is included in an historic district, nominated by the State and may be listed in the National Register sometime in the future, I would like all information as to how I should go about getting my property into this National Register program.

716 N. Bourland is a duplex with 14 windows in each apartment, upper and lower. The property has been very well preserved; however, some of the window ropes have rotted out or are broken and need to be replaced. Also, some of the solid oak window frames may have to be replaced. Most of the 28 windows are in excellent condition. We have no good storm windows and must get all new ones which will be very costly as the windows are the old type higher than most. I have not measured exact height and width, but we do need storms because this will help to preserve all the solid oak window frames and sills. There are a few plumbing things that need repair and some foundation work will need attention very soon.

Hoping to hear from you very soon.

Yours truly,

Vivian G. Smith

Vivian G. Smith

THE NATIONAL REGISTER OF HISTORIC PLACES

DATE RECD NOV 9 1977

called + explained
already listed
apply right away for
loan will grant

DATE ACTION TAKEN

INITIALS

etc. info.

District - she can
- sent
- In aid

11-25-77

BH

11-15-77

TELEPHONE REPORT

1. CALL TO: FROM (Name)

Keith Sculle

2. ADDRESS (Tel. No. if needed)

217-782-6752

3. SUBJECT, PROJECT NO., ETC.

West Bluff Hist Dist (Peoria Illinois)

4. DETAILS OF DISCUSSION

1400 hundred block of Hamilton included?
spoke w/ sculle - said boundaries
& list of property owners ~~correct~~
Correct - Very rude man! - Has
no idea ^{why} ~~how~~ Mrs white thought
she was w/in boundaries.

NAME OF PERSON PLACING/RECEIVING CALL

Hundy

TITLE

OFFICE

DATE 11-15-77

TELEPHONE REPORT

TIME OF CALL 11:38 AM

1. CALL TO: FROM (Name)

Mrs. Virginia White

2. ADDRESS (Tel. No. if needed)

309.685.2522

3. SUBJECT, PROJECT NO., ETC.

West Bluff Historic District

4. DETAILS OF DISCUSSION

11:38

1402 Hamilton - seems to be
within district

City Council - has ^{Mr.} White listed
within West Bluff Hist. District
↳ She will call her Councilman - have
him check source of his map
will call me back tomorrow

NAME OF PERSON PLACING/RECEIVING CALL

TITLE

OFFICE

Handy

11-16-77

TELEPHONE REPORT

10:45



1. CALL TO: FROM (Name)

2. ADDRESS (Tel. No. if needed)

Virginia White

3. SUBJECT, PROJECT NO., ETC.

West Bluff HD boundaries

4. DETAILS OF DISCUSSION

- spoke w/ Sculle & ^{Mr.} Bateman (councilman)
- map drawn by Professor Govt sent
- Mrs. White only one missed (neighbor mentioned in her letter did receive notice)
- Mr. Sculle will get back to her on this - sounded to her as tho he felt she was w/in district
- street numbered strangely - all one ~~block~~ block
- ^{Mrs. White} only one numbered in 1400's.

Sculle should contact us if she is to be included in property address - if we don't hear from him by end of today - I will call him.

ADDRESS: MRS Virginia B White
1402 Hamilton Blvd.
Peoria, Illinois 61606

NOV 28 1977



NAME OF PERSON PLACING/RECEIVING CALL

TITLE

OFFICE

Handy

DATE

11-21-77

TELEPHONE REPORT

TIME OF CALL

2:50

AM
PM

1. CALL TO: FROM (Name)

2. ADDRESS (Tel. No. if needed)

~~Kenn Scott~~
Anne Manual

217-782-6752

3. SUBJECT, PROJECT NO., ETC.

West Bluff HD

4. DETAILS OF DISCUSSION

11-23-77 2:24 - will return call

#9:45 State has notified Mrs. White
11-28 ~~that~~ her property within
district

This is official - we
should send her
notification

NAME OF PERSON PLACING/RECEIVING CALL

TITLE

OFFICE

Handy

Illinois



Department of Conservation

life and land together

605 STATE OFFICE BUILDING • 400 SOUTH SPRING STREET • SPRINGFIELD 62706

CHICAGO OFFICE - ROOM 100, 160 NO. LASALLE 60601

David Kenney, Director • James C. Helfrich, Assistant Director

February 14, 1978

Ms. Kathy Burns
National Register of Historic Places
Department of Interior
Washington, D.C. 20240

Dear Ms. Burns:

Enclosed, please find additions to the owners list for the West Bluff Historic District in Peoria, Illinois. This District has been listed since December 16, 1976.

Sincerely yours,

A handwritten signature in cursive script that reads "Keith A. Sculle".

Keith A. Sculle
National Register Coordinator

KAS/jl

Enclosures

Feb. 8, 1978

AMENDMENTS TO
WEST BLUFF HISTORIC DISTRICT SURVEY

Street Name & Number I.D. Number Owner & Address if Different
From Property Address

ARMSTRONG STREET (WEST)

608 06 04 111 024 ✓ George F. Roach Jr.

AYRES STREET

1601 06008 106 013 ✓ Dale A. and Judith Cramton

BARKER STREET (WEST)

1601 06 08 101 024 Elias Salem

CALLENDER

1600 06 08 106 011 ✓ Earl R. Shanemeyer

HAMILTON BLVD. (NORTH)

1402 06 04 303 001 ✓ Virginia B. White

HIGH STREET

502 06 04 308 016 ✓ Charles Burns
504 W. High

MOSS AVENUE

1823 06 08 108 024 ✓ Peter & Judy Galietta

ST. JAMES AVENUE

920 06 05 409 042 ✓ Gary P. Ugron

SEVENTH AVENUE

901 06 08 202 026 ✓ Daniel E. Purcell
3322 W. Latrobe

1321 06 08 111 014 ✓ Leo McDonald

*See note in attached letter



Feb 8, 1978

SHERIDAN

922

06 04 306 45

✓ Barry G. Cloyd

STATE

935

06 04 308 016

✓ Charles Burns
504 W. High

WINDOM

1006

06 05 409 002

✓ Henry Joseph et al

1008

06 05 409 001

✓ Clarence Mayden

TAX REFORM ACT.

MAR 7 1978

Advisory Council On Historic Preservation

1522 K Street NW.
Washington D.C.
20005

MAR 15 1979

Mr. Jay W. Miller
Division Administrator, Illinois Division
Federal Highway Administration
3085 East Stevenson Drive
Springfield, Illinois 62703

*Peoria Co.
Sangamon
Listed 12-17-74*

Attention of Mr. Lionel Wood, Staff Specialist for the Environment

Dear Mr. Miller:

We have been informed by Ms. Pat Kenney, a Peoria citizen, that the West Bluff Historic District, a property included in the National Register of Historic Places, may be affected by the proposed widening of University to Main Street, and the proposed construction of the MacArthur-University couplet. We have also been advised that the Federal Highway Administration may be involved in this undertaking through its providing assistance for the implementation of and construction of these undertakings.

Please investigate this matter to determine whether your involvement requires the comments of the Council pursuant to Section 106 of the National Historic Preservation Act of 1966 (16 U.S.C. Sec. 470f, as amended, 90 Stat. 1320). Section 800.4 of the Council's regulations "Protection of Historic and Cultural Properties" (36 CFR Part 800) sets forth the agency's responsibilities. We look forward to hearing from you as soon as possible. If you have further questions, please call Joseph P. Hough at 202-254-3967.

Thank you for your cooperation.

Sincerely,



Jordan E. Tannenbaum
Chief, Eastern Office
of Review and Compliance

✓ CC:HCPS NR

Oct. 7th

TELEPHONE REPORT

TIME OF CALL

AM
PM

1. CALL TO: FROM (Name)

Bill Farrar

2. ADDRESS (Tel. No. if needed)

Illinois

3. SUBJECT, PROJECT NO., ETC.

West Bluff Historic District

4. DETAILS OF DISCUSSION

Bill Farrar was distressed that we had returned the nomination; he feels VERY STRONGLY that all the questions raised in my send-back sheet have already been answered in the form itself. If, in re-reviewing this nomination, we have questions about it, I'd advise that we approach the State tactfully. I told Bill that if he felt that all our questions had been answered, please return the nomination as is.

NAME OF PERSON PLACING/RECEIVING CALL

HWJand1

TITLE

OFFICE

NR

NATIONAL REGISTER DATA SHEET

1 NAME as it appears on federal register: **WEST BLUFF HISTORIC DISTRICT** 2 OTHER NAMES: 3 date of entry: **12.17.76** 4 county code: **143**

5 LOCATION street & number: *** See Reverse** city / town: **PEORIA** vicinity of: state: **IL** county: **Peoria** 6 NPS REGION: **Midwest**

7 OWNER PRIVATE STATE MUNICIPAL COUNTY MULTIPLE FEDERAL (agency name) 8 ADMINISTRATOR:

9 EXISTING SURVEYS HABS HAER NHL 10 FUNDED? YES NO 11 CONGRESS. DISTRICT: **18th** 12 SOURCE OF NOMINATION STATE FEDERAL

13 WITHIN NATIONAL REGISTER HISTORIC DISTRICT? YES, NAME: NO 14 WITHIN NATIONAL HISTORIC LANDMARK? YES, NAME: NO 15 ACREAGE: **365 acres** 16 if state who prepared form? **SHPO** LOCAL PRIVATE ORGANIZATION

16 CONDITION deteriorated altered original site excellent ruins unaltered moved good unexposed reconstructed unknown fair unexcavated excavated

17 features: INTERIOR SUBSTANTIALLY INTACT-1 SUBSTANTIALLY INTACT-2 NOT INTACT-0 UNKNOWN-4 NOT APPLICABLE-7 EXTERIOR SUBSTANTIALLY INTACT-3 NOT INTACT-0 UNKNOWN-5 NOT APPLICABLE-8 ENVIRONS SUBSTANTIALLY INTACT-3 NOT INTACT-0 UNKNOWN-6 NOT APPLICABLE-9

18 ACCESS YES - Restricted YES - Unrestricted No Access Unknown 19 ADAPTIVE USE YES NO 20 SAVED? YES NO IS PROPERTY A HISTORIC DISTRICT? YES NO

21 AREAS OF SIGNIFICANCE: ARCHEOLOGY - prehistoric-2 COMMERCE-6 ENGINEERING-11 LANDSCAPE ARCH.-15 POLITICS / GOVT.-21 RECREATION-28 ARCHEOLOGY - historic-1 COMMUNICATIONS-7 ENTERTAINMENT-26 LAW-16 RELIGION-22 SETTLEMENT-29 AGRICULTURE-3 CONSERVATION-8 EXPLORATION-12 LITERATURE-17 SCIENCE-23 URBAN PLANNING-31 ARCHITECTURE-4 ECONOMICS-9 HEALTH-27 MILITARY-18 SOCIAL / HUMANITARIAN-24 OTHER (SPECIFY) ART-5 EDUCATION-10 INDUSTRY-13 MUSIC-19 SOCIAL / CULTURAL-30 TRANSPORTATION-25

22 CLAIMS: explain 'first' 'oldest' 'only'

23 functions WHEN HISTORICALLY SIGNIFICANT: **Residential** CURRENTLY: **ditto** 24 dates of initial construction: **1840's - 1930** major alterations: historic events: 25 ETHNIC GROUP ASSOCIATION

26 architectural style(s): **Greek Revival / Italianate / Queen Anne / Gothic Revival / Eastlake / Neo-Classical Revival / Prairie / Bungalow** 27 architect: **F. L. Wright** 28 master builder: 29 engineer: 30 landscape architect / garden designer: 31 interior decorator: 32 artist: 33 artisan: 34 builder / contractor:

35 NAMES give role & date PERSONAL: **Chas. E. Duryea - resident - built 1st American automobile here** EVENTS: INSTITUTIONAL:

36 NATIONAL REGISTER WRITE-UP: **Primarily residential district of some 800 frame or masonry, 2-2 1/2-story dwellings; notable are the ^{Frank Lloyd} Wright-designed Francis W. Little residence ^{ca. 1850} Coach house, the Moses Pettingill house (1862), and the Tobias S. Bradley house (1843). Greek Revival, Italianate, Queen Anne, Gothic Revival, Eastlake, Neo-Classical Revival, Prairie, ^{ca. 1850} Bungalow styles. Developed as fashionable residential area during city's ~~1850~~ years as major industrial center, ca. 1850 - 1900; retains much original integrity and character.**

⑤ * Randolph, High ~~St~~ Moss St, ^{E of Western St.} ~~parts of adjoining Sts.~~

ITEMS SUBMITTED BY THE METHODIST MEDICAL CENTER OF ILLINOIS
TO OPPOSE INCLUSION OF SOUTHEAST SIDE OF
RANDOLPH AVENUE BETWEEN HAMILTON BOULEVARD AND
COLUMBIA TERRACE IN WEST BLUFF HISTORIC DISTRICT

1. Comments by Paul C. Cation, Chairman of the Board of Trustees
2. Comments by John E. Paulson, Director of Planning
3. Letter to Mayor Carver -- Only Notification to Property Owners
4. Map of Proposed West Bluff Historic District
5. Downtown Development Information
6. Site Plans
7. Newspaper Articles
8. Petitions Against Local Historic District
9. Transcript of Local Historic Preservation Hearings
10. Methodist Medical Center Long-Range Plan



COMMENTS BY PAUL C. CATION, CHAIRMAN OF THE METHODIST MEDICAL CENTER OF ILLINOIS BOARD OF TRUSTEES ON THE PROPOSED RANDOLPH-ROANOKE HISTORIC PRESERVATION DISTRICT.

The possible designation of the Randolph-Roanoke area as a Historic Preservation District has caused concern among the Methodist Medical Center of Illinois Administration, Board of Trustees and our Medical Staff. A Historic Preservation District designation could affect the ability of the Methodist Medical Center to continue delivery of quality health care to Peorians and the people of Central Illinois. Therefore, we want to make sure that the Historic Preservation Board, City Council members and community leaders are aware that the decision which will be made regarding the designation of Historic Preservation Districts could affect the health of us all.

During the next five years, the continued growth of the Methodist Medical Center will make expansion in the Randolph Street area a necessity. The first phase of our Long Range Development Plan includes new facilities for the St. Jude Midwest Affiliate, creation of a new Emergency Department and development of a new Heart Center. Also included in the first phase is an expanded Cancer Center and additional space which will be utilized for medical education programs in cooperation with the Peoria School of Medicine. This initial growth will occur between Crescent Avenue and Randolph Avenue near Hamilton Boulevard. The Long Range Plan indicates a need over the next twenty-five years to purchase the east side of Randolph Avenue to accommodate further developments.

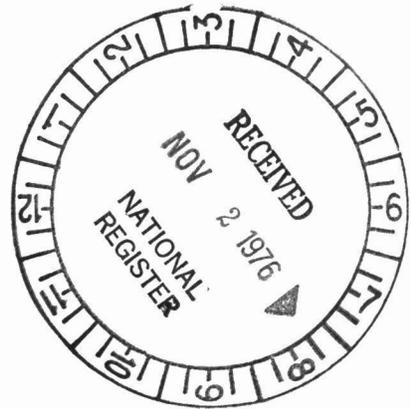
The proposed Historic Preservation District is causing us to announce these plans somewhat prematurely. They are not in final form and will not be for several months; however, we are showing you our plans as they now exist. This is in keeping with our philosophy of being candid with the public we serve. This new development is vitally necessary to meet Peoria's growing health care needs. If we are prevented



by a Historic Preservation District from progressing with this development, the delay will cause important patient care programs, such as the St. Jude Program, the Heart Center, and the Cancer Center to suffer. Additionally, although the Historic Preservation Ordinance allows for the removal of buildings, design criteria for new structures are such that the meeting of these criteria would seriously compromise modern medical architecture and effectively double the cost of new facilities.

We would like you to bear these facts in mind as you review the proposed Randolph-Roanoke Historic Preservation District. We are firmly committed to cooperate with all elements of the City in our planning.

This cooperation leads us to propose another concept: We all know that Peoria, with its three hospitals and medical school, is becoming a major medical center. When the Peoria School of Medicine was relocated to the downtown area, the die was cast as to the future development of this area as a medical district. The outside planning consultants retained by the hospital have indicated to us that within the not too distant future, the whole area from the Peoria School of Medicine through the Methodist Medical Center and past the St. Francis Hospital-Medical Center, will develop into this medical district. The history of other such areas in the country can lead to no other conclusion. Our outside planning consultants have also stated that with this medical district development, Methodist Medical Center and St. Francis Hospital-Medical Center will become the major teaching tertiary care referral centers between Chicago and St. Louis. The growth of Peoria as a medical center means the arrival of more physician specialists and the beginning of new patient programs. More jobs for Peorians are a by-product of these activities. Leaders of the community should continue to foster this development through forward-looking, coordinated planning for not only the Methodist Medical Center, but also the other Peoria hospitals and the new Peoria School of Medicine.

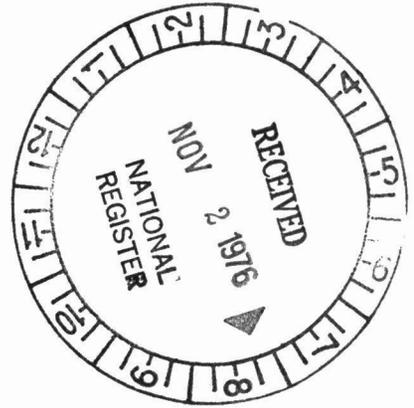


This issue of growth and how and why it occurs seems to be a central issue which deserves some specific discussion as you and others have questions concerning it.

Our growth from the Deaconess Hospital to the Methodist Hospital of Central Illinois to The Methodist Medical Center of Illinois is symbolic of a need to grow to serve an expanding community of patients. The need for growth is not then in the interest of institutional self-servitude. Population increases and advancing medical technology create a need for more or better community health services. A hospital plans in the interest of the community it serves. By 1985, 50,000 more people will be living in the Tri-County area. Statistically then, 200 more hospital beds will be needed. New breakthroughs and further refinements in medicine will expand the scope of clinical services required.

Modern medicine and the benefits it provides to patients are expanding at an accelerated rate. Our purpose, as it has always been, is to support medical advances in the form of hospital services. These services now include outpatient care and many sophisticated clinical services in addition to the traditional inpatient services. Diseases are being defeated that were previously seriously disabling or fatal. We continue to study the health problems which still exist and plan accordingly. I firmly believe that our Long-Range Plan is devoted to improving the quality of care and opportunity for cure for the patients we serve.

It has been suggested that the representatives of The Methodist Medical Center are interested in expansion to enhance their own positions. I would counsel just the opposite. The productive enhancement of a hospital administrator's self-image and status should not and cannot be measured merely in terms of institutional size and complexity. Rather, the true measurement is identification



with the establishment and pursuance of patient care centered objectives and the personal manner in which this occurs. I am sure everyone derives a great deal of personal satisfaction from their accomplishments, professionally and in avocations. Accomplishment for myself and The Methodist Medical Center of Illinois will be realized as long as we strive for excellence in patient care.

The deliberations determining the course of our Long-Range Plan began over a year ago. The genesis of this Long-Range Plan was a realization that while our present construction program would offer the community new services in the field of cancer, heart, and respiratory care, ambulatory care including many diagnostic, therapeutic, and surgical services, and pediatrics, it was only the beginning of a needed comprehensive health services development. The First Phase of our Long-Range Plan, which is scheduled to be completed within the next five years, calls for the construction of patient care facilities which would allow for the following developments:

- A. An expanded emergency service to better serve both true emergency cases and acute, but not emergent patient problems, to accommodate the programs developing for chemical abuse and rape victims, and the paramedic training and other hospital based components of the city-wide ambulance corporation.
- B. An expanded Laboratory Department to meet the growing demands of medical specialization and new programs as are described below.
- C. An expanded Rehabilitation Department to meet the total needs of both inpatients and outpatients recovering from resolved medical and surgical problems or learning to live better with chronic ailments and lingering health problems.

- D. An expanded St. Jude Midwest Affiliate facility to better deliver the benefits of research to children and others afflicted with the catastrophic disease of cancer. This is part of our Cancer Care Center program.
- E. Integrated and expanded intensive care units for patients with traumatic diseases and injuries, including heart disease, pulmonary disease, cerebrovascular accidents. This is the critical care portion of our Heart Center program.
- F. A progressive care nursing unit to better correlate care and facilities during the course of the patient's recovery.
- G. A doctors' office building to bring the clinical services of the hospital closer to physicians and their office patients for the purposes of continuity and comprehensiveness.

Our studies of health problems in the community indicate that these developments are needed. In the Peoria area, the mortality rates for heart disease, cancer, and pulmonary disease are significantly higher than they are for the rest of Illinois. Caring for intensely ill and emergency patients requires comprehensive facility resources. The demands on the laboratory service of the hospital is growing at an annual rate of 12%. Rehabilitation patients need access to facilities and areas which correspond to typical living situations. Our existing facilities cannot be restructured to accommodate to progressive patient care practices. The need for on-site doctors office buildings is evidenced by the fact that requests to us for this type of space continue to grow while outlying offices have space for lease. This phenomenon can be attributed to the comprehensive care capabilities and instant availability in emergency situations made possible by on-site doctors offices, the benefits of which are desired by both doctor and patient.

In December of 1975, we began the process of master site planning. Members of the City administrative departments and agencies were included from the onset and have been continually involved in this process. I point this out merely to indicate that our planning has not been unilateral. I would also like to say that there has not been, nor will there be any collusion in this planning. While we represent a public service, our efforts are similar to those of a private citizen or group in that we ask for assistance and consideration in meeting our objectives. Most specifically, we must acquire property just as a private citizen does.

Our master site planning indicated that there was a medical district made up of the Peoria School of Medicine, our hospital, St. Francis Hospital - Medical Center, and other related entities present and continuing to develop at the northern boundary of the downtown Central Development Area.

The true significance of this district will be expressed in more and better health care for the people of Central Illinois. Economically, this district represents a capital investment of over 100 million dollars. Annually, in the form of salaries, wages, and benefits, the 5,000 employees of the components of this district return 50 million dollars for the community's economy. Daily up to 10,000 people, patients, employees, physicians, and visitors traverse this medical district. Our role as we saw it in this district was to participate in the provision of patient care facilities and clinical practice settings for the patients of existing medical resource personnel and the clinical faculty, students, and physicians in specialty training promulgated by the Peoria School of Medicine.



In this regard, we investigated how and where to expand our facility to best serve this purpose and our objectives. We basically had four choices: (1) within or on top of our existing structures, (2) to the south of our parking deck, (3) to the west across Hamilton Boulevard, or to the north into the Crescent Avenue - Randolph Avenue corridor. Number (1) was eliminated as our existing structures would not accommodate the type of development envisioned. Number (2) was eliminated because the parking deck would effectively cut in half facilities development. Number (3) was eliminated as we saw the Hamilton-Main corridor developing for related purposes. It would introduce an additional high traffic zone into our campus, and disjointment would occur in the development of facilities with an excess of construction dollars being used up merely to establish access ways and transport systems. Number (4) was chosen for the following reasons:

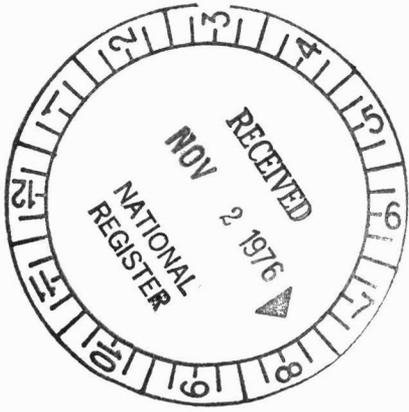
- A. The Crescent-Randolph Corridor could be significantly developed allowing for a comprehensive Long-Range Plan to be effected.
- B. We owned land and property in this area.
- C. Existing patient movement systems and important clinical functional relationships could be maintained and/or improved.
- D. Duplication of facilities or services would not be necessary.
(Outlying or satellite hospitals representing building another hospital is impractical in terms of providing the comprehensive array of services and facilities dictated by modern medicine.)
- E. The area would lend itself to underground parking facilities and allow for pleasant surrounding landscaping.
- F. Scale and mass of buildings could be kept to a level compatible with the interests of those occupying contiguous structures.
- G. Financial parameters dictate the maintenance of a single operating unit represented by functional connections established with existing structures.

Throughout our planning, we were cognizant of the historical interests of the people in the Hamilton Boulevard-Columbia Terrace triangle behind the hospital. As our plans became specific, these interests had not yet been formalized to the point that they could be constructively analyzed. The solidification of our plans occurred before the proposed Randolph-Roanoke Historic District reached an understandable stage of development. Thus, those who have suggested that we fabricated our plans merely to oppose the creation of such a district are quite wrong.

The premature designation that was afforded our plans must be understood in the context in which it was intended. Our plans have not been submitted for formal approval as a project to the Illinois Department of Public Health and the Illinois Health Facilities Planning Board. This is a more detailed process which takes further development in terms of financial and design specifics. Our plans have been submitted to those agencies and other health planning review agencies as representing our master plan for the next twenty-five years. We are proceeding to undertake a shared planning process with these agencies for the purposes of reviewing the appropriateness of our plans from a health service need perspective. In relationship to the proposed Randolph-Roanoke Historic District, we revealed our plans to acquaint the Historic Preservation Board with what we felt as being important information for their decision-making process. In our opposition to the proposed Historic District, we have consistently expressed our concerns and the nature of our plans. Today, as in the beginning, our concern is for the design criteria contained in the enabling ordinance. It is our belief that the design criteria could be subjectively applied to the point where any new medical construction would be seriously compromised. Delays imposed could effectively hold up construction for a year which would represent an additional cost of 10% - 15%

of the total project costs. I think we have already seen subjectiveness in the manner in which our plans and planning consultants have been received.

At this time, I would like to schematically review with you briefly the true context and scope of what our plans represent.





April 5, 1976

Mayor Richard E. Carver
419 Fulton Street
Peoria, Illinois 61602

Dear Mayor Carver:

This letter is to inform you that the Illinois Historic Sites Advisory Council reviewed the nomination for the West Bluff Historic District at Randolph, High, and Moss east of Western and parts of adjoining streets in Peoria, Illinois, for placement on the National Register of Historic Places at their meeting on March 19 and 20, 1976.

The council members, upon review of the nomination felt that the West Bluff Historic District did meet the criteria necessary for placement on the National Register and voted to accept the nomination. The nomination will be sent to Washington for review by the National Park Service.

If you have any questions concerning this action, please feel free to contact me.

Sincerely,

(signed)

William G. Farrar
Coordinator of Preservation Services
Historic Sites Division

WGF/lg

W. Bluff Hist Dist.

A. E 278,475
N 4,509,160

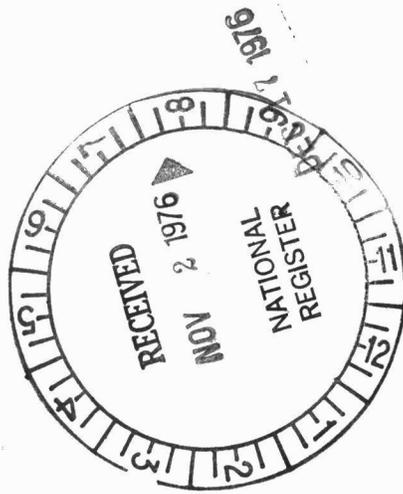
B. E 260,760
N 4,509,075

C. E 260,700
N 4,507,190

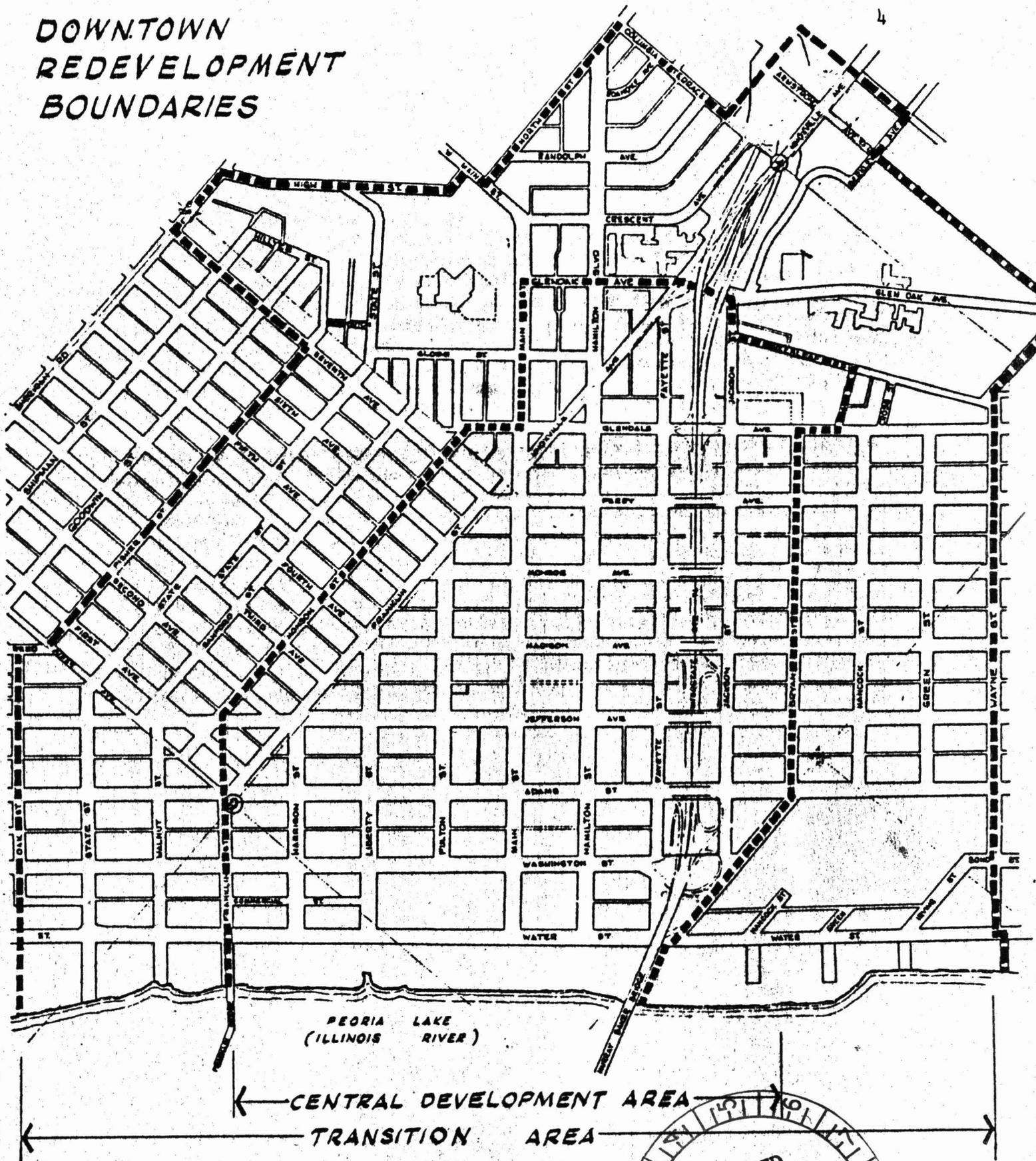
D. E 278,425
N 4,507,290



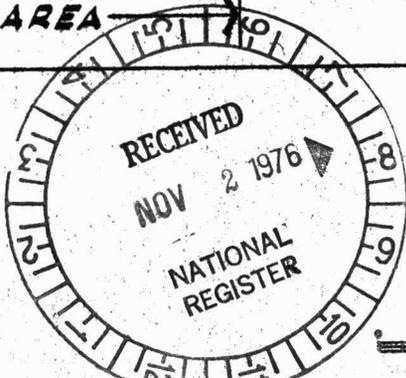
NOV 2 1976



DOWNTOWN REDEVELOPMENT BOUNDARIES



DEC 17 1976



APPENDIX B

The Subject of the Public Hearing

This public hearing is scheduled to allow those individuals who own land within the area described in Appendix A and any other interested person an opportunity to review and make comments on the proposed redevelopment plan and boundaries.

The presentation and discussions will focus on two actions that will eventually be taken to the City Council of the City of Peoria for final approval. These actions are:

I. *Establishing the boundary of the redevelopment area.*

The presentation will include the reasons why the boundary proposed is being recommended, and the findings of age and structural conditions within the area.

II. *Adopting a redevelopment plan which will serve as a guide to the physical redevelopment of the area.*

The general redevelopment plan will include a general land use map, a vehicular circulation map, a pedestrian circulation and open space map.

The redevelopment plan will also indicate the project development areas that are proposed within the downtown redevelopment area. The *major* project development areas are (see attached diagram):

1. *Civic Center Complex*, including an arena, theater, convention facility, hotels, parking and retail activities.

2. *The Retail Core*, including major retail stores, office, parking, pedestrian plaza and sidewalk improvements.
3. *Riverfront Development*, designed to encourage moderate to luxury income housing, public access to riverfront, restaurant, entertainment, cultural, and other compatible mixed uses.
4. *Governmental Center*, including existing county building, new joint City/County administration office, parking, and other potential public service operations.
5. *Regional Postal Facility* for proposed site of U.S. Postal Service operation, to include parking, customer services, distribution and maintenance facilities.
6. *Monson Corridor* area offering development potential for commercial, cultural, open space, and parking facilities along a major new CBD arterial.
7. *Residential Housing Development* to include housing for the elderly, low-moderate income housing, neighborhood services, parking, and major street improvements.
8. *Peoria School of Medicine* - a project nearing completion to include medical teaching facilities, parking and open space areas.
9. *West Side Transition Area*, to include housing and open space for recreation.

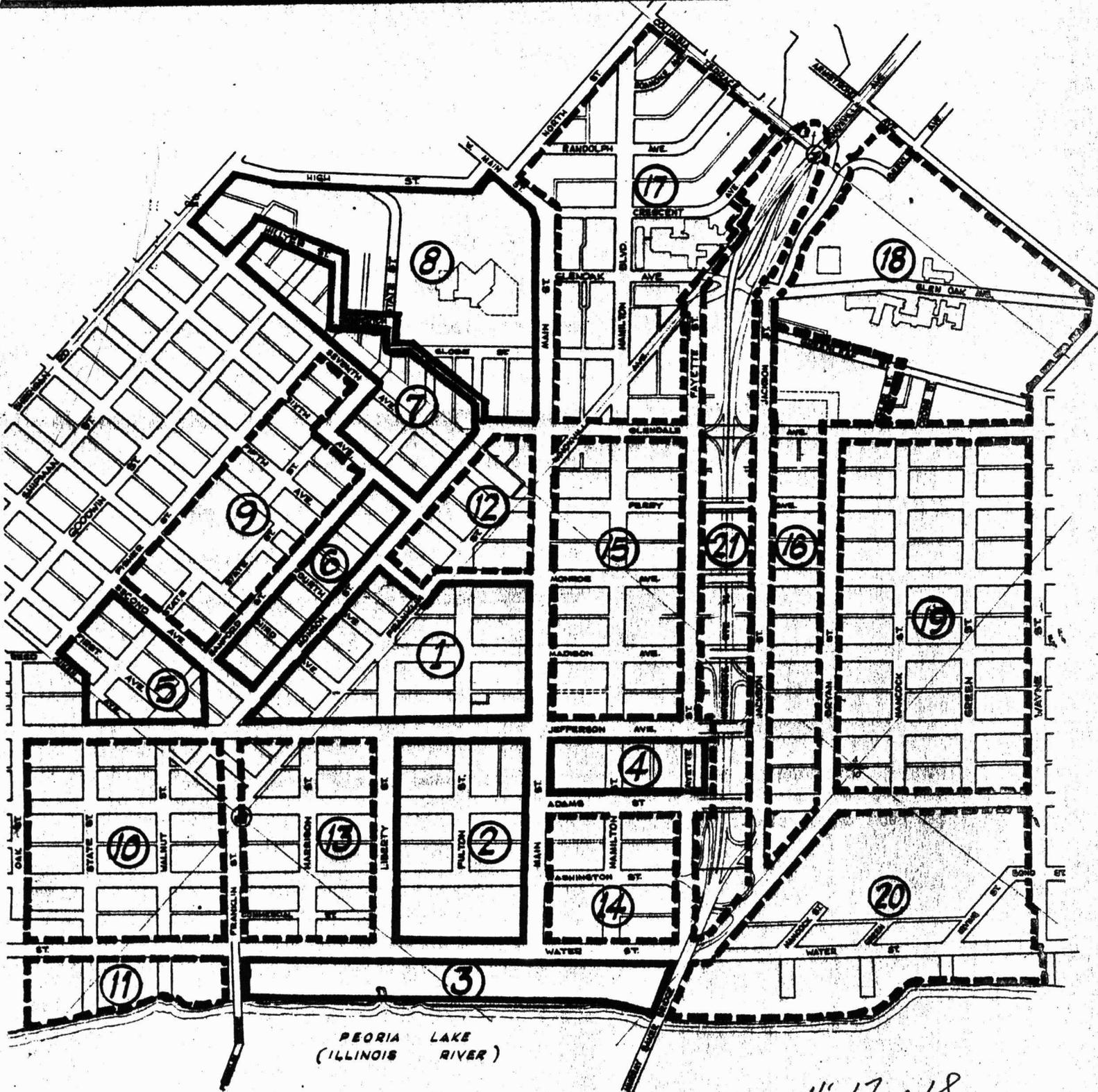
10. and 11. *South Side Transition Areas*, to offer development and renovation potential for commercial uses with mixed uses along the riverfront.
12. thru 16. *Central Business District Redevelopment Areas*
17. and 18. *Major medical facility areas* and surrounding residential and commercial uses.
19. and 20. *Northside Transition Areas* offering redevelopment and renovation opportunities for mixed uses along the riverfront, commercial uses along Adams and Jefferson, and housing and institutional uses in northwest portion.
21. *I-74 Movement Corridor*

See attached map for Item 1 through 21.

The public hearing will also present for review an initial list of project components that are located within some of the above described project development areas.

PROJECT DEVELOPMENT AREAS

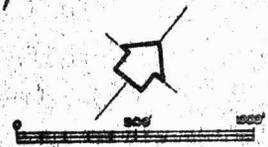
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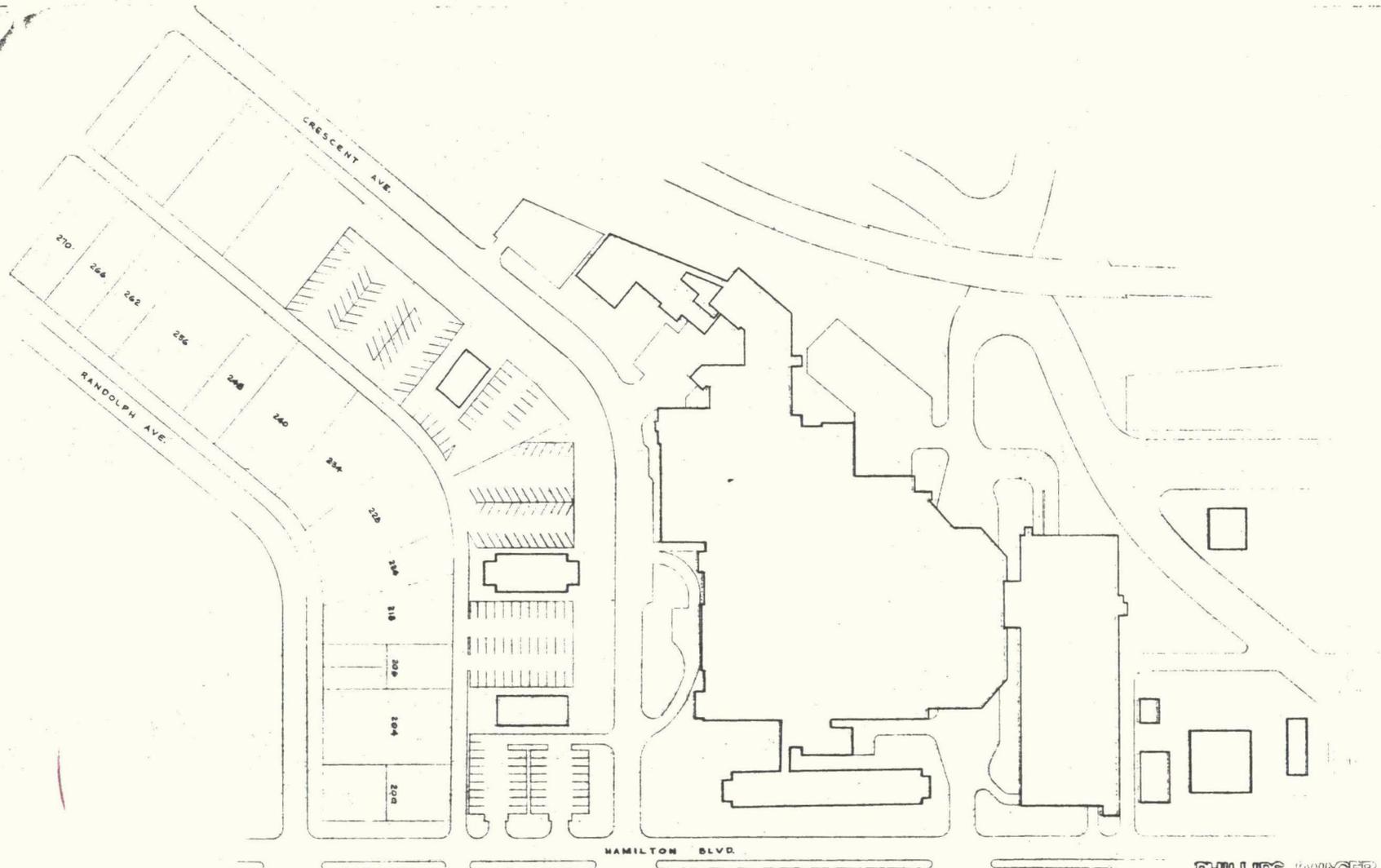
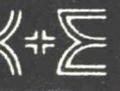


LEGEND

- MAJOR PROJECT DEVELOPMENT AREA
- OTHER PROJECT DEVELOPMENT AREA
- PROJECT DESCRIPTION KEY

*#s 17 & 18
Designated as
Major Medical
Facility Areas*



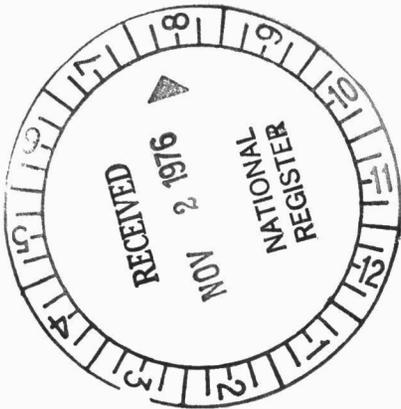


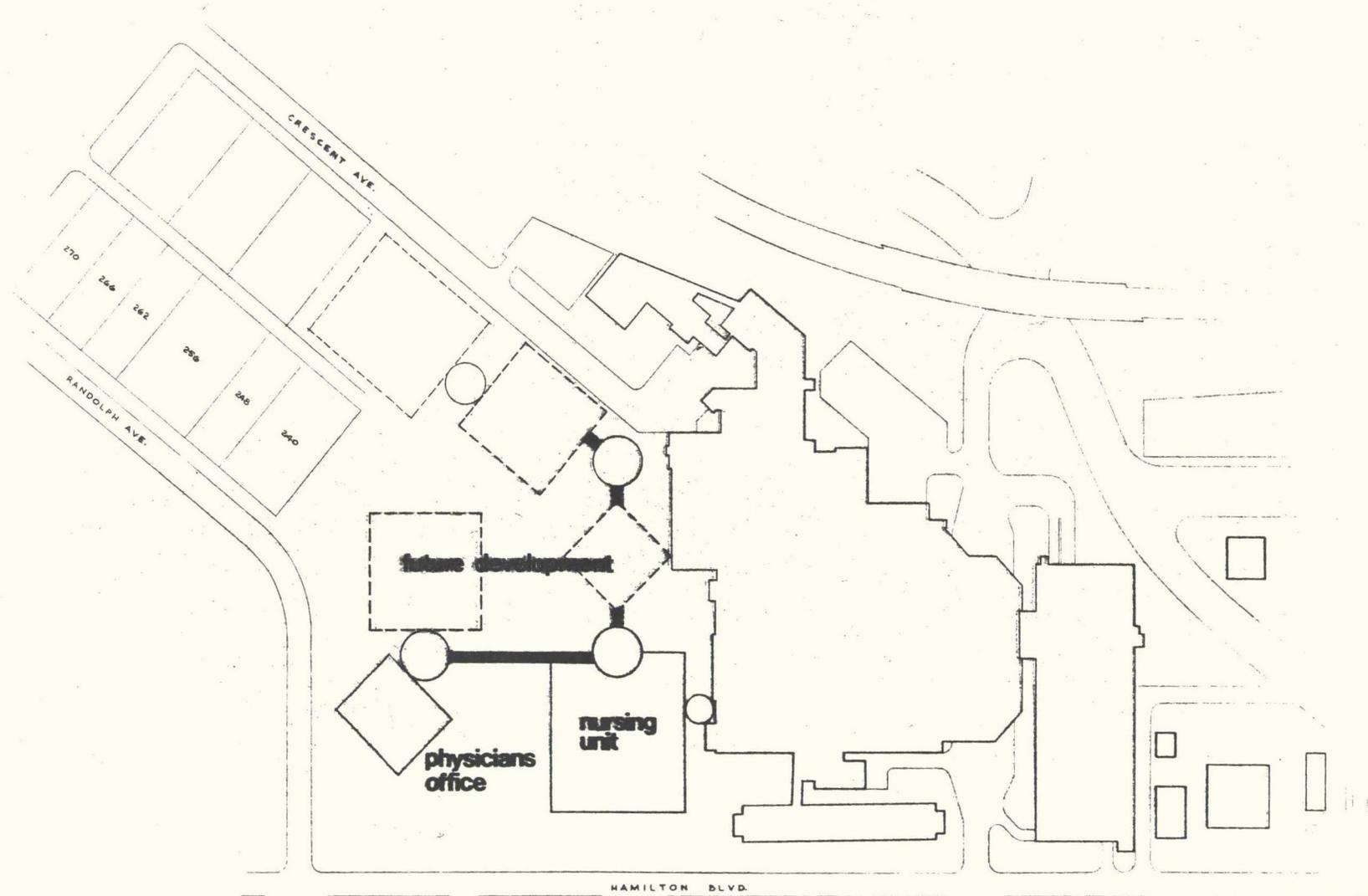
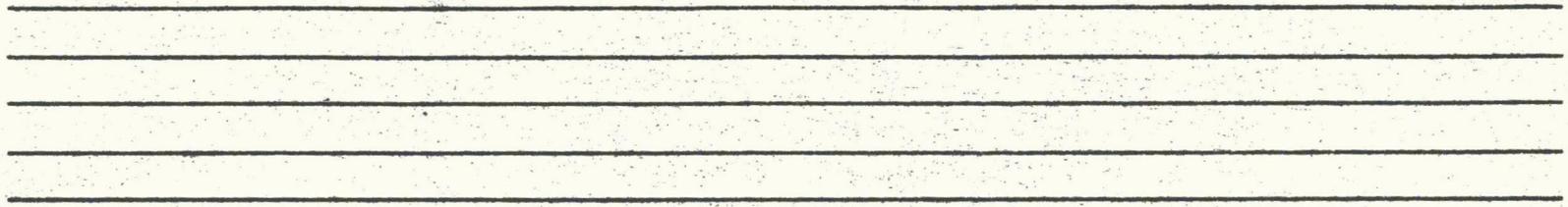
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PHILLIPS SWAGER
ASSOCIATES INC.

Site Plan • Methodist Medical Center



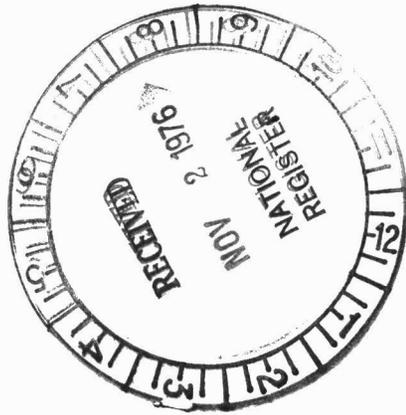


SCALE



PHILLIPS SWAGER
ASSOCIATES INC.

Long Range Plan - Methodist Medical Center





Council Declares Moss, High Streets Historic Preservation District

By SHELLEY EPSTEIN

One historic preservation district was formed by the City Council last night, but another the council twice refused to expand.

The council declared Moss and High streets an Historic Preservation District, the second formed after recommendations by the Historic Preservation Board.

However, the other district, covering Randolph and Roanoke, remained as the council approved it three

weeks ago. Then, the council included Roanoke and the west side of Randolph in the district, after Methodist Medical Center asked the east side be excluded so the hospital could expand.

TWO ATTEMPTS by the council to add portions of the east side of Randolph to the district failed because of the need for a 3/4 (seven of nine votes) vote majority.

District 2 Councilman R. James Bateman attempted to add the seven structures between 234 and 270 Randolph to the district, but that failed 5-3, with Mayor Richard Carver abstaining.

At-Large Councilmen Franklin Renner and Warren G. Reynolds, along with District 1 Councilman Richard Sutton defeated that motion.

Renner then tried to delete 234 Randolph from the other motion, excluding six structures from the district, but that failed 6-2-1, with Sutton and District 5 Councilman Lester Bergsten voting no and Carver again abstaining.

Bateman was joined by At-Large Councilwoman Dorothy Sinclair and District 4 Councilman C. Richard Neumiller saying they wanted all 12 structures on Randolph included in the historic district.

"I find it impossible to vis-

ualize the street not being maintained in its entirety in order to provide a full visual experience of the past," said Mrs. F. M. Bourland of 340 Randolph.

HOWEVER, Methodist officials have said the hospital's long-range plans are to fill an area bounded by Crescent, Hamilton, Randolph and Columbia Ter.

The area, "with its high density residential status, could play an even more important role than it has in the past in supplying good housing in close proximity to the medical complex," Mrs. Bourland said.

But Renner said the land will be needed much more for medical needs in the future, rather than historical preservation.

"The historic district law created for the property owners; the intent is to preserve the land for posterity," Renner said. "We're talking about the rights of the future owners, as well as the present ones."

Disagreeing, Bateman said the entire block should be included because Methodist officials have been vague about exactly what their needs will be in the next 25 years.

The 3/4 majority vote was needed because 60 per cent of the property owners on Roanoke had petitioned to be excluded from the district. That petition was ignored by the council when the district was formed, but was brought back last night by attorney Michael Gard.

"The types of homes on Roanoke aren't the type designed for the historic district," Gard said. "Only three homes were shown as having architectural significance, and the other 19 are ordinary homes."

Gard represents Julius

Gianakos, who wants to raze his building at 108 NE Randolph and build a 15-unit apartment building.

"You can build whatever you like in this district, so long as it's compatible," said Neumiller, who urged Gianakos to bring his plans to the historic preservation board.

But Sutton said the council was premature in forming the district.

"The purpose of the ordinance is to provide help where it's wanted and needed," he said. "But the majority of the property owners are opposed to this."

The formation of the Moss-High district had much less opposition, but two property owners, Dale B. Dudley and Robert L. Carver, did express opposition.

Dudley, owner of Dudley and Son Funeral Home, 1125 Main, said he wanted his build-

Continued on Page D-4

Pekin Bike Rider Struck By Car, Injured

PEKIN — A 15-year-old Pekin boy was injured when he rode his bicycle into the path of a car at Hilltop Dr. and Court St. about 8:30 a.m. yesterday.

Brian Sims of 1020 St. Clair Dr. was treated at Pekin Memorial Hospital.

Granda J. Johnson, 31, of 2100 Brookview Ter., Pekin, told Pekin police she stopped at the stop sign on Hilltop Dr. and then proceeded into the intersection. Johnson said the sun obscured her vision.

Sims, who was westbound on Court, told police he thought the driver of the car saw him.

A 16-year-old Marquette Heights youth received a nose bleed after his car struck a Central Illinois Light Company pole about 8:06 a.m. Monday near Court and Second St.

Mark Cunningham of 305 Kaskaskia Rd. told Pekin police he was Northbound on second when he went through the intersection at Court St. and his right front wheel struck the curb. Cunningham said he turned the steering wheel right and braked before striking the utility pole.

White Elephant Sale Scheduled

CHILLICOTHE — Band Boosters of District 321 will sponsor a white elephant sale Saturday from 1 to 4 p.m. in City Park here.

Entertainment will be provided by the Mossville Grade School, Chillicothe Junior High School and Illinois Valley Central High School bands.

All proceeds will go to district bands, and the rain date is Sept. 12.

Voelker said there had been two other arguments about

Description Of Garbage Dispute

some of the garbage inside the Mappoway office, and she and

Cariyle said the man left the green plastic bag of garbage in

AUG 13 10 43 AM '76

Mr. William W. Kumpf
City Clerk
City of Peoria
City Hall Building
419 Fulton Street
Peoria, Illinois 61602

William W. Kumpf

PETITION IN OPPOSITION

We, the undersigned, hereby express, pursuant to Section 9-8 of the Historic Preservation Ordinance of the City of Peoria, our formal opposition, in writing, to the designation of Randolph Avenue, between Hamilton Boulevard and Columbia Terrace, as a "Historic Preservation District," and we do hereby respectfully certify that we, the undersigned, are the "owners" of sixty per cent (60%) of the structures that front on Randolph Avenue, between Hamilton Boulevard and Columbia Terrace:

<u>Name</u>	<u>Address</u>
1. The Methodist Medical Center Of Illinois	266 Randolph Peoria, Illinois 61606

By:

- | | |
|---|--|
| <u>Clifford R. Brenner</u> | <u>224 NE Randolph Av</u> |
| 2. <u>Gene R. Brenner</u> | <u>Peoria Illinois</u>
<u>61606</u> |
| <u>Eileen A. Betts, Lewis J. Betts, Jr.</u> | <u>204 N. E. Randolph Ave</u> |
| 3. <u>Laura J. Betts Richard C. Betts</u> | <u>Peoria Illinois</u> |
| <u>Eileen A. Betts, Lewis J. Betts, Jr.</u> | <u>206 N. E. Randolph Av</u> |
| 4. <u>Laura J. Betts Richard G. Betts</u> | <u>Peoria, Illinois</u> |
| <u>Eileen A. Betts Lewis J. Betts, Jr.</u> | <u>218 N. E. Randolph Av</u> |
| 5. <u>Laura J. Betts Richard G. Betts</u> | <u>Peoria, Illinois</u> |
| <u>Eileen A. Betts Lewis J. Betts, Jr.</u> | <u>228 N. E. Randolph Av</u> |
| 6. <u>Laura J. Betts Richard C. Betts</u> | <u>Peoria, Illinois</u> |



7. Belven A. Bell
James J. Bell Jr

209 NE Randolph Ave
Peoria, Illinois

8. Albert L. Berry

248 N.E. RANDOLPH
PEORIA ILLINOIS

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

I, the undersigned, do hereby certify that the foregoing persons, whose signatures are affixed to this Petition In Opposition, signed this Petition In Opposition,

NOV 2 1976

in my presence, in order to formally express their opposition to the designation of Randolph Avenue, between Hamilton Boulevard and Columbia Terrace, as a "Historic Preservation District."

Dated and executed by me, the undersigned, this 10th day of August, A.D., 1976.

Richard C. Betts

NOV 2 1976

AUG 13 10 43 AM '76

Mr. William W. Kumpf
City Clerk
City of Peoria
City Hall Building
419 Fulton Street
Peoria, Illinois 61602

William W. Kumpf

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<u>Name</u>	<u>Address</u>
1. The Methodist Medical Center Of Illinois	266 Randolph Peoria, Illinois 61606
By: <u><i>Gene C. Carr</i></u> Chairman, Board of Trustees	
2. <u><i>Deery Wynona MD</i></u> Hamilton Medical Building Corp. President	<u>1200 N. Hamilton</u>
3. <u><i>Rand P. Mc</i></u>	<u>262 N.E. Randolph</u>
4. <u><i>Betty Merkel Ford</i></u>	<u>200 S.E. Randolph</u>
5. _____	_____
6. _____	_____



7. _____

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17. _____

18. _____

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in my presence, in order to formally express their opposition to the designation of Randolph Avenue, between Hamilton Boulevard and Columbia Terrace, as a "Historic Preservation District."

5th Dated and executed by me, the undersigned, this day of August, A.D., 1976.

James A. Macoof



CITY CLERK
PEORIA, ILL.

AUG 13 10 44 AM '76

Mr. William W. Kumpf
City Clerk
City of Peoria
City Hall Building
419 Fulton Street
Peoria, Illinois 61602

William W. Kumpf

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<u>Name</u>	<u>Address</u>
1. The Methodist Medical Center Of Illinois	266 Randolph Peoria, Illinois 61606

By: _____

2. _____

Eunice C. Herschel
3. *Eunice C. Herschel*

256 Randolph Ave 61606
Peoria, Ill.

4. _____

5. _____

6. _____



7. _____
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18. _____

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NOV 2 1976

in my presence, in order to formally express their opposition to the designation of Randolph Avenue, between Hamilton Boulevard and Columbia Terrace, as a "Historic Preservation District."

Dated and executed by me, the undersigned, this 5th day of August, A.D., 1976.

John A. Bell





TRANSCRIPT OF HEARING IN RE:
HISTORICAL PRESERVATION SOCIETY

July 26, 1976

City Hall
Peoria, Illinois

Reported by:
Grace Cafaro, CSR

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P R O C E E D I N G S

THE CHAIRMAN: This is a public hearing of the Randolph-Roanoke area for the proposed Historic Preservation District. On our agenda today we have a list of comments. First, we are going to hear the proposal of the District, then we are going to hear comments by residents for the approval of the District, then we will hear comments by residents opposing the District. We will have comments by others for approval of the District. Comments by others opposing the District, and then comments by the Preservation Board.

Now, we would like to inform the public that all persons wishing to speak in front of the Board must speak from the provided microphone, tell your name and address for the record. We are going to try to limit our time to approximately ten minutes for supplemental information and any other

information that is necessary that you want in the record we can receive in writing.

It seems that we have quite a few people that would like to speak today. I think we will continue the hearing until 12:00 noon and then reconvene at 1:00, if necessary.

So at this time we'd like to hear the proposal for the Randolph-Roanoke District.

Mrs. Bainter.

MRS. BAINTER: O.K., good morning to the members of the Historical Board and guests in the audience. I'm glad to see everybody here this morning.

We're going to take a tour down Randolph and Roanoke Avenues beginning on the east side of Randolph from the Hamilton Boulevard side. The first home we come to is 200 Randolph. This structure houses a dance studio and is very Williamsburg in appearance with the pillared porch reaching from one end of the house to the next.

I think she's going backwards. Push the

other button.

There we go! 204 Randolph. This structure is a very stately Georgian apartment building.

Next slide here showing the beautiful work that was put into these pillars supporting the projected balconies.

O.K., 234 Randolph. This is a structure that was damaged by fire in the midst of restoration this past spring.

This is a fine example of Queen Anne Victorian architecture. It had at one time, I am told, an elevator inside. Notice the chimney pots on the roof. Built circa 1889.

Next slide 240 Randolph. This beautifully restored structure has been the home of Mr. and Mrs. F. M. Bourland since 1953 and has been nominated for inclusion in The National Register for Historic Places.

It was built in 1885 by Willis Ballance for his mother, widow of Charles Ballance who wrote a one volume history of Peoria.

Another prominent resident of this structure was Henry Means Pindell, a widely known Peoria publisher who founded the Peoria Herald in 1889 and subsequently purchased the Transcript and the Journal in 1902.

He lived in this house until his death in 1924.

Notice the grill work around the french doors. O.K., 256 Randolph. This structure is of East Lake Victorian influence that was built in 1879 by the same Willis Ballance who, in later years, was the president of Gipps Brewery. The window here is a combination of leaded stained glass with beveled prismatic glass.

The next slide is a stained glass window viewed from the outside surrounded by serpentine shingles.

This slide is of the same window only taken from the inside, with a beautiful cherry wood staircase. This chimney has a Calla Lily design inserted into the pressed brick.

262 Randolph. This is a fine example of an exquisite English country estate built of Tudor-type timbering at the turn of the century. This was originally the home place of the Howard Fahnestock family.

Howard headed the wholesale grocery business of Oakford and Fahnestock; a concern founded by his father in 1856. This founder was also one of the first citizens to organize a public parks system in Peoria.

These casement windows are of leaded glass.

270 Randolph. This structure was built in the early 1900s and is of the Henry Hobson Richardson influence. An asymmetrical bungaloid structure; it consists of split glacial boulders and fieldstone with a swedged tapered roof that gives off the appearance of being Oriental. Notice the double tooling on the joints.

Now crossing to the west side of Randolph on the Columbia Terrace side we come to:

271 Randolph. This structure has been

modernized with aluminum siding but of particular interest in this slide is the brick inlaid sidewalks that can be found on both streets, and one of the many grand oak trees adorning the streets.

259 Randolph. This is another home that is nominated for The National Register. It is an exquisite example of the Victorian era that was popular in the early 1800s.

It was known as the Wheelock Mansion in those days, as it was the home of George Wheelock, an importer of fine china in Peoria.

The ridge line on the roofing is copper, along with several other areas of copper relief. Notice the curved grill work and curved glass above the porch.

You can hardly see it up there at the top. It's surrounding that window up there. It's curved grill work and there is curved glass above that porch.

This slide shows the front entrance doors. These are the front -- the second part of the

front entrance doors leading into the foyer, having windows of stained glass.

255 Randolph. This structure is also another nominee for historic recognition and is also of the Victorian influence.

The definition of the first floor and second floor with the fish scale pattern of shingles gives the building a fine appearance and the fine ornamental iron -- and if you will notice, those windows up there, they're curved glass. Yes, I don't think they even make curved glass any more.

FROM THE FLOOR: They do.

MRS. BAINTEER: Oh, they do?

The side curved windows. O.K., the fine ornamental iron adorns the side curved windows very nicely and the chimney has molded terra cotta inserts.

These stained and jeweled front porch windows are surrounded by rough cut stone. This side oriel window has leaded glass above the curved glass.

O.K., 209 Randolph. This is a Second Empire Victorian structure with beautiful bay windows. Notice the grill work that sits atop the original tin roof.

Now continuing the tour onto the east side of Roanoke Avenue from the Hamilton Boulevard side, we have:

108 Roanoke. This structure at one time was probably a very fine example of the Victorian era common in the late 1800s. It is now covered with composition siding but the stained glass windows still remain intact. This is currently the house that is to be demolished by the owner to make way for an apartment building.

O.K., 112 Roanoke. This is a beautiful example of the English Tudor period common in the late 1800s. This structure was built for Julia Miles Birks, a very prominent lady of Peoria's social circles, on the onset of her marriage to Frederick Birks of the Colburn and Birks Drug concern.

Her father, Philo Buckingham Miles, Peoria mayor in 1903, resided next door at 110. She lived in this house from 1903 until her death in 1962.

Notice the beautiful bay windows on the veranda side still hanging on.

Now we cross the street to the house most graciously referred to as "The Castle" at 111 Roanoke.

This is a personification of the craftsmanship of the Victorian influence. This structure is of hand-pitched stone and was erected circa 1880. Also notice the fine craftsmanship of the brick street.

Notice how the ivy adds to the beauty of the stained glass and ornate iron work sets off the Romanistic element of "The Castle."

105 Roanoke. This is what can happen when a historic district regulation is not in effect. It is of the Queen Anne period and has East Lake influence. It has a composition siding that makes it look obvious that the structure wasn't meaningful to the owner

at that time. Fortunately, some remnants still remain intact.

103 Roanoke. This is a sound-looking structure that is appreciably covered with brick veneer.

Notice the Colonial arched doorway and the side veranda.

101 Roanoke. This is the last but not least structure on our tour, and represents a transitional period circa 1918-1920.

This is a side view showing the veranda coming around to the front of the home with a solid masonry wall.

Now you will notice the exposed timbering and the chimney.

This home is currently under restoration by the owners.

This concludes my presentation of the structures on Randolph and Roanoke Avenues.

These slides can't really do the two streets justice since it does not show all the grand oak trees, the brick sidewalks and streets

in the area. It doesn't have the intimacy of the experience of actually walking down the two streets and viewing all the setting at once.

We have retained permission to go into some of these homes today to view more of the splendor inside, if it would be at all possible.

By preserving some of these majestic homes on Randolph and Roanoke, you will be preserving a part of Peoria's past for the future, just as the literature and history of that time is preserved in our libraries and museums.

This area is rich in architectural history, as well as local history, and I am wondering just how much of the past must be sacrificed for the demolition of the future.

Many cities have changed their course and have adopted more comprehensive programs to combine the restoration of the old with the construction of the new.

It probably requires more careful planning but the rewards would be worthwhile.

The men and women who lived in these structures played a key role in the historical development of the city and their residency has left an unmistakable imprint on the District. An ordinance whose purpose is to conserve the value of property and preserve our heritage is reasonable and not arbitrary. Thank you!

(Applause)

THE CHAIRMAN: Thank you, Anita.

Now we will hear comments by the residents of the area for approval of the District. Are there any comments for the Historical Preservation District from the residents?

MR. TRINDER: My name is Bernard Trinder, I live at 220 Columbia Terrace. I would like to say a few words in regard to this Historical Preservation.

It seems incongruous to me that a handful of residents should be the only force here in

favor of this area.

It seems to me that the -- that the Historical Preservation should be -- it seems to me that matter should be in the hands of the mayor, the City Council, the Peoria Historical Society, and all citizens concerned and interested in preservation of this beautiful heritage that we have.

The land in question, if it were to suddenly disappear, I don't believe that Methodist Hospital would stop their expansion plans. There must be other options.

These homes are well-preserved and beautiful examples of the Victorian architecture.

The important factor, remember, is they can't be replaced. We do not have the materials any longer, we do not have the workers, the workmanship, the people capable of building if they had the materials. It's a lost art. Please keep in mind that there will never be any more like these. Their irreplaceability should be the only point you need to consider

in making your decision about historical preservation.

That's the end of it. Thank you.

(Applause)

MRS. BOURLAND: My name is Mrs. Frederick Bourland. I live at 240 Randolph, one of the properties in question.

It seems to me that the purpose of the Historical Preservation Ordinance is to help Peoria maintain, retain, preserve its very distinguished past.

My husband and I have lived here a long time. My husband is a fifth generation Peorian.

I have lived on Randolph for most of the time that I have been in Peoria, which is forty-nine years. When I first came to Peoria, I lived in the apartment down at 204 and then after a short period of time -- and I was married when we lived on High Street, and then we moved to 240 Randolph.

So I feel I am not a long a resident, perhaps, as some of the people, but I would

wager that I have been a resident of the Randolph Street area for longer than almost anybody else.

To me, there is a quality of life to be preserved, as well as the buildings themselves. I feel that it is part of our responsibility as citizens of this community to see that we enhance the quality of living, not diminish it.

I agree with Mr. Trinder when he said that, I think, there are other options that could be utilized by those who wish to vote against the Historical Preservation Ordinance.

I am for it because I think it will add immeasurably to the quality, the stature of Peoria, of which I am very proud. I love Peoria! I want to see us keep Peoria the way it is, to keep its flavor, its quality.

We have seen so many fine old buildings that have been destroyed.

Believe me, I realize that some of it was necessary but, if you have lived as long as

we have in our area and have seen what has happened, little by little by little, with the spot zoning to Knoxville, how it is happening to Sheridan, it certainly happened to University. Look what has happened to the beautiful old homes on Monroe, Madison, Perry. And I think it's time that those of us who want to maintain the beauty of our community really stood up and were counted.

I agree with Mr. Trinder also when he says it's too bad that there is just a handful of people, you might say, that have a vested interest in this thing. This isn't the only reason we are here.

We have sat, as I said, and seen the -- our historic heritage nibbled away at little by little by little. I would like to see it stopped and that's why I am here.

Thank you.

(Applause)

MR. CARRIGAN: I am Keith Carrigan. I'm speaking for the Landmark Foundation this morning.

I think in the years of our Bicentennial when we, as a country, are reviewing our history and progress over the life of this nation, I think it is fitting that Peoria comes of age and sets up legislation to protect our history. And the Landmark Foundation supports this Board and supports the residents of the Randolph and Roanoke area who are trying to preserve a valuable piece of history of this area.

You know, when you boil down all the reasons for the greatness of this country, you come up with two basic common denominators. The first is our rich heritage of men and ideas who have built this country on the thirteen Colonies, and the second one is the progress that we have made in almost every field of study from farming to medicine, to space exploration, and we will continue to be great as long as we continue to balance the two both on a national and local level. You can walk through the streets of Boston and

see a living modern history of steel and glass skyscrapers with the old City Hall and other great architectural and historical monuments tucked in between, and you know it's much easier to destroy the old while building for the future, but what would Boston be like if it didn't have the old North Church or Fennell Hall, or Bunker Hill.

A city is like a person; it must maintain its identity, and part of this identity and part of the history of Peoria is found on the streets of Randolph and Roanoke and we must preserve it for our own sense of origin but, more importantly, for our children.

We have all read about General George Washington and Mt. Vernon as gradeschool children and, yet, it doesn't really come to light or come alive, rather, until we visit the historic structure on the banks of the Potomac River. And, yet, that home of our first President was scheduled for demolition just a few short years after Washington's



day for a progressive modern hotel.

Over the years, the Methodist Hospital has not been sympathetic to the needs of the residents surrounding the area.

We need a hospital and should be thankful for its modern facilities, for it has served the Peoria area well over the years. But it should not be done at the expense of a residential area.

There is an old saying that the right to swing one's arm ends where the other fellow's nose begins. I think we have just hit the end of the nose of the residents of this area.

We need progress, especially in the medical area, and we need to preserve a part of our rich past, and I think we can have both living together as they have done in Boston if we are willing to work together.

But my point today is that we need this legislation and we need this District to give the residents the strength to work with the

hospital, for they can't work with the body if they are not recognized. And this has been the problem in the past. And I -- The Landmark Foundation supports the District while, at the same time, cautioning the residents that a structure should not be saved simply because it is old; only because it is useful. And as long as these residential areas continue to maintain the vitality that it has done over the years, then they should be recognized by anybody who has -- who would like to alter this area. And as I pointed out before, we need this legislation in order to give these residents the strength to work with the hospital.

Thank you!

(Applause)

MRS. DONOVAN: My name is Mrs. Robert Donovan, I live at 271 Randolph, and we have lived there for twenty-two years.

And I think the issue here at hand is:

Is there history on the street or isn't

there? Not necessarily what Methodist Hospital wants to do.

Methodist Hospital is only a property owner on Randolph in the fact that they own one piece of property. They have maintained their Glen Oak Avenue address and have stated they want to continue it.

What these people here have proved is that there is history on that street and it should be preserved. If Randolph and Roanoke are destroyed, all that is left in this city that represents history at all is the Moss Avenue area.

I think it also should be pointed out that we judge people by their track record, and Methodist Hospital's track record in that area has been abominable and I think that should come to the surface.

(Applause)

THE CHAIRMAN: Are there any comments, other comments from the residents of the area in favor of the proposed District?

Then our next point on the agenda would be comments by residents of the area opposing the District.

MR. GARD: Miss Chairman, you say residents, I assume you mean owners?

THE CHAIRMAN: Yes.

MR. GARD: I represent an owner but not a resident.

THE CHAIRMAN: Owner-agent.

MR. GARD: Miss Chairman and members of the Board, my name is Mike Gard and I represent Mr.

Julius Gianakos who owns a home on Roanoke.

I just want to make a couple of preliminary remarks before I ask Mr. Gianakos to explain to you his opposition to it.

First of all, we are not really involved in the dispute, if there is one, between the owners on Randolph and Methodist Hospital.

We are concerned only with Roanoke Avenue where my client's house or investment is located.

Neither Mr. Gianakos nor I quarrel with the desire on the part of the people who have

just spoken and, in fact, hundreds and thousands of other people who desire to preserve our historical architectural heritage. What we do quarrel with, however, is the method of doing so.

There is a method by which houses having historical or architectural significance can be preserved. I am not familiar with Mr. Carrigan's Landmark Foundation, but basically the preservation of such individual landmarks is a laudible purpose and a proper method by which these fine old homes can be preserved. What we are doing here today, or proposing to do, however, is not by selecting individual homes and structures that deserve to be preserved but we are imposing those standards on an entire district, which results in people like Mr. Gianakos, whose home does not have such significance or whose house does not have that significance, barring the economic cost and loss that such restrictions that your ordinance here propose would entail.

on his property. What I'm saying is this:
If the Castle deserves to be preserved, and
I think it does, and some of these other

homes that the first speaker mentioned, those
homes should be preserved individually by a
method of selection and by compensating the
owner for the rights that you will be taking
away from that owner in saying that that
house must continue as it exists. But,
instead, you have imposed the stringent
standards on the other homes not so qualified,
resulting in severe economic loss to these
people. And I will demonstrate with Mr.

Gianakos.

Mrs. Bourland, I believe it was mentioned
there are other options available to those
people who are opposed to the Historical
District. I suggest there are other options
available that should be used to preserve
these structures rather than by saying every-
body must keep his house just as it is, no
matter what the economic loss entailed.

Mr. Gianakos has a home which has no significance. It wasn't shown on the slides. There are pictures of it here which I will show you.

Last year he wanted to -- He has owned the home for about five or six years. It has been used for sleeping rooms.

Now, keep in mind that use is compatible and consistent with the zoning of this entire district. It's R-3 High Density Residential.

However, in the past couple of years, Mr. Gianakos' investment has not been sufficient, his income from those sleeping rooms has not been sufficient, to enable him to keep the property as an investment and to maintain it and keep it in good repair.

Consequently, consistent with the use that he can make of his property, last -- last November, I believe it was, he decided -- prior to that he made the decision, but in November he went in and asked for a variance because he planned to tear the old house down

and build an apartment house, a fifteen unit apartment. He had it planned and the architect hired and he presented a variance request to the Board of Appeals simply for parking purposes. He wanted to put less blacktop in there and have more greenery.

The neighbors objected. They weren't against the variance, they were against him using it for an apartment house.

The Board of Appeals, I believe, denied the request and then the -- I assume the neighbors in favor of this District proposed that Roanoke and Randolph be made a Historical Preservation District, the moratorium was imposed and since last December Mr. Gianakos has not been able to go forward with his plan to tear down the old house and put a modern apartment building in there.

If this ordinance and this District is imposed on Roanoke, he is going to be saddled with an investment that he can't keep up, and he is going to have to dispose of it as a

result, and it is not going to result in a preservation of that home or homes of that nature.

Mr. Gianakos, will you take the microphone and let me very briefly ask you a few questions.

JULIUS GIANAKOS,
stated as follows, in answer to

QUESTIONS PROPOUNDED BY MR. GARD:

Q Will you state your name?

A My name is Julius Gianakos.

I think I can speak loud enough for this mike to pick it up.

Q Where do you live, Mr. Gianakos?

A My residence is 2414 W. Callender. I own the property at 108 Roanoke.

Q And are you opposed to the inclusion of Roanoke Avenue into the Historical Preservation District?

A I am.

Q When did you buy your house on Roanoke?

A 1971. It laid abandoned for one year.

Q And since that time what have you used the property for?

A Well, I have -- at that time I started off with sleeping rooms but, as utilities go up, I got two hundred utility bills and it's no longer profitable to operate it that way.

Q What have you decided or proposed?

A It's zoned R-3 and I want to develop the property to its highest and best use, and that would be apartments.

MR. GARD: Will you mark this as Objector's Exhibit 1, please?

(Whereupon the document referred to was marked as Objector's Exhibit number 1 for purposes of identification)

Q In any event, Mr. Gianakos, your home is shown on this large cardboard, Objector's Exhibit 1, is it not?

A Yes, it's over here.

Q Now, there are --

A It's marked "Use-residence."

Q It's marked that, but it's actually used for sleeping rooms, is it?

A That's correct.

Q Would you tell the Board what you proposed and when you proposed to use this property for a different use?

A Well, I think it was back in the last part of November, the first part of December, of '75. I -- Well, prior to that, of course, I retained an architect and drew up some plans to fit the apartment unit on that property.

There are some trees on there and I was wanting to save the trees. And so the zoning requirements required two parking places for every one dwelling unit.

Rather than to blacktop it, I tried to get a variance for one and a fourth parking spaces per dwelling unit and tried to have more landscaping. At that time I ran into an avalanche of opposition and that terminated the -- trying to save the trees and, well, it would obviously have to make

me blacktop from the setback back.

Then the next thing I had, I was told that the moratorium was placed on the property and that they were going to try to zone or -- not zone -- bring Roanoke-Randolph area into a Historic Preservation District. It would be absolutely impossible to develop this property as it's zoned for R-3 with the requirements of compatibility with the adjacent properties or the neighborhood, or something of that nature. It's -- It's -- It's just simply an impossibility.

Q Mr. Gianakos, is 110 Roanoke immediately next to your property?

A Yes, it's just a two story clapboard house here.

Q 112?

A 110.

Q 110.

A Both of these houses here flank me. This is a two story aluminum siding house and this is a two story clapboard house.

I can't make anything compatible to that.

Q In the nature of an apartment building, you mean?

A Not fifteen units. What am I going to do with thirty-two windows?

Q Now, if you are not permitted -- if the District is adopted and you are prevented from building an apartment building, what do you -- what would happen to you and your ownership of the property, so far as you are able to foresee?

A If I can't develop that property? I'll exploit it. I'll bleed it and write the rest of it as a tax hole. There will literally be a hole in the property before I do anything to repair that property.

It's impossible for me to continue to operate that property as sleeping rooms with the kind of utility bills and things of that nature that I have to pay.

If I sell it, I'll have to sell it for a loss. If I keep it, it's going to be a loss.

This ordinance is just, you know, creating a hardship, although there is a clause in there it's not supposed to be able to change the use of the property for the zoning. There's also a clause of

economic rehabilitate. Now, with addressing those two in this Historic Preservation Ordinance, I cannot build you a fifteen unit apartment building that will be compatible to the adjacent area. It's an impossibility.

For every dwelling unit I build, I need two off-street parking spaces. Each parking space would be a nine by twenty. That's a hundred eighty square feet. Two of that is three hundred and sixty. I would need a car length between those two areas to get cars out. We're talking about a total of five hundred and forty square feet. Just for parking alone!

Now, the zoning for R-3 was one thousand square foot for each dwelling unit. That leaves me about four hundred and forty square feet to build an apartment. It's got to go one way, and that's up, and the zoning says I can go seventy-five foot up. But the adjacent property is only twenty, twenty-five foot high. Now, there is no way I can make something compatible in that nature.

That ordinance would take away the R-3 zoning as

originally I had purchased. I don't know if I'm getting the message across or not.

Q I think the Board understands you, Mr. Gianakos. Now, how many homes are there on Roanoke that's in the proposed District, Mr. Gianakos?

A How many homes?

Q Yes.

A There's a total of thirteen structures on Roanoke Avenue. Out of the --

Q Pardon me.

A I'm sorry.

Q Let me just take a minute.

MR. GARD: Mrs. Chairman, I believe at a prior hearing Mr. Gianakos presented a petition signed by adjacent owners.

Is that petition here today?

(Discussion off the record)

MR. GARD: I'm assuming the original is in the file.

Q Have you, since this proposal was introduced, Mr. Gianakos, attempted to secure the signatures of owners of homes on Roanoke, evidencing their

opposition to the inclusion of Roanoke in the District?

A Yes, I have secured more than sixty percent of the signatures opposed to the area being included in the Historic Preservation District.

MR. GARD: Grace, will you mark this

Objector's Exhibit 2A and 2B, please?

(Whereupon the documents referred to were marked as Objector's Exhibit numbers 2A and 2B for purposes of identification)

(Discussion off the record)

Q Mr. Gianakos, I'll show you what has been marked as Objector Gianakos Exhibit 2A and 2B, and I'll ask you if those two exhibits contain the genuine signatures taken in your presence of the owners of sixty percent of the number of structures on Roanoke?

A Yes, that's correct. I circulated and obtained these signatures. They are the best --

Q And was that for the purpose of complying with the voting requirement when such a petition is

presented to the City Council?

A Yes. The Historical Preservation says that if there is sixty percent opposed, then -- which there is more than sixty percent -- then it brings it to the City Council for a vote.

MR. GARD: Mrs. Chairman, may I introduce or offer for introduction Objector's 1, the photograph of the residences along Roanoke for the reason some of the slides presented did not contain pictorial representations of some of the other homes, and also introduce the Objector Gianakos Exhibits 2A and 2B, the signed objections of sixty percent of the owners.

THE CHAIRMAN: Yes, you may.

Q Mr. Gianakos, do you have any comments that you wish to make concerning the subject matter of this -- of our objections, other than the questions that I have directed to you?

A I would like to say that Roanoke and Randolph is a produce of what the people made it. They --

Many of the people took these large homes, subdivided them, redivided them, and subdivided them again, exploited Methodist Hospital with the students, the workers, they rent to them.

This property became zoned R-3. They enjoyed R-3 zoning. And I am not asking here to destroy the other properties or take down the properties.

I own my property and I'd like to develop my property as I so see fit without the regulations and the restrictions that my property has to complement somebody else's property in saying, you know, I've got mine, now you get yours. The properties are R-3.

This ordinance, if brought onto the Randolph-Roanoke area, would limit the use of R-3 as it was designed. Under the definition of R-3, it is property in and around the main business district that is too valuable or is of high premium. That's why we're going with one thousand square feet per dwelling unit.

I cannot build anything that could even remotely be compatible as landscaping, the number of

windows, the number of doors or anything. It would simply null out R-3 zoning there.

In the same token, many of these people that are complaining Methodist Hospital and parking, and so on and so forth, they have subdivided those houses and they didn't provide any parking. Some of this they brought on themselves.

I see yards, nice yards, four or five apartments, it's green, there's no parking spaces, there's no place for the tenants to park, and they attack anybody who simply is wanting to develop the property and is complying with the zoning as it so cites, R-3.

I don't know how I can make myself clear. I'm sorry, I'm not a good public speaker and I don't have command of the King's English. But I am not trying to bring hardship, I have attempted to show compassion back in November and December when I tried to provide greenery and some landscaping, some atmosphere. But the interest was: Stop that guy, don't let him build. And you can tell the tone here is:

Stop Methodist Hospital.

It's not a question of using the property as it's so zoned. It doesn't appear to be a question of employing or a person having his own rights to his own property. It seems more that: I want your property to complement mine.

Well, I'm not interested in destroying character and atmosphere, but there are certain lines and certain avenues that I have to follow; a fifteen unit apartment building, as that property is zoned for, and in no way in this world can complement a two story home. It can -- There can be some complement but it's -- you're going to be looking at fifteen, sixteen doors, or you're going to be looking at thirty-two windows, and somebody is going to have two windows facing the street.

It would actually be -- and I have discussed it with the architect, you are going to integrate the cost of construction or terminate it completely. I would like to appeal to the Board that if those people who want their property restricted as a Historic Preservation, set it aside, let that --

you've got First National Bank Building down there in the midst of all that modern construction.

There is no reason why the Castle cannot be set aside, or some of the other works of art that may have interest. It doesn't have to be ten blocks long or one block long.

Of the pictures that Mrs. Bainter showed, we spotted three houses on Roanoke Avenue that indicated there possibly could be some historical interest to.

What about the other ten structures on there?

Is those to go by the wayside? Do those ten structures have to be slaved and tied into those three structures to complement them?

I think that this Board can set those properties aside if they elect. They don't have to take the whole block and create a financial hardship for me and some other property owners who share in my feeling, who will be as apprehensive as I to make general repairs of -- sizable general repairs because we don't know if we can say this Board -- this Board is drawing a picture of what our

property should look like and we don't know what it is.

There is no perimeters to follow. It has to be compatible. There is no solid definition.

I'm sorry, I think I've said it.

MR. GARD: I think Mrs. Bourland had a couple of questions.

MRS. BOURLAND: You answered them, Mr. Gard.

Thank you.

MRS. BAINTE: I'd like to ask a question. Is it all right?

THE CHAIRMAN: Yes.

MRS. BAINTE: The people that signed your petition, were they owner-occupied homes that signed or were they absentee landlords?

MR. GIANAKOS: I resent absentee landlords.

MRS. BAINTE: I just asked you.

MR. GIANAKOS: O.K. First, I'd like to answer the comments of the stereotype absentee landlord. The people who own Randolph today, or Moss Avenue or some other apartment building, they are investors, they are property owners. But



the person who owns a house that has four apartments doesn't live there, they're absentee landlords.

I fail to see the distinction between absentee landlords, quote-unquote, and home owners or property owners. You know, that to me, we're stereotyping, we're trying to cast something out.

The people who signed my petitions are both property owners resident-occupied and property owners, non-resident occupied.

Is there any other question?

MRS. BOURLAND: Are the homes whose owners, whether in or out, signed your petition against the owners, are their homes pictured on this collection of pictures here?

MR. GIANAKOS: I believe that all of the structures on Roanoke and Randolph are on this.

MRS. BOURLAND: I see.

MR. GIANAKOS: Otherwise, I cannot follow your question.

MRS. BAINTE: Yes, there are.

MRS. BOURLAND: You say there are sixty percent who signed against this ordinance. Can you point out to us the homes there that signed against it?

MR. GIANAKOS: If they are significant. Mike, is there significance?

MR. GARD: Well, we will comply with it.

MR. GIANAKOS: I know it by memory, as far as that goes. 109, 107, 105, 103, and 102 -- or 103. Coming down the even side of the street, we would be talking about 102, 104, 114, and 116 Roanoke.

MRS. BOURLAND: Is that sixty percent?

MR. GIANAKOS: As the ordinance is written, 9 -- 8 says that eighty percent -- sixty percent of the structures fronting. Now, that qualified by saying "fronting on the street." Now, there are thirteen structures that front on Roanoke Avenue. Of -- sixty percent of thirteen is 7.8. I have eight signatures, eight property owners' signatures. I have the contracts for deed recorded here to

substantiate ownership, if anyone wants to challenge them. I have a complete signature, both man and wife, or brother and brother-in-law, that -- there isn't a combination of that, but I can substantiate the last contract for deed which the Tax Assessor's Office may not show, or the Recorder of Deeds. But I do have the documents to substantiate the signatures and they're signed together. It's not maybe just a wife or the husband that had signed, or something of that nature.

MRS. BOURLAND: Thank you.

BOARD MEMBER: The apartment building you would like to erect, how many stories would it be?

MR. GIANAKOS: It would be two stories high, which actually will be ninety-eight feet long, thirty-eight feet wide. Somewhere --

BOARD MEMBER: And will each apartment have its own outside entrance?

MR. GIANAKOS: That's correct. This is the -- This is the unfortunate thing of size that if you can have an immediate entrance to an

outside balcony, and you have two means of exit, you can -- you can get away from inter-halls and things of this nature.

BOARD MEMBER: In other words, you don't think that you could design an apartment building such as 204 Randolph, second from the corner?

MR. GIANAKOS: 204 Randolph?

BOARD MEMBER: Next to the Merkel Ford Dance Studio.

MR. GIANAKOS: The cost of that would just be prohibitive. It would simply be, you know, out of sight.

MRS. BOURLAND: That's four stories, anyway, rather than two.

MR. GIANAKOS: I might, you know, remind or -- for what it's worth, throw it out. R-3 says you can go seventy-five feet high. That's the way the zoning ordinance is written.

Now, I'm not suggesting it go seventy-five feet high but I throw that out with -- that it's Buyer Beware.

When single dwelling people recently bought

into this neighborhood, you bought an R-3 piece of property, you bought it zoned R-3. You can't come back two years later or a year later and criticize someone for using the property as it was zoned. That's what you bought. I don't know -- it's like trying to tell Montgomery Ward -- Sears trying to tell Montgomery Ward how to decorate the exterior of their store. It's just about a monopoly.

BOARD MEMBER: Mr. Gianakos, are the construction drawings prepared for this building?

MR. GIANAKOS: I have contracted drawings and I have enough drawings to secure my loan. Now, the final drawings that would be turned over to the contractor, they're still on the drafting board.

BOARD MEMBER: Do you have some concept drawings which you might be willing to show the Board?

MR. GIANAKOS: I -- Of course, I don't have them with me. At that time, you know, it would be -- I would like to get the architect to present them. I really have trouble with the

King's English. I butcher it up.

BOARD MEMBER: Well, I think we could understand your problem a little more if we could relate it to the structure and things like this. We have no idea whether the structure is concrete, block, brick, frame.

MR. GIANAKOS: Yes, I know.

BOARD MEMBER: Things like this.

MR. GIANAKOS: The structure will be two stories high, it will be of the -- Well, if you're familiar with the Raintree Apartments concept in -- next to WEEK, where all apartments immediately are emptied into a balcony or exit to a balcony, and you have -- It's like the Wardcliff concept or the Raintree Apartments. It's that kind of concept. It's a hip roof, composition.

MR. GARD: Mr. Gianakos, you do have an elevation or a concept of your building that we could later present to the Board, do you not?

MR. GIANAKOS: Yes. Yes, I do.

MR. GARD: All right, we could present it to the

Board.

BOARD MEMBER: Thank you, Julian.

MR. GIANAKOS: Thank you.

THE CHAIRMAN: Mr. Gianakos, I believe there is another lady in the audience that would like to ask you a question.

Could you state your name, please?

UNIDENTIFIED WOMAN: I would like to make a suggestion to Mr. Gianakos. If he doesn't want to conform with the historical -- you know -- society on this, that why doesn't he sell the property to someone who does want to restore it?

The home does have architectural value.

There is people every day of the week requesting: Do you want to sell your property? Do you want to sell your property?

So, he doesn't need to cry that he will lose money. He's losing money the way he's doing it now, but he could easily sell it for a very nice price.

MR. GIANAKOS: Would you quote me a price?

UNIDENTIFIED WOMAN: Pardon?

MR. GIANAKOS: How much are you willing to pay for the property?

UNIDENTIFIED WOMAN: I am not in the market because I own a piece of property. I take good care of it. I have lived there since 1944.

MR. GIANAKOS: What's the value of my property, would you guess?

MR. GARD: Jules, I don't think --

UNIDENTIFIED WOMAN: I'm not in the market. I'm telling you that people come by there every day desiring those places. In fact, they're even asking Methodist Hospital for that place that they own across the street from me. So don't cry poor mouth.

(Applause)

THE CHAIRMAN: That lady's name is?

UNIDENTIFIED WOMAN: Mrs. Dorothy Bolmer, I live at 259 N. E. Randolph, in the old Wheeler place.

BOARD MEMBER: I hope your attorney will consider

this a fair question because I'm not really sure if it is.

MR. GIANAKOS: I hope he stops it if it is.

BOARD MEMBER: I'm sure he's being paid to do just that.

If you felt that this Board would -- that you with this Board would be able to design a building that we can all agree was compatible, would you then be opposed to being a historical district?

MR. GIANAKOS: Whew! I -- I'd like to get the definition of "compatible." That's -- That's a kind of a -- I know what I want to build and I know at this time what it's going to cost me. I've contracted for certain services. Now, if I compromise those services, if I go back and say, O.K., we're going to compromise with this, we're going to change the drawing, we're going to change the concept, we're going to change something that's going to add additional cost, I'm not really receptive to

that.

Up until now I've tried to follow what was outlined as far as zoning and requirements are concerned. I moved on that premise in good faith. Now this has become very expensive and I don't -- I don't know what the word "compatible" is. You know, that we will accept.

I want to maintain the exterior type exiting, not to be involved with an inter-hall where you have five people dirtying up one hall and everybody blaming the old -- Look what little Lou Belledid, she tracked in mud. And that type of thing.

So I don't want to really compromise the balcony concept and I don't know that fifteen or sixteen doors facing Roanoke Avenue, if anybody could say: Gee, that house -- that building over there has got sixteen doors. And that's compatible with this one. It's just got to question mark by me. I'm afraid to say.

MRS. BOURLAND: Could I ask Mr. Gianakos, what is the width of your property, please, the building that you are planning to contract? How long?

MR. GIANAKOS: Thirty-eight wide.

MRS. BOURLAND: And how are you going to put fifteen doors in thirty-eight feet?

MR. GIANAKOS: No, no, now. The length of the structure will run ninety-seven feet.

MRS. BOURLAND: And there will be fifteen doors in ninety-seven feet?

MR. GIANAKOS: That's correct.

MRS. BOURLAND: I thought you were going to face on Roanoke. That's where I misunderstood you.

MR. GIANAKOS: But they will be visible from Roanoke.

MRS. BOURLAND: Thank you.

THE CHAIRMAN: I believe there was another lady in the audience that had a question. State your name and address, please.

MRS. KUPPER: Mrs. Kupper, and we have --

MR. GIANAKOS: Are you directing this to me or to

the Board?

MRS. KUPPER: To you.

I'm Mrs. Robert Kupper and we own 255 Randolph. That's an apartment building. You say you can't make money on apartments. Well, we have. I guess we might be absentee landlords too. We live on West Moss.

MR. GIANAKOS: Property owners.

MRS. KUPPER: We have about fifteen apartments in this building, ten in the main building and four in the Carriage House, and we maintain it very well and we have good tenants and we are making money.

It can be made if you will keep it up and not let it be a slum.

MR. GIANAKOS: Can I answer that, please?

A lot of people are making money with their property simply because it's a non-conforming use. It was put in there before there was zoning. To put in -- To redevelop the property at this point, number one, I can't put fifteen apartments in that structure I

own. Number two, if I try to put fifteen apartments in there, I have to provide second floor rear and side fire escape entrances. It's completely impractical to rework that house. I have only fourteen hundred square feet per floor, per floor, in the way that property is laid out, at best. If it was chopped up, and that's the only word I can think of, I could probably get maybe seven apartments.

Now, I bought the property, it laid dormant, I restored it, I satisfied the City Code, the Zoning Code.

I got two sheets or three of violations. Now it is satisfied.

I guess this really has no bearing on it but it is not practical any longer to operate.

Last year, one of the worst months that I had, I paid over \$200.00 for utility bills.

I have approximately \$500.00 coming in, counting maintenance. There is no margin.

That property has to operate on the margin.

If the margin is not there, general repairs will not be made and you will economize in the best way you know how, and that's usually sacrificing the property.

THE CHAIRMAN: Are there any further questions for Mr. Gianakos?

Do we have any other comments at this time from either owners or residents opposing the District?

MR. BROADWAY: My name is James D. Broadway, I am a partner in the law firm of Westervelt, Johnson, Nicoll & Keller, counsel for the Methodist Medical Center of Central Illinois. We are not here today to object to the concept of historical preservation. In our opinion, the Historical Preservation Ordinance is unconstitutional as a matter of law, but we are not here today to present that argument to this Board. The Board should understand and the record of this hearing should reflect, however, that we are not, by our participation in this

hearing, waiving our constitutional challenge. We are here today to argue that this Board should exclude from the boundaries of the proposed Historic Preservation District the east side of Randolph Avenue from Hamilton Boulevard to Columbia Terrace.

Planning consultants utilized by Methodist and, indeed, by the City of Peoria itself have independently concluded that the best use and the most logical development of the geographical area encompassed between the Peoria School of Medicine and St. Francis Hospital is the growth and the expansion of medical facilities.

That area includes the land surrounding Methodist and, in particular, that portion of Randolph Avenue we mentioned. These planning conclusions were arrived at independently and deserve the recognition of this Board. Methodist does not raise any objection to the designation of the west side of Randolph or Roanoke Avenue. Our testimony, consequently,

will be limited to the consideration of the east side of Randolph Avenue.

The structures located on the east side of Randolph are significantly commercial. In fact, of the thirteen structures six are used for commercial purposes and one is presently vacant; seven of the thirteen structures therefor are not used as single family residences.

The specific thirteen structures we are referring to are depicted in the photographs mounted on this poster board.

With your leave, Madam Chairman, I would like to have this marked as Objector's Exhibit 3, Methodist Hospital Objector's Exhibit number 3.

(Whereupon the poster referred to was marked Methodist Hospital Objector's Exhibit number 3 for purposes of identification)

MR. BROADWAY: Let's review these structures for a moment:

200 Randolph, which is located here is a commercial dance studio. It was constructed in 1905 and its owner formally objects to the creation of this District;

204 Randolph, which is here, houses twelve apartment units. It was constructed in approximately 1905;

206 Randolph, the structure to the rear of this lot, is an apartment which had aluminum siding added in 1974;

218 Randolph, which is this structure, houses five apartment units;

224 Randolph, this one, is a residential structure but its owner did not sign the petition to create this District;

228 Randolph, which is here, houses eight apartment units;

234 Randolph was the house which was depicted in the presentation of the petitioners. It is presently residential, it formerly was used as apartments, and it is in need of substantial repair;

240 Randolph is Mrs. Bourland's home and it is residential;

248 Randolph is residential, having been constructed in 1933;

256 Randolph houses apartment units;

262 Randolph is residential but its owner objects to the creation of this District;

266 Randolph is vacant. This is the structure owned by Methodist;

270 Randolph is residential and its owner formally objects to the creation of this District.

Of the thirteen structures on the east side of Randolph, the owners of three signed a petition to create the District; namely, 234, 240 and 256.

In an earlier meeting with this Board the question of relative equities was raised. That, in our opinion, is a very valid point. The creation of this District will severely hamper, if not economically and practically prohibit the future expansion of Methodist.

This Board must also balance that economic impact upon a major institution of this community against the wishes of three owners. This Board, by its decision today, should record its commitment to the continued delivery of quality health care services to Peorians and the citizens of Central Illinois. The residents of this area in our meeting with them raised concern over parking and the rapid expansion by Methodist. The Historical Preservation Ordinance does nothing to satisfy the problem parking. Methodist, on the other hand, has designed underground parking facilities which should aid to alleviate the parking congestion. Nor does Methodist envision expansion without regard to the surrounding neighborhood. Rather, we contemplate an integration into the neighborhood over a twenty-five year period to provide needed medical services to this community.

All of the expansion plans designed by

Methodist are premised upon our ability to acquire the structures situated along the east side of Randolph Avenue.

This Board should understand that Methodist has absolutely no power to condemn private property. To expand we must negotiate with our neighbors. We must, simply stated, purchase their properties as a private citizen. That fact should be considered by this Board in weighing the equities we previously referred to.

If the east side of Randolph Avenue is included in the District, the architectural criteria contained within the Ordinance will seriously compromise modern medical architecture. The procedures set forth in the Ordinance, moreover, could cause substantial time delays. In the construction industry time lost means money lost, money that will have to be recovered from the citizens of Peoria who utilize our facilities and our services.

Thank you. We will now present our first witness, Mr. Eugene C. Swager.

MR. SWAGER: I'm Gene Swager, I'm president of Phillips Swager & Associates, an architectural firm in Peoria. We are architects for Methodist Hospital and have been involved in their current construction plans and also the long-range plans.

I think one of the things that I would like to speak to first is that I feel within this group of people a very healthy attitude towards the community and to that I can say: It's about time.

I think that when we begin to choose up sides, and one of my peers who sits in the room today said to me as I entered, in somewhat of jest: "Why, you are one of the bad guys!" I think that what we need to do is to recognize that we are for one of the first times, and certainly when I say the first times, I mean in the local period of time of four or five years -- and thank God we've got a

council right now that is respected of our community and they brought planners along, and that sort of thing.

But you and I have sat here for ten years and twenty years, and thirty years and watched decay. Planning was by zoning up and down Knoxville, out University -- Mrs. Bourland made the statements, they're true. We have not had long-range planning. And with this, I want to commend those good citizens of Peoria who put their own money on the line for downtown redevelopment. And there are -- I'm out of gas. You know how to shut me off, don't you?

(Microphone temporarily inoperable)

MR. SWAGER: O.K., we're on again.

I think the people who have put their time and energy toward downtown redevelopment are to be commended and I want to say that I'm concerned though about the people in this community who hope they fail, you know. So when we look at the areas in which we're

involved with today and discussing it, I think it's important that we don't have television, that we look towards the total and that we dedicate ourselves not just to this effort but to the total effort because that's, I think, truly our charge.

Methodist over a period of time has been planning -- and I hope to heaven's sakes we don't leave this room believing that Methodist is an adversary of this community, no more than St. Francis or any other major entity in this area -- but Methodist has been planning and I think you have to go back into history a while to some seventy-five years and recognize that Methodist on that hill is a small little entity and it's grown.

It grew by stages to 1930 and 1922 and 1950 and 1975, and 1960 and, oh, how we all wish with all our wisdom we could go back and reconstruct everything. But we can't.

I think we build from where we are and we go forward hoping that we understand and can

plan properly.

I think those who want to show respect for our heritage are appropriate. I think if you want to go to Society Hill in Philadelphia, you will see some things that have happened. You go over to England and there are more great things that have happened and they have learned how to integrate the old with the new. You visit Philadelphia and they talk about our great heritage of two hundred years, you go to Edinburgh in Scotland and they will show you places in the new city that is one hundred and fifty years old, and they are planning new communities.

Now, one of the things that I would like to say about the comments, about Mr. Gianakos' comments, there is economy that has to be considered into our whole development and some of those towns in England that we visited, and we visited recently as an architectural tour, our beautiful new cities and new towns, but they're bland because of

economics.

So I think there is a reality of economics that we all have to think about and be concerned about.

Methodist Hospital -- and I think it's -- I know you can't see these, but I just want to -- I'll put them up here and, as you can, if you will take a look at them, this is a photograph, an aerial view taken over Methodist Hospital in 1955 when the new Glen Oak wing was built. And you all remember that yellow building coming out on Glen Oak.

FROM THE FLOOR: Sure do!

MR. SWAGER: Knoxville Avenue was two-way, two lanes, two directions. It came all the way into Hamilton as a straight line. Up Hamilton Boulevard there was the triangle in there where old, decrepit houses -- and you can remember it hasn't been many years before those were taken out.

There was a church on the other side of

Glen Oak and Hamilton. The church is now gone on the east side and the one on the west side has been replaced.

Methodist had already at that time begun to buy property up on Crescent Avenue right across from the First Presbyterian Church.

The First Presbyterian did not have an educational building or a fellowship hall and the doctor's office building on Roanoke or Randolph did not exist.

But I think it's worthwhile to look at the quality, if you will, of some of these places in the area of Methodist and maybe the statement is right, we have been poor stewards of our community because those sites existed that way for some twenty years.

I think it is now a great time to perhaps look at where we are going and recognize this as a Bicentennial year, and I hope to thunder we get something out of it besides a two hundred year anniversary. But look where we are going and challenge ourselves to a new

Declaration of Independence because that's what it's all about.

This is a recent photograph of the same area and there, all of a sudden, is a big old highway twenty years down the line, 74. Why don't we expand to the east toward St. Francis? I think it's obvious. Why don't we expand towards the apex of that area? I think it's obvious.

I'm speaking now of Knoxville and Hamilton Boulevard. If you look at that photograph, you will find considerable changes. You will find that in that twenty year period of time Methodist has been accumulating property. It's no big surprise. They have been doing it piece by piece, they have been adding parking lots, they have been doing things to get cars off the street, and they are sympathetic and they do show empathy and I think all you need to do is sit in on their planning committees.

MRS. BOURLAND: I'd like to --

MR. SWAGER: And we have very good evidence of this concern.

I think that as you look at Methodist today you see some twenty million dollars have been reported in construction activity up there. This hasn't been done without planning. It's been done with the understanding, of course, that we are a growing community and have to provide new health care facilities for our area. But it was done with the preliminary belief that the spine of that hospital had to be in the direction of Glen Oak to Crescent Avenue because that's the way the hospital was built originally, it's the way the hospital has to function.

And when we think in terms of just adding certain entities here, there and yon, we have to think about efficiency and utility and what makes for a good operating hospital. And it has a problem with economics in providing the best health care that it can for the least amount of money provide.

So for twenty years that we look back on the photograph, we're trying now to look forward twenty-five as if any of you have the vision, come forward. We need you. We bring in consultants who are those who have schooling and knowledge and background with regard to the growth of medical facilities, we bring in people who are concerned about acoustics, who are concerned about the environment in which we build, who are concerned about traffic, and we have a hard time solving all the problems. This comes to a practical aspect of how we can solve them but that's what we're about. And Methodist Hospital has spent a lot of good money trying to use the best minds that they can find in the country to decide what the best way to do it is and it isn't to move out to the cornfield as some would suggest.

That decision could have been made perhaps forty years ago or thirty years ago, but it is not economically possible today.

I think that when you look at the kind of expenditure that is going on today, this twenty million dollars, and think of the facilities and what it's trying to do -- it's trying to get the cars off the streets, it's trying to bring the doctors in in an integrated working relationship with the hospital, it's bringing in a new oncology area for the cancer treatment, it's bringing in a new pediatrics facility that updates it and makes it more usable and certainly better care for the young people in this community.

It's bringing in new surgical, new diagnostic areas that relate to the outpatient, if you will, or the ambulatory person. That's what we call Phase I.

Now, there was a great change that occurred after, if you will, Methodist Hospital embarked on its current building program and many of you were aware of it and many of you probably voiced your opinions of where it should go. This is a new medical center for

the University of Illinois.

It was going out on Galena Avenue and there were pressures and exertions put to get it downtown. As a matter of fact, Dr. Hartmann who will speak a little bit later here has some words on his recommendations a dozen years ago. It is here, here is Methodist, here is St. Francis, and we look at these things as planners from a point of: Where do we go? You know: What have we got all of a sudden? We had two separate hospitals giving community health care. Now what have we got? A whole new ball game. And those who don't believe it, I guess, will have to study the history of those developments. We began to look at this from the standpoint of what it really means and we see that Glen Oak Avenue becomes a spine of a new medical district.

Has planning been done for this from a community standpoint? No. There are those, I'm sure, who helped effect the decision to

get the University of Illinois at a point -- who believed and saw some vision, but as far as documenting it, to my knowledge it has never been done. It indicates to us that this is a twenty-four hour a day facility -- facilities. This is a little different than downtown. There are people twenty-four hours a day that need to be cared for, they need to be in a pedestrian-like atmosphere, we say. Therefore, we need to think in terms of rerouting traffic away from them and let there be internal arteries that serve them. We know that this area through here has big handicaps right now and I'm sure all of our fathers who helped get the highway through here that do a lot of good perhaps didn't perceive that it did a lot of harm. It's probably done a real good economically and we can't argue that point because it exists. How do we go about changing it? How do we go about improving it? I think that is a challenge of all of us.

So we and the hospital, with the hospital's approval, brought in some consultants on planning, landscaping concerns, and we started to say how can we look at this thing from the standpoint of a district. What does it need to develop. And I might say here also that one of the places that really hasn't been pointed to is the YMCA within that same area. It is health service oriented too. And I might also say that there are some good churches that affect how a hospital might function too and people who visit the hospitals and come in for a long weekend and need care but this places, as does Mayo's, a need to house people who come to visit or who are concerned about people who are in the hospital. It needs to be thought of as a quiet zone. It isn't that now but we need to plan for it. And so we need to think of an area -- and if I could draw it, I'd draw it down here further and include the YMCA and other kinds of facilities, but I think this is --

this is the genesis of ideas and so you are a part of those genesis of ideas and you will affect them by your very presence and your discussions.

And then, of course, going onto the city development, this is the original central business district area that Angelo Demetriou and the Downtown Development group and City Council have been wrestling with. We are hopeful that can move out.

This is an extension of that, and we believe it should be developed as that. How it would be formed we don't know.

I might back up here a minute and only say that when we are critical of Methodist or anyone else's planning, I would like for you to recognize that there are some real support, there is real support on that Board and the office of the architects and the consultants that say don't go building more big buildings right in that neighborhood, integrate with them, learn how to step down, learn how to

make soft lines, learn how to provide open spaces, learn how to landscape and make the whole area a truly living environment, and that's what the plans are all about.

I think the next point that I would make is that the plans that have been prepared -- and I think Mr. Cation told you about this the other day -- they are concept drawings and they are being exposed prematurely just because we want all of you to know what we are planning to do too. But this plan, if we think in terms of a spine for the medical facilities and think of it because we all have spines, because that's how we function, this building has a spine and a hospital for some years has been planning on growing into this direction. And as you know, on substantially all the property from Crescent -- along Crescent Avenue. But when we make these decisions to grow, we are talking about economic, as well as function, because architecture truly is a blinding form,

function, economy and time and how we integrate these within an area or to create an environment is most important. So the plans that are tentative will indicate -- and I might say tentative but not so tentative -- when this building was created here it was intended that that would be the end of the growth there. We are envisioning some more down the line. That hopefully, with the aid of the City and the Park District and some others, that we might have a green area, a green belt, out in the front in that triangle. We need it there where there are hard surfaces, in that whole area we need some softening. We are suggesting that there is a need for that. We have been working with the City to ease and eliminate some of this hard surface that goes through Glen Oak, to get some landscaping and some softening of that area so that we are, if you will, a better neighbor.

Our growth in this direction is one that

anticipates a phasing out of 1911, 1920, 1928 and on down the line. Now, it isn't practical in this day and age to destroy, nor is it practical to try to hold something and reuse it if can't function because our manpower has a lot to do with economics.

The other thing it has to do with is not to criticize our people of fifty years ago and seventy years ago who planned it, but the floor to floor heights are so -- so lacking in dimension to get the ducts in, to get the utilities in that we need today.

We used to be able to open a window. We are creatures of habit and we love to have air conditioning and everything that goes with it. We are spoiled, if you will, but that is part of our way of life, that's our growth and our technology.

This facility that is contemplated would have medical intensive care, cardiac intensive care, laboratory facilities, it would have St. Jude relocated and we are trying to get

those young kids into an environment which is -- has open spaces and the like. They have to be in close proximity to the rest of the hospital. We have physical rehabilitation areas within the hospital that have no exposure. As a matter of fact, they are by the back entrance. That's where the trucks come in. As far as rehabilitation is concerned, we want to get those out. And we need some upgraded nurses' facilities.

Now the use and operation of the hospital -- I'm sure others will speak to more than I -- but I can tell you that we have also demanded that our doctors be in close proximity to the hospital so we can go to visit them, so we can go over to the hospital and over to the laboratory and get our tests, so we can park somewhere, and we can do all of these things. And I think that's what has been contemplated here that we need a doctors' office building in this area and that we need underground parking or certainly that which integrates

with the community and we need that to all flow in-house, if you will, undercover through all the rest of the facilities.

That's what we of society have asked for, that's what we demand, and that's what we are trying to provide. So I think that while I have pictures here that show more definitively where our plans would ask -- would suggest we go as far as development, I think I will again reiterate this is premature as far as actual development but our thesis is building large buildings and concentrations at this point and stepping back, opening areas and, if you will, integrating into the community.

I think we as design architects and the Hospital Board -- and I speak of that Board that I know -- abhor the idea of just building masonry. To some of you, you don't believe that. Well, then I would ask that you have the proper audience and you will believe it. We are reminded of it and it's

been certainly by our training and experience inherent in our basic beliefs. I think that I might just call your attention to War Memorial and Knoxville where there is a building built there about four or five years ago that the neighbors feared but they became part of the planning process, they were brought in, went at the appropriate times to review what we were doing, and I would say there has been nothing but commendation for that effort. So, I think it can be done.

I'd like to just remind you Mr. Broadway made a comment with regard to urgencies and I know that we, in our way of doing things in the past two decades, can be criticized as a throw-away society. But I think we created the society and I think we are re-looking at our efforts of the 50s and 60s and saying there is a better way to do it and we have to be more humane and we have to think about our total environment because

that affects the innerself of man.

If you will look at this little graph, which is in Engineering Newsletter, which is recognized throughout the country as the guide, one of the guides, this represents the year of about 1970, some five years ago.

The index was at 800. It's 1400. What that means is that something in 1970 that would have cost \$1,000.00 -- I should say cost \$800.00 now is costing \$1,400.00. That's the rate of inflation.

If you wonder about Methodist's concern for a Historical Preservation area, it's not because of historic preservation, it's the fact that it does allow for all kinds of controls and delays that can make that ten million dollar building cost an additional million in one year. That's one of our concerns.

I think I have probably said enough here and I know there is much more detail you might want to ask and we are here to answer.

MR. BROADWAY: Madam Chairman, if I could, please, I'd like for the record to reflect that Methodist is moving the introduction of the exhibits that Mr. Swager referred to into the record.

THE CHAIRMAN: Yes.

Is there anyone, first of all from the Board, that would like to make a comment on this?

BOARD MEMBER: This is -- Gene, I've heard several comments just in the last week or several questions, really, and it probably reflects the fact that there is no general understanding of the Methodist plan. One has to do with the philosophy of a hospital building private doctors' offices, another has to do with this direction of growth moving away -- at what seems to be in opposite directions to sometime down the path joining the structures and building physically and, so, I wonder if you might just address yourself to these points.

Also, if you could, give us some better

definition of how this spine relates to the direction of growth. Just -- We understand the word spine but we don't know the interior function of the building.

MR. SWAGER: I think the first point that you're asking is why are hospitals today providing facilities for doctors in-house, so to speak, or at least attached to the hospitals.

I think the answer to that -- and Dr. Hartmann can speak better to that point -- but the real basic point is that we are requiring that of ourselves.

We say that we want instant medicine, we say we can't afford to be staying in hospitals and everything -- all kinds of tests and the like, and there is a lot of reality to that. The closer we can put the doctors in working relationship with those technical facilities, laboratories, testing, X-rays and the like, the better off we are as far as creating a better service for those who require health care.

You, perhaps, would think why don't we utilize facilities like the Medical & Surgical over on Randolph. I don't know as there is vacant space in that facility. I notice there is a sign in another facility up on Hamilton and I'm assuming -- and this is an assumption -- that those doctors are getting closer and closer to the hospitals and to those kinds of services which they can provide.

It's no longer the general practitioner as such being totally within himself, it's no longer that an architect is, it's no longer that anyone is. We need all of the aid and the specialties we can get our hands on. The spine of a building really centers around those kinds of facilities. It's the laboratories, kinds of diagnostic areas, it's X-ray and everything else. And when you build a hospital a great deal of expense is spent in those facilities and we have to create ways of getting from one end to the

other and to make that area function.

As I say, yes, let's all go back forty, fifty years, and have the knowledge we have today, we'd do it totally different. But we don't have that right.

MR. BROADWAY: Madam Chairman, if there are no other questions, I will call my next witness.

THE CHAIRMAN: I believe there is.

MRS. VAN AUKEN: I'm Barbara Van Auken and I live at 202 W. Columbia Terrace, which is not in the area that is being proposed but the four property owners that are in our area would like to be added, and after being here this morning, I know why I want to be added.

I hope the Commission can see as well as I can see what we're up against.

I don't have an attorney to speak for me nor do any of the residents I've heard so far who are in favor of this petition. I think it would be naive to think that Methodist Hospital, Mr. Gianakos, can't take care of themselves. Obviously, they can. They have

a lot of money and they have a lot of support, they have attorneys, they have architects and so on.

What we have are people who are interested in preserving their historic homes. We are at a position right now in our home, for example, do we spend more thousands of hours and dollars, or don't we.

Is Methodist going to gobble us up or aren't they?

We only have at this point, in my opinion, this Commission to help the residents in that area.

I hope you will continue to ask good questions, as you have been asking today, that we don't have the sophistication to. I hope you can continue to see what we are up against in this area. I hope you will continue and help us with the fight to preserve that District for the beauty of Peoria, for the beauty of our homes and for the sake of people to continue to live in those areas.

When I look at the Methodist map, I see my home. I see people walking around neighborhoods. When I look at their map I see the medical facility that now exists in Chicago, concrete, barbed wire fences, big spotlights. They don't see it that way, they show splotches of green.

We have green now, we have beautiful homes and we only have this Commission to help us defend it. I hope you will.

(Applause)

BOARD MEMBER: Could you identify those four properties, the numbers?

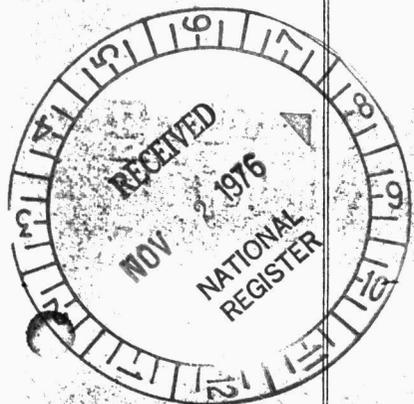
FROM THE FLOOR: Yes, 202, 2 --

FROM THE FLOOR: And the last two houses left on Crescent.

FROM THE FLOOR: There are two houses on Crescent owned by Mrs. Harris. I'm sorry, I don't have the number.

THE CHAIRMAN: Thank you, 202 and 200 are Columbia Terrace addresses.

Are there any other comments to be directed



to Mr. Swager? Mrs. Bourland.

MRS. BOURLAND: As I understand it, Mr. Swager, both from what you said and from what I read in Mr. Cation's report, these plans are being presented prematurely, they are not finalized plans, you are not locked into them.

Is that -- Is my interpretation correct from your remarks or Mr. Cation's?

MR. SWAGER: Jan, I think that the statement that we are tending to make here is that, as far as the hospital is concerned in getting approval from the various agencies are concerned, it is premature because these all have to go through various planning processes. As far as establishing a schedule to execute the work and the direction, it is at the stage of an immediate schedule for going into further design, proving out the systems, looking again at the year of 2000 as best we can, the year of 1985 as best we can, of 1977 as best we can, with hopes of getting this facility under construction in 1977.

There's a lot of road to go over. We are meeting with other consultants with regard to trying to envision the future.

I'm not suggesting that changes wouldn't occur because they always occur if we are wise people and try to anticipate the future.

MRS. BOURLAND: That's my point. Thank you.

THE CHAIRMAN: Are there other questions for Mr. Swager? Mrs. Bainter.

MRS. BAINTE: There are -- As it stands right now, there are five houses that have been nominated for the Historical Register, you know, for historical places.

What I'm wondering is, if this Board doesn't approve our area, what's going to happen to the value of our property on Randolph and Roanoke?

MR. BROADWAY: Madam Chairman, if that question is addressed to Mr. Swager, let me again stress that Methodist Hospital is not objecting to Roanoke nor the west side of Randolph. We are only speaking to the east side of

Randolph and the thirteen structures that I referred to in my preliminary remarks.

THE CHAIRMAN: I have one question here. Is Mr. Ron Nell -- does he happen to be here today?

MRS. BOURLAND: No.

THE CHAIRMAN: Then my question would go to both the owners of the petitioned district and to the petition in opposition because Mr. Ron Nell has signed both and we were kind of curious which side he might be on.

MR. BROADWAY: Mr. Nell changed his opinion, signed the petition that was circulated by the people who objected to the designation and indicated that he no longer wishes his signature to be included as a signature in favor of the District.

THE CHAIRMAN: Then we might consider the petition of the latest date with his signature on it?

MR. BROADWAY: That's correct, Madam Chairman.

FROM THE FLOOR: I think at this point the best thing to do, since Mr. Nell has signed both, and really the sixty percent petition only

goes to the City Council, not to the Board, for purposes other than to note there are that many people that may be concerned with it.

MR. BROADWAY: That was not filed under the sixty percent.

FROM THE FLOOR: I would think, in terms -- since he is not here to speak for himself, the best thing you can do at this point in time is to strike his name from both and consider it to be a null, as opposed to try to consider what he had in mind. Since he signed both, in fact he should be off both.

THE CHAIRMAN: Mr. Broadway, you may continue.

MR. BROADWAY: Thank you, Madam Chairman. At this time I would call Dr. Hartmann.

GEBHARDT HARTMANN,

stated as follows, in answer to

QUESTIONS PROPOUNDED BY MR. BROADWAY:

- Q Dr. Hartmann, will you state your name, address and occupation for the record, please?
- A Gebhardt Hartmann, Professor, Chairman of the Graduate Program of Hospital and Health Administration College of Medicine, University of Iowa.
- Q Thank you. Dr. Hartmann, will you relate briefly for the Board your academic and professional experience?
- A I earned a Bachelor's Degree in Social Studies and Finance at the University of Buffalo; Master's in Public Health and Public Administration at Columbia University; a Doctorate in Philosophy in Hospital Administration, Economics and Social Studies at the University of Chicago.
- In terms of employment, I began my career at Columbia Presbyterian Medical Center as a trainee

or, if you will, apprentice residing in a one and a half room apartment next to the apartment of the President of Columbia Presbyterian Medical Center. I did this as a learning exercise for eighteen months.

I thereafter achieved the Master's, went to Chicago and, while in Chicago earning the Doctorate, became the first executive secretary, the leading professional society for administrators in this field, the American College of Hospital Administrators. Concurrently, I was the Associate Director at the first graduate program in the world at the University of Chicago.

Thereafter, I went to Newton Wesley Hospital for six years, first to attest what I had been teaching and, secondly, to participate in the development of that community hospital as a teaching unit of Harvard Medical School, Boston U. Medical School, and Tufts Medical School.

As pre-medical opportunities were opened in Colorado and Iowa, I opted for Iowa because of the strength of the citizenry's tax support for higher

education in medicine and the statewide health service team.

While there for twenty-five years, I was Director of the Medical Center engaged in planning and programming.

I held the chairmanship in the department, being made a full professor at the age of thirty-five, and on my sixtieth birthday voluntarily terminated the directorship but continued my graduate term. In that area I have produced under my chairmanship sixty Doctorates and a hundred Masters scattered around the world.

Currently, I have students in Lebanon, Arabia, Australia, as well as the United States and Canada.

Q Dr. Hartmann, are you presently associated with the Methodist Hospital in any capacity?

A I'm serving as professional consultant.

Q Will you briefly describe the nature of that relationship?

A I am obligated under the consultant arrangement to provide the knowledge and expertise that I have

acquired in a lifetime of learning and teaching, as well as administration, in determining -- with counseling and advice only, not decision-making -- to the Board, to the physicians, to a very fine planning committee and to the citizenry at large the knowledge that I have acquired to make Methodist able to convert from the status of a hospital to the status of a medical center.

Q Have you acted as a planning consultant for any other local institution than Methodist?

A Yes. Oh, it's twelve years ago that I was originally retained by the Sisters and the Advisory Board and Administrator, Ed McGrath, at St. Francis Hospital.

As I began my consultant role there paralleling what I indicated I am doing for Methodist, I believe I had served for four to six months and the Board at Methodist and the previous Administrator, Ron Herrin, went to Ed McGrath and to the Advisory Board and asked if I would undertake a shared study, an equivalent study, simultaneously for St. Francis and for Methodist. This was done

and completed.

Q Over what period of time have you acted as a planning consultant throughout this country?

A Oh, I would say I'm probably in my forty-second year.

Q In your role as a planning consultant to Methodist, are you familiar with the short range and long range expansion plans of Methodist?

A Intimately.

Q Are you also familiar with the endeavor of the -- the joint endeavor that you referred to of St. Francis and Methodist to tie in with the School of Medicine concept?

A Yes. As a matter of fact, the advent of medical education in its prospect was one of the strong recommendations in the study done jointly for St. Francis and Methodist and the physical pattern of integrated relationship of that design was set forth in the study document report.

Q Will you briefly describe that design concept which had its origin over twelve years ago?

A Well, the design to achieve functional integration,

to minimize duplication of investments, to provide the advisability of a physical link of the integration, to achieve the use of air rights for the future or proposed College of Medicine, the design called for a spanning of the complex that you have in your freeway, literally building in the air rights above, coming in at the end of the Children's Unit at St. Francis and coming in at the end of Methodist.

If you want to visualize what it might look like, the easiest one I can think of is if you go to Chicago and go down the Congress Expressway, it would be the Federal Post Office Building across Congress.

It was recognized that this would be very expensive, it was recognized that to -- that to attract faculty, to optimize student learning, to reduce travel time and distance, that this would have much to say for it.

Further, since the State would probably almost assuredly be the owner-operator of the School of Medicine, the ability of the State to negotiate

with the federal authorities in achieving the air rights would be optimal.

Additionally, in that same report I was keenly aware, as were the Sisters and others, that the Bishop's residence was not north of St. Francis, his then official residence. That beyond the nurses' residence was the site for the proposed Ramada Inn, that the freeway impinged pretty closely on the southerly side. Accordingly, I recommended for St. Francis that they acquire the land that was to their west. It was essentially single story, low cost, fairly depleted housing. It was achieved under the auspices of the Urban Renewal Authority and I recall very specifically that Methodist and its Board was asked to sign what were then called their points, the values assigned to property, in order to enhance St. Francis' opportunity to achieve the present site that they have.

Q From a medical planning prospective, that design which is now twelve years old was premised upon an integration of St. Francis and Methodist to a

teaching facility, was it not?

A It was and it was not premised on wishful thinking or consultant's expertise alone, it was premised on the functional education of medical research that are added or enhanced to patient care with the advent of a medical school.

For purpose of visualization, think of the medical center as having a three-legged stool effect:

Medical education, including resident education, patient care and research.

You presently are at the point where you are generating the medical education effort, catching up on patient care and the medical education impact down the track only a short time distance from the advent of significant research. I'll just interject here faculty to survive, to improve or perish. And this represents bona fide research and this can only be done within the laboratory or, more importantly, in the patient care setting.

Q Looking at the present expansion plans of Methodist, with which you are familiar, do those plans involve new medical facilities, as well as

expanded medical services?

A Very definitely. In fact, one of the major elements in moving from a hospital to a medical center is the focusing on what you might call the center within the center concept. In other words, you would have within Methodist in the present-very near future a heart center, the ability to give the highest levels of patient care, to spin off elements of observation and study that lead to research but, most importantly, to provide patient care services both of a high order in terms of surgery but in a basic order in terms of education. And I would add here the elements of the YMCA in terms of prevention, exercise and the total health care pattern.

Q In your opinion, are such facilities and services presently needed in the Peoria area?

A I would say they are needed and overdue without making envidious comparisons, I put some of the others within the State at a very early, oh, interval of development, such as Rockford. But I would also say that the strength of a community,

and I mean this in the inspiring sense, is the ability to achieve and create new physicians through the modalities of medical education, using existing resources to the optimum but of necessity expanding these, and I mean expansion in a very pertinent and profound way. But I would also say that Peoria's greatest gain in terms of health within the past five to ten years, perhaps two steps, the achievement of the recognition of the medical school under the state of authority of the University of Illinois and, truly, basically the wisdom of the State's legislators. Say, additionally, the public's awareness or expectation that the medical school have a profound effect in generating new physicians and also in generating a climate of quality of life in terms of future health care.

Q In your experience, does the relationship that you described exist between the School of Medicine and Methodist and the other local hospitals, does that relationship generally develop as a result of the placement of a teaching facility such as the

Peoria School of Medicine, in --

A I would say it's an irreversible consequence. Once you bring in the medical school and make that decision, once you bring in the students and are obligated to provide them the kind of education that will qualify them for State licensure, for the ability to pass their National Board examination so they are on a par with all other students in this nation for the ability to provide for them the opportunity to take the additional three year education to become certified family physician types and also to go into other areas of specialization, such as radiology, pathology, obstetrics and surgery, this is the legacy that you bought in when you created the College of Medicine in your front yard.

I would interject here that one of my visits staying at the Hilton, I found a flyer rather attractively done in black and white delineating the developments for the core area of your community. In the upper left of the design was the medical center complex, and I mentioned to Carver,

Steve Koch, Paul Cation and others the wisdom of the present City Fathers in this addition. No longer Methodist per se, St. Francis per se, but rather a complex.

Q Dr. Hartmann, one final question. Based upon your personal knowledge of the expansion plans of Methodist, the relationship between the Peoria School of Medicine and Methodist, and your general experience and background, what in your opinion is the anticipated development of the general geographical area encompassed between the Peoria School of Medicine and St. Francis?

A Oh, I think I'd have to answer that with a number of multiples, if I may. One would obviously be more physicians will spend more time in the medical care and medical center settings. In the past when physicians treat patients, they can treat them in the hospital in the morning, make evening rounds, do their surgery in the morning and, other than obstetrics which is around the clock, be what I will just call "in-and-outers." With the advent of the medical

school medical faculty, your faculty in large part will be based on practitioners, outstanding practitioners, certified competent practitioners. You will have more doctors in-house for larger intervals of time.

I'd say next with the advent of the medical school students, you will have a heightened activity in each of the nursing units and, in so doing, you will augment the number of tests, the size of medical records. In fact, if you took ten medical records for non-medical student care of patients, the proportion would be approximately this difference because of the intensity of medical student review of patients and their accountability to their teaching physicians. Say, additionally, you will have more personnel.

Normally in a hospital like yours, like St. Francis, the physical square footage of just a unit like the laboratory would expand across the nation eleven percent per year because of new knowledge, new tests, new techniques.

With the advent of just the heart center, highly

sophisticated surgery, the amount of blood that is drawn and used for patient life-saving purposes doubles and so you are immediately faced with a problem of redeveloping the blood bank center. The next major change I would say, oh, would be in the quality or the type of nursing care. In the past you would give what I would call specialized nursing care in those areas where you have specialized patients and the rest would be routine nursing care. With the advent of the faculty, with the advent of the multiples of centers such as the heart, cancer, lung, and the rest, you would have a host of new types of nurses that would be probably most commonly called clinical special nurses and these then are backed up by other nurses, as well as LPNs and the nurse aides. So you have a higher density of personnel and richer investment in the mixture of care of patients that simultaneously teach and simultaneously record data. I would -- you would add to the number of caretakers that keep the place clean and professionally fit, the number of secretaries,

the number of people engaged in the normal functions because you have a higher space. And this in turn spins over, if you don't mind, to something that's always ugly and always unavoidable:

Parking and housing.

And since people work in the hospital in terms of twenty-four hour shifts, they strongly desire -- unless they are married and have families or are in advanced position -- being in close. So your medical center isn't just patients, doctors and nurses, it's also those that provide the residences, those that provide the parking when they are in residence, as well as the parking when they are physically present within the center.

Now one of the questions that was asked -- and if you don't mind I'll come to it because it fits into the comment -- is why would a medical center like Methodist create a doctors' block. Is this necessary or is this avoidable?

I'm not going to answer in a challenging way.

Quite the opposite, I'd like to provide the point of view of the house staff, the physicians in

training at the University of Iowa. Unless you think they are in one pocket and I'm in some other miles away, I should let you know that I dine with them at least three mornings a week and every other Sunday and on the Sundays they bring their wives and their families so that the wives and families can participate in counseling with me on where should they locate.

Truly, twenty years ago, fifteen years ago most of them going out tied into one to one, a doctor to a potential successor, or into small clinics.

The pattern now has changed more nearly to one where they wish to work more in the hospital and in the medical center setting because of the number of tests that they need to observe patients and, hence, the pattern of constant engagement.

The second one, medical education costs have gone up astronomically, as any others, and the debt level of those that come out of their residencies is something formidable even though many of them marry nurses and others who are good wage earners and hope carry them through.

Last, the point of preference: Where can you do the most for a patient? I guess you'd have to say at the end of the phone or coming in at a medical call or emergency call, or coming in across the hall.

Last, but not least, doctors' educations have extended further and further in deferring the time of onset of their career beginning and earning and doctors are a high risk group, their mortality is formidable; heart disease being the primary claimant. They have a shorter span in which to earn. They are in scarce supply, that's why you have your new medical school.

So, to optimize their productivity, the hospitals, I might say the three, Methodist, St. Francis and Proctor, have seen fit to put in the first phase of the doctors' office block. And in my consultant experience, the first phase has always been the initial one for each of the two others, each of the two succeeding being appreciably larger.

The evidence of this would be to go to Presbyterian Hospital where Rush Medical School began on that

side and pick up the evidence of growth and development there.

MR. BROADWAY: Thank you, Dr. Hartmann.

That's all I have, Madam Chairman. I have one other witness.

THE CHAIRMAN: Is there anyone that would like to direct a question to Dr. Hartmann?

MR. BOURLAND: I don't know whether this is in order. I don't intend to question him but I do have a comment.

THE CHAIRMAN: Could you stand?

MR. BOURLAND: Is it in order now? With the attorneys here, I'm not quite sure.

THE CHAIRMAN: What is your question?

MR. BOURLAND: It's not a question, I'm sorry.

Madam Chairman and members of the Board, I believe this is a hearing of a Historic Preservation Board, at least I was so advised, and I think it's unfortunate from everyone's point of view that it has become a critique of Methodist Hospital's expansion plans because I don't think that is the issue

before this Board, and I will tell you what I mean in just a second.

It seems to me the issue before this Board and the purpose for which it was created is to determine whether certain areas should be preserved and, if so, to designate them.

If an area is to be preserved, obviously, it's going to be against the interests of some people who wish to move in.

My point is this:

It seems to me with all due respect, Madam Chairman, that the charge to this Board is to make that kind of determination strictly on the historic preservation concept. Then, if that is counter to the best interests of the community as represented by Methodist or other situations, it's up to the City Council to make that determination because I believe you will report to the City Council and they would have to concur or disagree with your reports.

So I simply respectfully submit that I think

the Methodist Hospital expansion plans are a bunch of "red herrings" that have inordinately prolonged this hearing this morning. Thank you.

(Applause)

THE CHAIRMAN: Thank you. And for the record that was --

MR. BOURLAND: I'm sorry, I'm F. M. Bourland. My wife and I own one of the properties on Randolph.

THE CHAIRMAN: Thank you, Mr. Bourland.

I believe you have a question?

BOARD MEMBER: I think your point is well taken, Bill, but I think we also have a responsibility to provide here information which will be useful to the Council in making their decision.

Dr. Gebhardt --

DR. HARTMANN: It's Hartmann.

BOARD MEMBER: I'm sorry.

DR. HARTMANN: Don't mind it, the two sound the same.

BOARD MEMBER: Dr. Hartmann, is part of your charge to Methodist to advise them on the direction of growth?

DR. HARTMANN: Yes, it is in terms of the expected growth through the next quarter of a century relating the elements of medical knowledge, the development of innovations in medicine and the parallel development throughout the nation and the world. It is indeed!

BOARD MEMBER: And you advise them that this was the logical direction of growth and not across Hamilton or not toward the YMCA?

DR. HARTMANN: It was and the reasons, frankly, the elements of physical propinquity, if you don't mind the rather academic clue to get the optimal linkage in the shortest distance for purposes of patient care, student and faculty movement and action, the most desirable area of development is across Crescent Avenue and this was in my study of twelve years ago and I haven't deviated from it since.

And the hospital has pretty well exhausted the land coming down toward the city in picking up the old ambulance building, everything but the Shell station on the corner, except for high density roadways. I'm not saying that there aren't other areas of expansion but the optimum, which is the one I was asked at this time it was across Crescent and up the hill. It was done with the awareness of the present usage of many of the residences for hospital employment.

The horrible confusion is the parking, the blocking of roadways, the access to fire equipment. And I'm not saying any of this to deny the great, the fine thinking in terms of historical preservation and the elements that have been set forth by these good people. Quite the opposite.

THE CHAIRMAN: Are there any other comments for Dr. Hartmann? Mr. Broadway.

MR. BROADWAY: Thank you, Madam Chairman. I have one additional witness that will take just a

few minutes.

I call John Paulson at this time.

JOHN PAULSON,

stated as follows, in answer to

QUESTIONS PROPOUNDED BY MR. BROADWAY:

Q John, will you state your name, address and occupation, please?

A I'm John Paulson, my address is 4010 N. War Memorial, here in Peoria, Illinois, and I am a hospital administrator.

Q Are you presently employed by the Methodist Medical Center of Illinois?

A Yes, I am.

Q And in what capacity?

A Director of Planning is my position.

Q Will you briefly describe your duties and responsibilities as the Director of Planning?

A I serve primarily as a staff resource person for the administration, principally Press Department.

I also serve in that capacity for the Board of Trustees and the medical staff to advise and assist in the development of internal planning documents, as well as those required by the State and Federal law, and I also assist in expansion or improvement of programs for health services.

Q Are you familiar then with the short range and the long range expansion plans of Methodist?

A I was a primary participant in their preparation.

Q Does the development of those plans involve any State or Federal funds?

A Primarily not. Possibly, in some selected areas, State or Federal funds or assistance may be included, but as in the past, the majority of expansion would be financed through private capital.

Q Would you describe the plans in terms of the expanded medical services to be delivered to this community, very briefly, if you will.

A Our long range plan was entitled, "A Need for Growth," and that's what we are experiencing, primarily based on the successes that are being

achieved in medicine and also the requirements as a medical center continues to grow in expanded services.

Expansion of our emergency room is indicated to comply with the State Alcoholism Act to provide additional services to tie into the paramedic and hospital based ambulance service that is being established in Peoria, our laboratory expansion is necessary for the reasons Dr. Hartmann indicated, St. Jude is in need of new and better facilities, as is the Institute of Physical Medicine & Rehabilitation.

We also are experiencing a growth in the care required for intensely ill coronary and medical patients and we are planning to phase out dated nursing units in the near future.

MR. BROADWAY: Thank you.

That's all I have, Madam Chairman.

THE CHAIRMAN: Thank you, Mr. Broadway.

Would anybody like to direct a question to Mr. Paulson?

Are there any other comments?

Yes? Could you state your name and address, please?

MRS. WHITE: Yes. I don't know if you can hear me. I have one question. The urgency of the hospital --

Excuse me, I forgot to tell my name. I'm Virginia White, I live at 1402 Hamilton Boulevard, which is located behind Roanoke, and I'm very interested in all these proceedings.

The main talk from the hospital is the urgency of this new doctors' building. My question is:

Why can't Helen House be moved across the street on Hamilton and that renovated or maybe go up to suit the needs for the doctors' building?

That's my first question.

MR. BROADWAY: Well, Ma'am, let me try to respond to that.

The money -- If my memory serves me correctly, the money that was used to develop Helen House

had certain conditions attached to it; one of them being that it be used for a nursing facility.

So perhaps that would answer your question. The funds that were used to develop that facility could well be in jeopardy.

John, do you have something to add?

MR. PAULSON: I just might add that it would be impossible to move that facility since it is slab construction and, as Jim indicated it is required to be used as a facility to house our nursing students.

FROM THE FLOOR: By whom?

MR. BROADWAY: I'm sorry, we misunderstood you, Mrs. White.

MR. PAULSON: I think your question is why are we realizing this need, and I might indicate that what you have seen on the plans is really an architectural expression of a program that was developed based on a community health study which indicated that here in Peoria, as it is across the nation, heart disease, cancer

and respiratory diseases are the leading killers.

There is an indication from mortality statistics that in the Peoria area the mortality in these three disease categories is significantly higher than it is for the rest of the state and, as a community health service, we feel it is our duty to provide better facilities to better serve the people of Central Illinois because of that reason.

MRS. WHITE: That doesn't answer my question.

MR. PAULSON: Your question is why can't we move or expand --

MRS. WHITE: Why can't you use Helen House for it?

MR. BROADWAY: I thought I answered that. Because of the funds which were used to develop it.

MRS. WHITE: What funds?

MR. BROADWAY: It was a private contribution and the funds could be -- the money could be jeopardized. I suppose there could even be a lawsuit to recover the funds that have been expended if the hospital --

MRS. WHITE: Well, have you contacted the donor and asked him or her for permission to do this?

MR. BROADWAY: No, Ma'am, that's not in our expansion. That -- The renovation or the use of that structure is contrary to our present purpose, which it has been used for a number of years. It is not in our plans.

MRS. WHITE: Well, I don't see why it couldn't be though.

MR. BROADWAY: I didn't expect that we could agree.

MRS. WHITE: O.K. My next question is:

All the talks so far has only been about the one side of Randolph.

MR. BROADWAY: Yes, Ma'am.

MRS. WHITE: And what are the hospital plans for the rest of the area? How soon are you going to, as one lady said, gobble us up?

MR. BROADWAY: We have no plans to gobble you up.

MRS. WHITE: That's what we were told before.

MR. BROADWAY: If we felt our long range plan expansion plans involved any area other than

the east side of Randolph, then we would certainly be candid and object to those areas because the alternative we are offering the Board to exclude the side of Randolph and satisfy our needs to expand in the next twenty-five years. We are not objecting to the west side of Randolph or --

MRS. WHITE: Are you going to tell us though it's going to take twenty-five years before you move in the rest of the area?

MR. BROADWAY: I'm telling you we have no plans to move into that area.

MRS. BOURLAND: That's today.

MR. BROADWAY: I don't know, Mrs. Bourland. I may not be here and you may not be here.

MRS. WHITE: You have nothing in your long range plans, you have no tentative plans set up, for moving in later?

MR. BROADWAY: Absolutely not. I'm sure the hospital would be unhappy with us, as their legal counsel, if we came to this hearing and said we had no objection to the other streets.

and that's our position, that we only are requesting this Board consider our expansion plans, look at the architectural criteria that are contained, with the audience and the prohibitive effect on our expansion only the east side of Randolph. We are not objecting to the west side of Randolph or Roanoke. I can't say that any more emphatically.

MRS. WHITE: Thank you.

THE CHAIRMAN: Are there any other comments?

MRS. BOURLAND: I just wanted to say that it seems to me that there is no reason at all why there has to be all of this confusion and rigmarole if Methodist Hospital does not object to the Historic Preservation Ordinance. I believe I said this, the same thing, the other night. If you don't object to the Historical Preservation Ordinance, then why all the hoop-da-loo.

All that has to happen is that your plans are brought before this particular Board, and I'm sure this Board, having been appointed as

wisely as it has been, and made up of people whose opinions I respect and I'm sure you do also, if there were a building that the Methodist Hospital wished to utilize, I'm sure this Board would be reasonable in considering your plan in going through the proper process. And I just wanted to add one more thing and then I'll try to shut up, and that is that as I walked into this building today, I couldn't help but be impressed again with the fact that here we are, a building which has been preserved for the future, which has been designated a historical monument, and that it wouldn't have happened if the citizens hadn't gotten excited about it and said let's keep it. It was almost going to be torn down and because a number of us were worried about it because the Landmark Foundation and the Historical Society and the City Beautiful, citizens of the community got together and said we must preserve it, that it was

preserved.

Thank you.

MR. BROADWAY: Mrs. Bourland, first of all, in my preliminary remarks I stated that the hospital, by participating today, is not waiving any challenge as to the constitutionality of the Ordinance.

Secondly, I stated that the hospital has no objection to the concept of the Historic Preservation, and that is true.

What we do have an objection to is the inclusion within a Historic Preservation District of the east side of Randolph. And the reason that we object is because the design criteria that are contained within the Ordinance are totally subjective, vague, and ambiguous and we are advised by our consultants, several of whom addressed this Board this morning, that it is impossible to design modern medical facilities in accordance with those criteria.

What we have stated to this group and this

Board is that if that area is excluded, the east side of Randolph, that we in planning our expansion will expend every reasonable effort and endeavor to integrate into the local neighborhood and to preserve the neighborhood concept, what Mr. Swager called stepping down or softening. But we have no alternative with the wording of the Ordinance in looking at our expansion plans, to the inclusion of the east side of Randolph.

THE CHAIRMAN: I believe Mr. Maloof had a comment to make, please.

MR. MALOOF: Thank you, Mrs. Ringel. I'm Jim Maloof, realtor, and I'm sure we are all here -- I'd like to preface my remarks saying we are all here in the best interests of this community, of a great community, and I want to state to you my personal reasons for being here.

As the founder of the St. Jude Affiliate at the Methodist Medical Center, I have obviously a personal reason to see it, to

watch the expansion and growth have an effect with the youngsters stricken with cancer in our community.

So we are all really interested in the quality of life and quality of medical care for the people of this community.

I'd like to direct a few remarks, if I may, to first of all the home owners here.

Fortunately, let's say first, we don't have too many, there is only four or five, or six properties in the entire area that we are concerned with from Methodist Medical Center that have really been taken care of. The property owners who have not taken care of their property are not here this morning and apparently are not concerned about it.

I volunteered my service, volunteered my services to the Methodist Medical Center, when I knew of their plans for a new St. Jude Affiliate, offering to get the signatures of the -- when we heard of the objections, offered to get these signatures, never

realizing that we'd end up where we are here today. I have -- of course, had no trouble getting the Tom Caffertys* signature who will sell to nobody else but the hospital. Word came that Kenny Bremmers* in the middle of the block there wanted to sell to the hospital and their signature is forthcoming soon.

Word came to us through -- to me through our legal counsel that Mrs. Sheehan* on the corner, 270 Randolph, after the meeting that was held at the Lutheran Church the other evening, wanted to sell to the hospital. And, yes, sir, I had no problem, she volunteered, she wanted to sign and she wants to sell to the hospital.

And immediately after the meeting the other night someone raised the question about Ron Nell. That morning following the meeting, Ron Nell called me and said that after what he had heard about the expansion program for the hospital and everything, that he no longer

* Phonetic spelling

wanted to stand in the way of the medical growth of this community and he and his wife wanted a few days to think about it and perhaps would like to resign as being opposed. He called me last night at 10 o'clock, I got his signature this morning at 8 o'clock. They are interested in the expansion of the Methodist Hospital.

So, if you are interested in where Nell's name came in, or the Sheehans, someone raised the question of Mrs. Harris -- Mrs. Harris who owns two properties on Crescent also asked for me to come and talk to her. Her son is a surgeon, they're interested in the growth of Methodist Hospital. They don't want to sell at this point but I did visit with them yesterday. They will sell to the hospital one day, the one day not right away, are not interested really in the Historic Preservation group.

So, unfortunately, it's bad that the rest of the property owners aren't here. I ride up

and down the street and I hear complaints from some of the other property owners, some of these who have signed against the Preservation District. What control -- I asked this Board, as I asked the group at the church the other night, what control are you going to have over apartment owners renting their apartments to motorcycle riders, people who engage in brawls throughout the night, drinking, drugs, and whatever, and causing havoc on the street throughout all the night? What control are you going to have?

If these people are interested in the Preservation District, I just can't see it. It's unfortunate there aren't more Bourlands and other people who are really interested in keeping their property up.

From the standpoint of the Methodist Hospital, I had the good fortune of being involved in childhood cancer care for the last seventeen years, being involved with St. Jude Research Hospital.

Four and a half years ago St. Jude Affiliates opened its doors and there were sixteen patients who were coming to Memphis, Tennessee, for care and treatment. We have as of this moment now registered and accepted over one hundred and thirty patients, seventy-six of whom are living, twenty-one who are completely off of any kind of drugs or care or therapeutic treatment.

So it's an indication of what kind of quality care that the Methodist Medical Center is giving to youngsters stricken with cancer. And with their new program now, with the new expansion program of really getting into the cancer field, I don't see how we can stand here and stop this kind of growth for this community.

Four years ago, four and a half years ago, the hospital used to treat somewhere between fifteen and twenty cancer patients and, well, now because of the other improvements they are now treating sixty-five to seventy-five

patients a day, patients that used to have to go to Sloan-Kettering or Barnes, or Mayo's are now getting the finest care for cancer right at this institution. And we are saying that a cancerous growth, that's going to affect somebody's property when we are talking about saving the lives of people. You are now embarking on a new heart program and bringing in one of the fine heart surgical people out of Cleveland, Ohio. Dozens of people from Peoria have gone to Cleveland and now those same doctors are here, which seems now it's not an inconvenience to families of those afflicted with these things. Methodist Medical Center is trying to offer this to the people of this community and we're saying we're trying to preserve five or six homes. I don't find the rationale of this thing.

Yes, we're here for a great community, not here to see beautiful homes torn down. But, on the other hand, we have to think of life.

Have you ever witnessed the charm of a family that has been stricken with a cancer or with a heart disease and not knowing where to have to go to travel, hundreds of miles by air or car, or whatever for treatment. And now this community is offering it to the people and you're saying turn that down, to let them go another way that would not be economically feasible for that hospital to do.

It just doesn't make sense!

Yes, we want to save these gorgeous homes.

I say to the Historical Preservation group because I happen to be a member of one of the civic centers group, and I say to you, you have a responsibility. Yes, we must be sympathetic to the ears of the people, not only a small group, but of all the people. We must act in what we feel is in the best interest of this entire community and not just a few. So that when you make your decision you keep this in mind that you have a responsibility and when you shirk that

responsibility in thinking what you honestly feel in your heart is in the best interest of this community, then you had better weigh your conscience.

We must look at the growth of this community. Yes, preserve we will but, my God in heaven, think about the sick in this community, think about the people who need care. This is what -- I won't even talk about the economy of it because that sounds like a businessman saying there's dollars out there, but, my gracious, we stand on the threshold of becoming one of the fine medical centers in the Midwest. Economically it's got to encompass everybody in this community. It just no longer will be a Caterpillar or some others that are providing all of the welfare and jobs for the community. So please think of that.

One final appeal to the homeowners. I have been affiliated with the hospital now for four and a half years. I know what your

problem is now, I learned it the other night. I was not aware of it before that meeting at the church. We are not going to point the finger, and put the blame on anybody for the problems you have had. I do know this, that under Jim Noble and Pat Hayes and John Paulson, and this entire new administration group, they want to work with you. They do not want to jam anything down your throat or gobble you up. They only want an opportunity to sit with you and find out what is best for your area and what is best for the people, for the community, and what is best for this hospital. So, rather than choose sides and saying this is what you have done to us for years, as adults, as mature people, as responsible citizens, why don't we go back and say to these people O.K., why don't we work this out together rather than choose sides. I think you will find this administration as helpful and cooperative as anybody you want to see. I appeal to you to give them an

opportunity and I appeal to this Commission to look for what is in the best interest for this entire community.

Thank you!

THE CHAIRMAN: Yes, we have a comment from a lady.

MRS. KINNEY: My name is Velma Kinney and my mother lives at 270 Randolph and I'd like to make a few comments.

I think you should be aware that Mr. Maloof came to my mother's house yesterday and he did say that Betty Ford was offered \$20,000.00 above her property value and the apartment next door was half a million they were paying for that. And I think my mother was of the opinion that she was going to make a lot of money on her property. And I don't think it's fair to just make money on those properties. I think they should be preserved. My daughter would like to see the house preserved and my son would. And I think that this property there that is valuable historically and architecturally and the social

history of Peoria that is evolved on that street. There is the Willis Ballance home which is really historical, and my mother's home which is either prairie style, I think that for future generations it should be preserved regardless of the expansion of the hospital.

I'm not against the hospital per se, I just want them to take Randolph Street. There is property below that could be taken and certainly there is acres around that medical school. I don't see why a building couldn't be built there. I don't see why all this determination to take Randolph. And I'm sure that all the property owners on the east side are swayed by monetary evaluations of their property which is excessive, in my opinion, and I really think it's an irresponsibility on their part to think of money rather than saving the houses.

Thank you very much.

MRS. BOURLAND: Why don't you quote what Mr.

Sprague said when he walked up and down the street?

MRS. KINNEY: I know he was very much in love with my mother's house.

MRS. BOURLAND: Identify him for the Board.

MRS. KINNEY: Oh, Paul Sprague. He has a historical preservation service in Chicago and he is -- he is on the National Trust Board and on the Victorian Society in America Board and his opinions should be valued.

THE CHAIRMAN: Are there any other comments at this time?

(Applause)

MRS. TRINDER: My name is Marlene Trinder and I live at 220 Columbia Terrace and I would like to speak to the David and Goliath battle, if I may.

Peoria is far behind other cities in historic preservation and, yet, we have better than average architecture and a rich history to preserve.

Experts in the field of historic preservation

have surveyed the older parts of Peoria and have concluded that in the Randolph-High-Moss area the quality of architecture, and I quote: "Achieves a distinction both in ... and in individual structures unsurpassed in the State of Illinois."

In other words, it's fine to save individual buildings, as I believe Mr. Broadway has suggested, but we are dealing here with an area, a neighborhood, a District which has been designated as worthy of preservation. Several homes in the Randolph-Roanoke area have been suggested for placement in the National Historic Registry.

I hope that the Board is cognizant of the survey that was just referred to. It was done by Mr. Paul Sprague, an independent firm under contract to the State of Illinois. And I also would reiterate Mrs. Bainter's suggestion that the members of the Board walk this area as well as enter some of these homes. And we have made plans for you to do

that today, perhaps, if you can.

If such an important area as this were to be destroyed as a District, and I stress the word, "District," I feel that the City of Peoria, its officials and Methodist Hospital and its officials would be severely criticized by other cities and governmental agencies. Let's let the Randolph and Roanoke area stand on its own merits. Let's not destroy a century of history just because it is adjacent to Methodist Hospital.

(Applause)

THE CHAIRMAN: Thank you.

Does anyone from the Board have any comments to make?

Does anyone from the Board have any comments to make at this point?

BOARD MEMBER: I am just curious. In the audience, by any chance, are any of the owners of the following houses here, or the following structures:

204, 206, 218, 224, 228 and 248 Randolph?

You people chose not to sign either petition and I would love to hear your comments.

FROM THE FLOOR: We have no comments right now.

BOARD MEMBER: Which property are you speaking for, please?

FROM THE FLOOR: 204, 206, 218, 228.

BOARD MEMBER: Thank you.

THE CHAIRMAN: There's another lady over here.

FROM THE FLOOR: My husband was out of town, so I have no comments to make.

BOARD MEMBER: Thank you.

THE CHAIRMAN: If there are no other comments from the public, I'd like to remind the Board that we have thirty days to give our decision to the City Council on whether we will submit this area for a District or not.

We will have a -- We will need a motion to either make a decision today or defer it.

BOARD MEMBER: I think we need time to think about this, Madam Chairman. I recommend we give serious thought to all we have heard this morning and that we discuss the final decision

on -- what? -- the August 2nd meeting.

THE CHAIRMAN: Actually, our next scheduled meeting is August 9, which is two weeks from today, I think.

(Discussion off the record)

THE CHAIRMAN: I think all the people in concern want to know and we just defer the decision, we can call a special meeting for next week, August the 2nd. Both of these things will be needed to be voted on.

BOARD MEMBER: Madam Chairman, I'd like to make a motion we defer the decision up to our discretion setting a special meeting, if you so decide. Otherwise, it would be August the 9th.

THE CHAIRMAN: August the 9th. Is there a second?

BOARD MEMBER: Is there any previously scheduled business for that date?

THE CHAIRMAN: Not that I have at this time.

It has been moved and seconded that we defer our decision until our next meeting, which is August 9. If necessary, we can call a special

meeting for August 2nd. The motion you just stated, we will have at our next meeting.

All those in favor for deferring the decision until our next meeting?

All those opposed?

(No opposition)

THE CHAIRMAN: I do wish to call a special meeting then for August 2, which is next Monday. We will need -- if I call a meeting, I have a right to call a special meeting, we don't need a motion on this. So we will have a special meeting August 2 at 9 a.m. in the City Hall chambers. Give us all time to think about our decisions and, as far as I know, there are no other comments this morning. Thank you all for arriving and expressing your opinions.

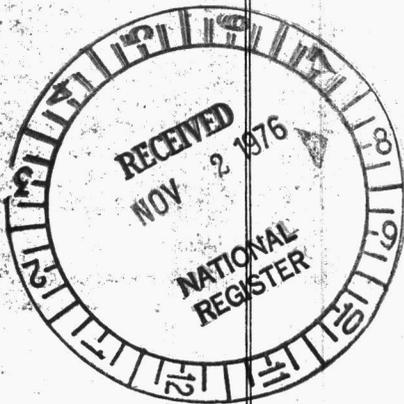
(WHEREUPON the meeting was closed at 12 o'clock noon)

TRANSCRIPT OF HEARING IN RE:

HISTORICAL PRESERVATION SOCIETY

September 27, 1976

City Hall
Peoria, Illinois



Reported by:
Grace Cafaro, CSR

P R O C E E D I N G S

THE CHAIRMAN: Are there comments from proponents this morning on the east Randolph-Columbia Terrace Preservation area?

BOARD MEMBER: It might be helpful to everyone if we knew the limits of the proposed District --

THE CHAIRMAN: Yes.

BOARD MEMBER: -- on the new petition.

THE CHAIRMAN: Jim, do you have a copy of that?

BOARD MEMBER: Sure do.

THE CHAIRMAN: Could you read the -- outline of it?

BOARD MEMBER: O.K. The District in question this morning is the District to include the following properties on the east side of Randolph Avenue:

224, 228, 234, 240, 258, 260, 262, 266 and

270, plus the following addresses on West Columbia Terrace;

200, 202, and 220.

THE CHAIRMAN: Thank you, Jim.

Do we have any comments from the Board this morning?

BOARD MEMBER: Just --

FROM THE FLOOR: Would you please speak up? We can't hear a thing back here of what's going on.

BOARD MEMBER: Did you hear the District?

FROM THE FLOOR: Yes.

BOARD MEMBER: O.K. She just asked if there were comments from the Board members before proceeding.

Just as a clarification, can somebody say which house it starts with coming from the Hamilton side, or which property? How many properties would be excluded?

THE CHAIRMAN: I think Mr. Johnson can tell us that.

How many properties are excluded?

MR. JOHNSON: There are four. This is exactly what Methodist has stated that they wanted and we wanted to oppose this so violently before. They publicly stated this before, four pieces

of property.

FROM THE FLOOR: The dance studio, the large apartment house, the house sits way back --

FROM THE FLOOR: And the next.

FROM THE FLOOR: -- and the next. O.K., thank you.

THE CHAIRMAN: Thank you.

Are there any other comments from the Board this morning?

Comments from proponents of the area? Are there any others?

I suppose we could have comments of proponents from the area there.

MR. BROADWAY: Madam Chairman.

THE CHAIRMAN: Mr. Broadway.

MR. BROADWAY: My name is James D. Broadway. I am a partner in the law firm of Westervelt, Johnson, Nicoll & Keller, which is general counsel for the Methodist Medical Center of Illinois.

Madam Chairman, contrary to the statement of Mr. Johnson, the Methodist Medical Center of

Illinois has again objected to the designation of the east side of Randolph as a Historic Preservation District.

Other neighbors are present this morning to likewise reiterate their objections and concerns.

During the prior proceedings conducted by this Board, Methodist produced subjective testimony in support of its objection.

With the concurrence of this Board, we will not labor through a second recitation of that testimony; rather, we will incorporate by reference in this hearing that testimony and the various points, including the constitutionality of the Ordinance originally argued by us.

If this Board prefers, on the other hand, we will request the transcription of that testimony and then formally file the transcript with this Board subsequent to this hearing.

Several additional points, however, must be

stressed at this juncture. The new petition clearly represents a plan to gerrymander a District in order to avoid the expressed decision of the City Council.

On previous occasions the City Council has resolved this issue by voting to exclude from a Historic Preservation District the east side of Randolph Avenue.

The decision of the City Council established a final adjudication of this preservation dispute. Yet, a few property owners along Randolph, less than a majority, are attempting to refute the City Council and to harass the remaining property owners.

Now is the time for this Board to assert itself, to recognize the binding decision reached by the City Council, to terminate this continued mockery of the concept of Historic Preservation, and to decisively strike down this renewed effort to subject the majority to the desires and the whims of the minority.

This Board, by its decision this morning, should demonstrate that it is not the whipping boy of the preservationist but an independent, fairly constituted public body serving all of the citizens of Peoria. Thank you.

THE CHAIRMAN: Thank you, Mr. Broadway.

Do we have any other comments this morning?

MR. BETTS: Madam Chairman, I'm Rick Betts, my parents and I own 228 Randolph.

I want to make a brief statement that we opposed the District before and at this time we oppose it again.

I agree with much of what Mr. Broadway has said. We do feel that there is a degree of harassment in the boundaries of this District but I am not going to go into any further detail on that.

We have felt that the Ordinance is unconstitutional in many areas, it's very vague, it gives you as a Board very much discretionary power, it's very broad and, personally, I

feel either the Historic Preservation Board is going to work as a Board representing the people or the Historical Preservation Board is going to work representing those only interested in preservation; you can't always be on the side of the issue. This has gone before the City Council repeatedly and has been defeated. We have been in the past in opposition to this Ordinance and remain in opposition to it and, as Mr. Broadway said, on the east side of Randolph those in favor of preservation are a minority.

Thank you.

THE CHAIRMAN: Thank you, Mr. Betts.

Do we have any further comments?

MR. GIANAKOS: My name is Julius Gianakos and for the record I'm opposed to any District. In this case it's Randolph, but I'm opposed simply to Historic Preservation Districts, so I want to be recorded as being opposed.

THE CHAIRMAN: Thank you, Mr. Gianakos.

Yes, Ma'am?

MRS. PRINN: I'm Mrs. Prinn* of 224 Randolph. My husband and I are against having our house included in the Historic Preservation District. We feel we have very capably maintained our home to our personal satisfaction without any help from any of our neighbors. We, therefore, would like to know why they think they have the right to speak for us and ask that our house be included in the Historic area. We stated our wishes to be excluded from the Historic Preservation and the City Council listened and granted us this permission. So why do we -- So why do you people as an individual or as a group feel you have the right to keep dogging us? Are we not allowed to have our own freedom of rights as taxpayers and law-abiding citizens of this city to say no to something we do not want? For you people who want to be in the Historical Preservation District, speak for yourself and let the rest of us do our own personal decisions.

* Phonetic spelling

You talk about preserving these houses for your children. Do your children -- Your children do not want any part of these monstrous headaches. There is not a single child that has grown in his own dwelling that cares enough about this street or the houses on it to come back and live on it.

Doesn't that tell you something?!

I know that this is not an issue today about the hospital wanting the lower end of the street, but we favor them having our property. I know they can help our children and perhaps even you and me, as one of our councilmen stated, that he walked two blocks underground to his hotel in Mayo Clinic.

If the hospital is favored by this land and is allowed to expand there, there should be no reason for our councilmen or anyone to have to visit at Mayo's. He should have to go no place but Peoria, which will compare to Mayo's of Minnesota, to St. Luke's of Chicago or to Milwaukee for open heart

surgery.

Why should our city have to take a back seat? I'm sure a larger hospital will draw more and more people from the State of Illinois than the few that will take time to come back and look at a row of houses. And also, don't forget that Mayor Carver cautioned this Historical Preservation Board not to confuse the rights of the individual because, he said, the Council will have to protect his people also. And this is a quote from the Peoria Journal Star September the 8th, 1976.

THE CHAIRMAN: Thank you.

Do we have other comments from the audience?

Could I make a request that all the previously written statements be submitted for our information, please?

MR. BROADWAY: Madam Chairman, could I ask my court reporter how much time would be required for a transcript?

(Discussion off the record)

MR. BROADWAY: I thought, rather than bring all of

these witnesses back in and use your time and the expense that would be incurred to do that, that that testimony was transcribed by a court reporter, Mrs. Cafaro, and we can have that testimony transcribed introduced and delivered to you for your deliberation, if you choose.

So the only question, if you want the testimony the only question is, when do you want it? And Mrs. Cafaro says it will take her about a week to transcribe it.

FROM THE FLOOR: This would cover all the witnesses?

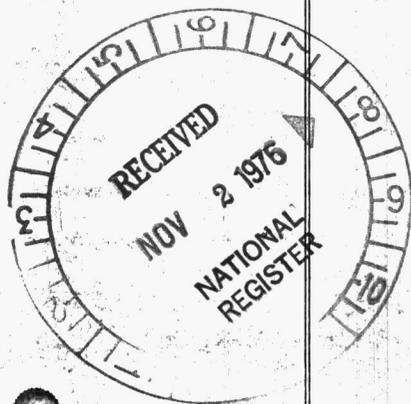
MR. BROADWAY: Yes.

THE CHAIRMAN: Yes. Actually, I was requesting the statement you were reading this morning.

MR. BROADWAY: We can give you this record also. Would you like that by next Monday or by your regularly scheduled meeting in two weeks?

THE CHAIRMAN: Actually, as soon as possible.

MR. BROADWAY: I will deliver it to you, Madam Chairman.



THE CHAIRMAN: Thank you. And the other prepared statements, could we please have a copy of those for our record?

MR. BROADWAY: They will be in the transcript.

THE CHAIRMAN: Are there no other comments?

Mr. Johnson.

MR. JOHNSON: I'd like to -- actually, if we're going to go, I'd like to get it over with. We've got it without a roof and starting to put a cupola on it.

After all, you went through all this before.

There hasn't been anybody that's denied that the whole street as such isn't a Historical Preservation site.

So, I mean, we listened to it and you listened to it all. So I'd like the action as soon as possible.

THE CHAIRMAN: Thank you, Mr. Johnson.

Do we have any comments from the Board?

BOARD MEMBER: I'd like to see if we can get a recommendation from our group today and forward it to the City Council for their

consideration.

So I would move that the petition as proposed be approved and the District as outlined be recommended to Council for its consideration.

BOARD MEMBER: I second it.

THE CHAIRMAN: Mr. Luby has made a motion to recommend to the City Council the District as presented to the Historic Preservation Board. It has been seconded by Mr. Brooks Miller.

Are there any other comments from the Board?
All those in favor of the motion?

BOARD MEMBER: Oh, wait a minute.

THE CHAIRMAN: Yes.

BOARD MEMBER: Excuse me. Yes, just a comment.

Mr. Broadway, you made the statement that this has been finally determined by the City Council and I'm not sure I can agree with that.

It seems to me that this Board was far more conservative in their original deliberations than was the City Council. And that I think

especially on Roanoke we listened to property owners, maybe more than they did.

We are now considering a piece of property that the majority are in favor of Historic Preservation and I think the City Council needs to make this decision. Is it preservation? Is it the people? Is it Methodist Hospital?

Therefore, I would vote to -- in favor of this motion.

MR. BROADWAY: Madam Chairman, could I respond to that for a moment?

THE CHAIRMAN: Yes, Mr. Broadway.

MR. BROADWAY: Mr. Miller, I think it has to be a clear distinction between Roanoke and West Columbia Terrace.

The majority of the people on Randolph are clearly not in favor of the Historical Preservation District. There are four signatures of nine property owners who favor it there were five who were opposed.

BOARD MEMBER: You're starting at Hamilton?

MR. BROADWAY: No, starting within the boundaries of the District that have been presented to the Board this morning. There are nine properties encompassed within those boundaries on the east side of Randolph. Four owners support the District, five oppose it.

BOARD MEMBER: Which five oppose it?

MR. BROADWAY: Mr. Betts and his family, Mr. and Mrs. Bremmer, Mr. Berry, Mr. and Mrs. Herschel, and the hospital. That's five properties.

MR. JOHNSON: Just a minute. Do you have a signed one? They didn't sign with either one of us.

MR. BROADWAY: Their attorney will express their objection at the proper time, Mr. Johnson.

BOARD MEMBER: And who else did you mention as being opposed?

MR. BROADWAY: Mr. Berry. All of these people opposed the original designation.

THE CHAIRMAN: What is Mr. Berry's address?

MR. BROADWAY: Mr. Berry resides at 248 Randolph.

THE CHAIRMAN: Thank you.

BOARD MEMBER: And Herschel?

MR. BROADWAY: Herschel resides at 256 Randolph.

THE CHAIRMAN: Thank you, Mr. Broadway.

MR. BROADWAY: The only other thing I would say, Madam Chairman, my point is that the City Council has voted on the east side of Randolph. I did not mean to imply that the Council had considered Columbia Terrace. I think one of the problems with this Ordinance is that no matter how many times proponents would be successful in defeating a District, there is an opportunity for remaining property owners who support it to gerrymander the District, and I use that word advisedly, so that there is a continual recurrence of this type of hearing needed and the issue is continually presented to the City Council. I did not mean to imply that Columbia had been addressed by the City Council.

THE CHAIRMAN: Thank you.

Is there any other discussion on the District?

(No response)

THE CHAIRMAN: Are we ready for the question?

Could you read the motion, please?

BOARD SECRETARY: It has been moved that the petition as proposed and the District as outlined be recommended to the City Council for their consideration. Seconded by --

THE CHAIRMAN: Thank you. All those in favor of the motion say aye.

All those opposed?

Then we will send this to the City Council at our earliest -- Now, we need someone to write the recommendation to the City Council.

Do I have a volunteer?

Shall I appoint a party of two?

Dave, would you and Don ready the recommendation for the City Council?

If it is possible to have this written up, if we get it to Susan and have her type it up before Thursday, we will be able to get it

on the agenda by Monday. Otherwise, it will be a week from then.

BOARD MEMBER: Let me just ask: How soon would it be possible to have your transcript so the Council could have it?

MR. BROADWAY: That was the point I wanted to ask. It seems to me there is no need for it, you have already voted on the issue.

BOARD MEMBER: I think there is a need for it. I think the Council should be fully apprised of your feeling and feelings of the other people, verbatim if possible. Final action is for Council and many of the issues raised to us will come before Council and they have the final word. We just recommend it.

MR. BROADWAY: Apparently, Mrs. Cafaro says it will take at least a week. There is a considerable amount of testimony.

BOARD MEMBER: I would suggest we put it on the following Council agenda.

THE CHAIRMAN: Being the week of the --

BOARD MEMBER: Two weeks from tomorrow.

THE CHAIRMAN: All right.

BOARD MEMBER: The reason I say this --

THE CHAIRMAN: I also agree. I think they ought to have all the written testimony from the previous --

BOARD MEMBER: Some of the Council members said they have not been able to get enough information from the hearing. This should be --

MR. BROADWAY: Would you submit the transcript as part of your report or independently submit it by me to the Council?

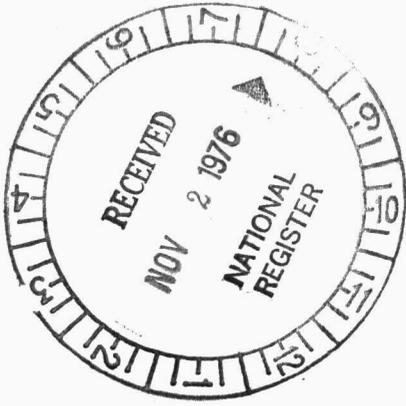
BOARD MEMBER: I think we could submit it attached to our report.

MR. BROADWAY: All right, fine.

All right, then we will deliver it to you. Just give us enough time to have it done.

THE CHAIRMAN: As soon as possible then, if you could, deliver that to Susan in the Inspections Department, Frank Naven's office. If there is no further discussion, we shall go on to the next agenda item.

WHEREUPON the closing in the above matter was closed at 9:40 o'clock a.m.



a need. for growth

Long Range Development Plan **1976-2001**
Methodist Medical Center of Illinois
summary document

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76 years . . . of dedicated service

The Methodist Medical Center of Illinois

221 Northeast Glen Oak • Peoria, Illinois 61636

LETTER OF TRANSMITTAL

May 20, 1976

Mr. Steven R. Koch
Chairman, Planning Committee
The Methodist Medical Center of Illinois
Peoria, Illinois 61636

Dear Mr. Koch:

With this letter, we have the privilege of submitting to you a recommended "Long Range Development Plan for the Methodist Medical Center of Illinois", entitled "A Need for Growth". We believe the adoption of this plan will amplify the Medical Center's growth into a teaching, tertiary care referral center.

This plan should allow the Planning Committee to make pertinent decisions regarding the Medical Center's future. The plan is composed of three (3) documents. The "Summary Document" specifically highlights the recommended development plan as expressed through the "Statement of Philosophy", "Recommendations for Future Growth", and "Recommended Architectural Plan". The "Financial Document" specifically highlights an analysis of the Medical Center's financial structure and a forecast of its ability to pursue further capital improvement. The "Working Document" contains the resource effort which formed the basis for our recommendations. It is our hope that the documents will stimulate ongoing participation from the Planning Committee, other Board Committees, and the Medical Staff.

We would like to take this opportunity to express our appreciation to the staff of Phillips Swager and Associates for their assistance in master site development and architectural planning. We would also like to thank Mr. R. Oliver Younggren for his assistance in the preparation of the "Financial Document".

Even the most exacting plans are subject to change. As we continue to work together in the best interest of the people we serve, our thoughts and actions will no doubt change. However, "The Long Range Development Plan of the Methodist Medical Center of Illinois" should allow us to make those changes in an orderly and understandable manner.

Respectfully submitted,

Gerhard Hartman
Gerhard Hartman, Ph.D.
Consultant to Hospitals and
Health Organizations

James K. Knoble
James K. Knoble
President
and Chief Executive Officer

John E. Paulson
John E. Paulson
Director of Planning

pat

The Methodist Medical Center:
Methodist Hospital
Methodist Hospital School of Nursing
St. Jude Midwest Affiliate
Peoria School of Medicine, University of Illinois
Physicians Medical Plaza
Family Physician Center
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76 years . . . of dedicated service

The Methodist Medical Center of Illinois

221 Northeast Glen Oak • Peoria, Illinois 61636

20 May 1976

Mr. Steven R. Koch
Chairman, Planning Committee
The Methodist Medical Center of Illinois
Peoria, Illinois 61636

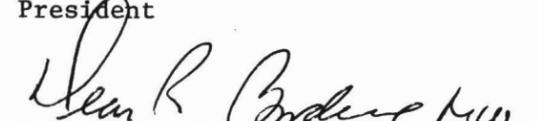
Dear Mr. Koch:

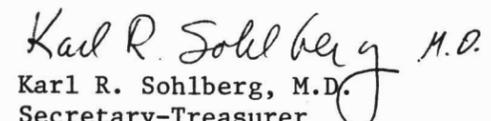
The Medical Staff of the Methodist Medical Center would like to express to you its high regard for the efforts represented in the Methodist Medical Center of Illinois Long Range Development Plan and for allowing us to have a vital voice in the planning process.

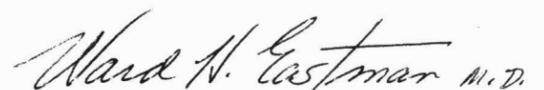
Increasingly, the medical center is becoming the hub of a physician's curative efforts. The better designed and functionally related a medical center is, the better the physician's capacity to undertake cure. Diseases that were previously fatal or seriously disabling are now responding to the superior resources found in a medical center. The commitment of the Methodist Medical Center Board of Trustees, Executive and Consultant Staff, to providing these resources evidences continued support for the excellence in patient care which is our common goal.

On behalf of the Medical Staff,


Bernard V. Wetchler, M.D.
President


Dean R. Bordeaux, M.D.
President-Elect


Karl R. Sohlberg, M.D.
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Ward H. Eastman, M.D.
Past President


Morris A. Adland, M.D.
Chairman, Planning Committee

BVW:eb

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SUMMARY DOCUMENT



INTRODUCTION

The Methodist Medical Center of Illinois has sensed a need for growth to meet its commitments to patient care, education, and research. This perception gave impetus to the formation of a long-range master plan which would ensure continued development and enhancement as a teaching medical center. Fundamentally, the plan expresses a fortunate combination of people, effort, and ideas directed towards the quality of patient care made possible by medical excellence. Supportive of this direction is the emergence of an inclusive, coordinated health care campus composed of a number of distinguishing characteristics, including patient care, education, and research components.

The patients of The Methodist Medical Center of Illinois will benefit from its comprehensive, practical approach to growth. The scope of this responsibility is delineated in the Statement of Philosophy. The plans for programs, services, and structures to achieve this growth are summarized accordingly.

I. STATEMENT OF PHILOSOPHY

MISSION

Our mission is to provide all citizens of our service area with quality health care and related services at the lowest possible cost. We seek to provide patient care that restores the individual to optimal health, recognizing that health is a state of complete physical, mental, spiritual and social well-being.

The Methodist Medical Center of Illinois is a health care organization providing comprehensive human services and educational programs relating to health. We have a duty to make available the most advanced standards and systems of patient care. Our organization is founded in the spirit of Christian service.

GOALS

A. Responsibility to our Patients

- We believe that complete patient care requires respect for the dignity of the individual, regardless of race, color, religion, sex, or financial security.
- We shall do everything possible to speed the recovery of our patients and help them resume normal health and activities.
- We shall consider the needs of the whole person, physically, mentally, spiritually, and socially.
- We shall provide safe and functional patient care accommodations.
- We shall apply the latest medical techniques and equipment feasible in the care of our patients.
- We pledge to provide services to each patient as economically as possible, with continuing efforts to improve efficiency.

B. Community Responsibility

- We believe that a broadly representative and knowledgeable Board of Trustees constitutes the primary community representation to the Medical Center.
- We shall continuously strive to develop programs in response to the needs of our service area.
- We accept the responsibility for providing comprehensive health care and related services for our service area.
- We believe that we have an obligation to cooperate with all health-related groups to effectively serve the public.
- We seek to enhance the quality of life and actively participate as a responsible community member.

C. Medical Staff

- We believe the Medical Staff must be an active, full participant in policy-making and provide major leadership for the institution.
- Through our Medical Staff, we shall encourage the highest quality of medical practice, recognizing that our effectiveness depends upon the degree of quality achieved in medical practice.
- The Medical Staff is delegated the responsibility and authority to govern the private professional practice of its members and define standards of quality medical care.
- We support the efforts of the Medical Staff to attract, maintain, and instill loyalty in each member of the Medical Staff.
- We respect the voluntary system of free enterprise and the physicians' rights to determine their modes of practice.

D. Employee Relations and Development

- We recognize that the best possible patient care is contingent upon the quality of available human resources. Therefore, we seek to employ, educate and retain the most qualified personnel available, encouraging each employee to achieve and maintain the maximum individual skills.
- Opportunities to advance, or serve in any capacity within the Medical Center, are extended without regard to race, color, religion, sex, or national origin.
- We shall maintain an educational program conducive to continual growth and self-development for our employees and Medical Staff.
- We support the development of skilled allied health care personnel to assist the physician and other members of the health care team.
- We believe in performance-related compensation programs for our employees.
- Our personnel policies and programs advocate career mobility and advancement.
- We seek to provide a pleasant and safe physical environment for our employees, with proper equipment and adequate rest areas.

E. Education

- We will support health education and research programs within our financial capability. We believe educational institutions have primary responsibility for training health care professionals; our responsibility is to provide clinical or practicum education.
- We are committed to cooperate with, and support the programs of the Peoria School of Medicine.
- We believe that the continued success of the Family Practice Residency Program is necessary to provide the region with sufficient primary care physicians.
- We shall continue to support the Methodist School of Nursing and seek to develop and strengthen relationships with other collegiate nursing programs.

F. Financial Responsibility

- We are committed to a sound fiscal policy which will enable us to preserve present assets and retire debt, provide equity capital for reinvestment in improved facilities, and keep pace with new developments in comprehensive health care services.

G. Organizational Development

- We seek to maintain a position of leadership in the community through effective patient care, innovation, and development of health care delivery programs.
- We recognize the importance of a talented management staff to assure implementation of sound management principles, organizational development, and effective planning.

H. The Decision-Making Process

- We shall adhere to the highest ethical standards in both external and internal relationships.
- We shall base decisions on objective consideration of all available facts, with major consideration for patient needs.

II. RECOMMENDATIONS FOR FUTURE GROWTH

A. Recommended Development Role

The "role" of The Methodist Medical Center of Illinois should be to move in a planned manner from a general hospital to a regional tertiary care-teaching center, emphasizing both specialty and family medicine, remembering that:

1. Planned program and structural changes must provide space to accommodate the needs, not only of patient care practice, but education and research. Therefore, a teaching-tertiary care center must have more physical space than a typical general hospital.
2. Excellent local economic conditions and a growing population indicate increasing demand and support for health services developments. If more physical space is not provided to accommodate new programs, referrals will go to other medical centers in Peoria and other metropolitan areas, and internal growth will stop. Small hospitals cannot cope with new demands and cannot offer needed services; tertiary care-teaching centers will continue to grow.
3. Planned program and structural changes must meet the specifications of contemporary patient care developments. The provision of comfortable patient care accommodations with proper designs, decor, and aesthetics does improve patient care. This is accomplished by maximizing staff time and effort, improving control and monitoring, reducing anxiety and extraneous interactions, developing privacy, reducing outside traffic and maintaining silence.

4. Modern patient care accommodations can reduce operational costs. It is a common tenet that well-planned functional layout decreases operational cost.
5. Not only do new facilities potentially reduce operating costs by 15 percent, they also provide a reassuring atmosphere to patients. Outmoded acute patient care facilities offer a great potential for related uses for comprehensive care development.¹
6. Physicians are attracted to facilities which offer the latest in medical technology and continuing education. Medical technology and continuing medical education are best delivered in a well-planned physical environment.
7. Properly planned, new programs can produce additional revenue which can be made available to retire debt service.
8. The specialized programs and services of a tertiary care-teaching center result in higher patient care costs than in primary care general hospitals. They demand more time for teaching from personnel and medical staff. They produce a need for the latest techniques and equipment. They provide high-quality, comprehensive health care.
9. The additional demands (and costs) should produce a higher quality of care because of teaching activity and additional availability of medical specialists utilizing the latest techniques.

10. "Referrals to central city tertiary care medical centers decrease as neighborhoods depreciate and suburban hospitals add services. Such medical centers then tend to become secondary care community hospitals, a trend which indeed may accelerate when the adjacent population eventually has national health insurance."²
11. The continued development of medical facilities within the center of Peoria will consolidate Downtown as the hub of medical services for the region.
12. "This community is standing at a unique point in its history -- a point where we must choose between civic mediocrity and civic excellence; I'm going to urge the path of excellence."³

B. Recommended Development Plan

1. Teaching Medical Center

The Methodist Medical Center's present teaching activities offer a base upon which future efforts should be predicated. Present educational programs include: (1) a Family Practice Residency, (2) a Pathology Residency, (3) a diploma School of Nursing, (4) practicums for radiology technicians and medical technology students, baccalaureate and associate degree nursing students and social work students, (5) Clinical Pastoral Education, (6) Category I Approved Continuing Medical Education, (7) Continuing Nursing Education, and (8) a major affiliation with the Peoria School of Medicine. Increasingly, medical students and residents are becoming an integral part of the Medical Center. As these persons form a core for retaining needed physician specialists, educational efforts on their behalf should receive additional emphasis.

The Family Practice Residency Program is a conjoint effort of the Peoria School of Medicine and three area hospitals. The Methodist Medical Center underwrites the major portion of its overhead and contributes significantly to its clinical programs through the commitment of human and technical resources. The Methodist Medical Center is actively participating with the Peoria School of Medicine in recruiting physicians to direct undergraduate and graduate programs in Medicine, Pediatrics and Obstetrics/Gynecology. As residencies will eventually develop out of these efforts, the Medical Center should incorporate them into clinical and hospital rotations.

In developing regional special care centers, the Methodist Medical Center should expand its present research and education activities. Participation in extramural National Institutes of Health projects is a natural lead into individual projects. The Methodist Medical Center Foundation can offer substantial support for research and education as part of their projects. Additionally, increasing interactions with clinical subspecialists will provide direction for these activities.

To ensure an adequate supply of health professionals for the community, the Methodist Medical Center must continue to support present nursing and ancillary education programs, as well as develop new ones. These new areas include respiratory care, dietetics, health care administration, nurse practitioner, physicians assistant, paramedic and emergency medical technician.

It is recommended that the Methodist Medical Center continue to develop as a teaching medical center. It is suggested that development occur as follows:

- a. Strengthen the present Family Practice Residency Program.
- b. Maintain present programs at present support level.
- c. Plan and evaluate the future role of the School of Nursing.
- d. Plan development of additional residency programs in concert with the Peoria School of Medicine. In this regard, initial emphasis should focus in the area of an Internal Medicine Residency.
- e. Development of additional ancillary education programs: Paramedic and Emergency Medical Technician Training, Respiratory Care, and Nurse Clinician.
- f. Development and participation in clinical research.
- g. Provision of additional classrooms, laboratory, and office space for education and research.

2. Family Medicine Center

The Methodist Medical Center has a strong base of family physicians in private practice who contribute significantly to its services and programs. These physicians provide a family medicine orientation for referral base expansion and give emphasis to the development of many clinical activities.

Additionally, the Methodist Medical Center substantially supports a Family Practice Residency Program structured specifically to meeting the primary care needs of urban and rural communities. Diverse educational experiences are available through outlying clinics, the model Family Physicians Center, in-depth clinical interaction with family physicians and other specialists throughout the area, and hospital rotations.

This curriculum has spread thinly the number of residents presently in the program, not to mention the program faculty. Yet, urban and rural communities in Central Illinois are greatly in need of physician and physician-directed health services. Many communities are without direct physician linkages to specialized services and hospitals. Concomitantly, there are graduating residents who are looking for practice setting with guaranteed financial security and ongoing professional and institutional interrelationships.

To meet (1) the urban and rural community needs for physician services, (2) the professional desire for security and continuing peer and institutional association, and (3) teaching center requirements, will require substantial involvement on the part of the Methodist Medical Center and other area health-related organizations. The net result could be the framework for developing a Family Medicine Center, which may be pursued as follows: The Methodist Medical Center would

serve as the organizational structure for the coordination and provision of management and primary care teams to support office practices in surrounding urban and rural communities. Funds from communities and interested individuals and organizations to set up offices and programs would be channeled through the Methodist Medical Center Foundation. These relationships would allow a non-profit status to be maintained. Once established, these urban and rural subprograms of the Family Practice Program would become sites for graduating residents to set up practice with guaranteed income percentages and close identification with professional peers and a major health care institution. The program would function as an informal group practice with rotation possibilities linked to a redeveloped Family Physicians Center and Family Practice Residency Program. This redevelopment would occur through the construction of a multi-model (solo, two-person, and group) Family Physicians Center and a concentration of residency training in more closely supervised surroundings, e.g., the Family Physicians Center, Ambulatory Clinic space, etc. The multi-model Family Physicians Center would serve as the base for twenty-four hour backup and coverage of the outlying practices, communications center, and secondary referral source, as well as providing primary care services for its own enrolled families.

It is recommended that the Methodist Medical Center develop a Family Medicine Center. It is suggested that development occur as follows:

- a. Strengthen the Family Practice Residency Program in order to retain Family Practitioners to establish urban and rural clinical practice.
- b. Develop community, individual, and organization support for a comprehensive Family Medicine Center Program.
- c. Construct or acquire a multi-model Family Physicians Center to replace the present Family Practice home. Such a structure could be functionally planned to accommodate private practice and serve as a teaching center for the Family Practice Residency Program.
- d. Utilize the newly created Methodist Medical Center Foundation as a means for accomplishing a., b., and c.

3. Property Acquisition

The Methodist Medical Center should acquire and develop adjacent property to relieve site compaction, improve traffic flow, and allow opportunities for contemporary facilities and health-related projects to develop. Such action will allow the Medical Center to integrate site development with the Peoria School of Medicine, Living and Health Care Center of the Presbyterian Church, the Rehabilitation Center, and surrounding residential area.

It is possible that a downtown medical care campus can develop from the Peoria School of Medicine to the Methodist Medical Center to the St. Francis Hospital - Medical Center through special rezoning for the area.

It is recommended that the Methodist Medical Center acquire property adjacent to its site to allow for orderly and integrated growth. It is suggested that development occurs as follows:

- a. Purchase or acquire through mortgage financing property adjacent to the Medical Center.
- b. Encourage health-related developments in what might be described as a buffer zone or the Peoria Medical Complex through direct or supported property acquisition.

4. Physicians Office Practice Settings

Hospital-adjacent physicians offices are perhaps the most significant feature of current health-related construction projects. Specialists in health care facilities unanimously agree that this trend in centralizing medical services will continue.⁴ There are many reasons for this, some of which are found on the following pages. The general advantage of physicians offices located within a medical center complex are efficiency for doctors and patients and increased ancillary and inpatient revenue for the hospital. Proximity to the

hospital saves the physician time in coming and going from inpatient rounds. Patients referred from physicians offices for hospital services are already on site and, if admitted, usually have shorter lengths of stay. Hospitals benefit from a quicker turnaround of beds and the referrals for ancillary services, as adjacent physicians offices generally have limited clinical service facilities.

This summer Methodist Medical Center will open a two-story 25,000 square foot physicians office building with capacity for approximately twenty-five doctors, located on top of the parking deck to be connected to the ancillary service levels of the hospital by elevator and walkways at the completion of the present construction program. While space was available, the office building aided in attracting new specialists to practice in the community. Additionally, as activities continue, there will be an increasing need for more office space due to the fact that new physicians are attracted in a clustering effect. The need for additional physicians offices is apparent; the questions of how and where to provide them now have to be answered.

Basically, there are three ownership options for providing additional physicians offices: (1) hospital-owned, (2) physician-owned, and (3) private developer-owned. Each of these ownership options has their own advantages and disadvantages. Hospital ownership offers the institution the ability to inventory space for attracting new physicians and to maintain flexibility in sharing its services and controlling to some extent to whom the space is leased.

Additionally, no profit is necessary. However, there may be some conflicting operational problems, and the hospital has to tie up considerable amounts of capital. The significant advantage for Methodist Medical Center in owning additional adjacent physicians offices is the ability to use the space in attracting new physicians. Physician ownership offers them significant tax advantages, and the hospital can maintain some flexibility if it owns the site. Private developer ownership frees the hospital from tying up capital and allows it to avoid operational and personal relations problems.

The Methodist Medical Center has really three alternatives in further development of adjacent physicians offices with a primary purpose being to use them to aid in attracting new physicians.

- a. Physician offices can be constructed on the hospital's property with hospital capital.
- b. Private development can take place at a site close to the hospital with the hospital leasing space to have it available for new physicians.
- c. The hospital can acquire present physicians offices located close to the hospital and lease them back to physicians.

The Methodist Medical Center's criteria in acquiring additional physicians office space capacity are as follows:

- a. Choose the alternative which allows the most space to be used in attracting new physicians.

- b. Incorporate into the space developed accommodations for improvements in patient care, including model clinics, referral information, health education, etc.
- c. Ensure that adequate parking and access to the Medical Center is maintained.
- d. Develop a plan for continual growth in this area of construction.
- e. Plan for easy physician and patient utilization of ancillary services in short- and long-term future.
- f. Consider location in relationship to Peoria School of Medicine.

It is recommended that the Methodist Medical Center support additional adjacent physicians office development through privately financed new construction to allow the Medical Center to use capital for other projects. Other alternatives include:

- a. Temporarily lease and/or purchase space in other medical office buildings while privately financed project is planned.
- b. Give consideration to possible use of Glen Oak Towers.

5. Glen Oak Avenue Mall

The Methodist Medical Center has engaged a landscape architect to assist in preparing a planned development proposal for Glen Oak Avenue as part of a joint investigation with the City into the permanent closing of Glen Oak Avenue. An attractive, protected mall is envisioned for patient, staff, and visitor relaxation and therapeutic recreation. As the Medical Center has no park-like setting for these purposes, such a development would have a substantial influence on enhancing the Medical Center image. Additionally, the development could be coordinated with related downtown and City Beautiful planning efforts. Closure of Glen Oak Avenue is indicated to improve vehicular traffic flow in the vicinity of the Medical Center and to provide safety and control for pedestrian traffic. Furthermore, the closure would substantially reduce noise and other problems associated with vehicular traffic. It is also possible that a centralized reception-registration area could be developed including public waiting and dining areas.

It is recommended that the Methodist Medical Center continue to investigate with the City the feasibility of closing Glen Oak Avenue between Knoxville Avenue and Hamilton Boulevard and should this be possible, implement the suggestion of Carl Johnson, Consultant Landscape Architect.

6. The Heart Center Concept at the Methodist Medical Center

The Methodist Medical Center has had a specialized cardiac care program for nearly ten years. Present facilities and equipment include a seven bed ICCU, a twenty-four bed recovery nursing unit, special procedures room, cardiac catheterization, an aortic balloon pump, and the technical resources for cardiac surgery. High-quality personal health services are provided by the attending medical staff, coronary care nurses, and cardiovascular team technician. Expanded cardiac diagnosis services, including stress EKG testing, echo-electrocardiography, and treadmill testing, will be part of the new ambulatory care addition. Still, there is a need to improve the Medical Center's cardiac care capabilities as part of development into a Comprehensive Heart Center.

Comprehensive cardiac care facilities, as part of a Heart Center, should be developed. Such a Heart Center should include capabilities for cardiac surgery, post-surgical intensive care, an intensive coronary care unit, catheterization unit, blood-gas laboratory, special procedures, progressive recovery and rehabilitation services, coronary observation and stabilization emergency services, research and education space, and classroom and lounge space. This cardiac care facility should be developed for the following reasons. An earlier evaluation of present services indicated that the cardiac care program

of the Methodist Medical Center is growing and will continue to grow as evidenced by the recent addition of two cardiovascular surgeons to the medical staff. The Medical Center should continue to develop programs that are presently strong, such as the cardiac care program. Furthermore, the present cardiac care facilities are not conducive to contemporary patient care practices which are evolving at an accelerated rate.

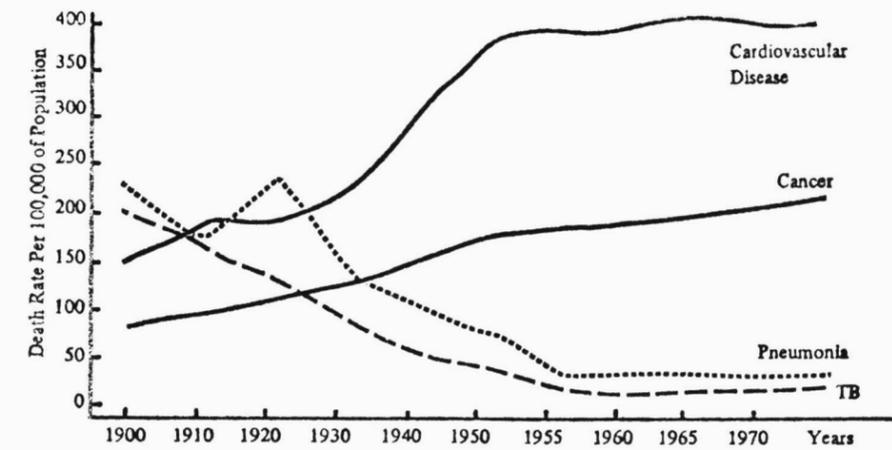
Conceptual Framework for Developing a Heart Center:

It is recommended that Inpatient Cardiac Care be relocated from the Third Floor of the Glen Oak Wing. This relocation will be the beginning of concentrated care area in another area, eventually becoming a Heart Center.

a. Considerations

- i. During this century, the impact of heart and blood vessel disease on the national mortality rate has had growing significance. From 1900 to 1970, cardiovascular disease has evolved from the third to the first largest cause of death as illustrated in the following chart.

Figure I-1
Relation of Cardiovascular Disease to Primary Causes of Death, 1900-1970



Source: U.S. Bureau of the Census, *Statistical Abstract of the United States: 1948 and 1972*, pp. 75; 59.

While the death toll from heart disease remains frighteningly high and may remain so, due to an increasingly aging population and contemporary life styles, Intensive Cardiac Care Units and coordinated Recovery (Progressive) Cardiac Care Units throughout the country save up to 60,000 lives each year.⁵ Cardiac surgery for repairing valve deficiencies, bypassing sclerotic blood vessels, and implanting pacemakers has proven highly successful in saving lives and increasing life expectancies.

ii. Recognition that cardiac care is a priority of high magnitude carries with it a responsibility to provide a strong program with good clinical facilities which offer expansion capabilities. Additionally, there are other requirements which should be considered:⁶

- (a) The ICCU should be a separate, autonomous physical space with appropriate relationships to Recovery Cardiac Care Units, support and related function areas.
- (b) The ICCU should provide a carefully controlled, restful environment.
- (c) The ICCU layout should allow the nurse to maintain visual contact with the patient and vice versa.
- (d) Each patient bed area should have visual and auditory shielding.
- (e) Access to and within each bed area should be generous for multi-purpose activities.
- (f) Each patient bed area should have a window in direct line of sight to the exterior environment.
- (g) Care must be taken to modify and de-emphasize the intensive clinical appearance of the patient bed area.
- (h) Nursing work areas should be situated close to clusters of patient bed areas.

- (i) A comfortable visitors area should be provided adjacent to the ICCU.
- (j) Provision of amenities should be made for cardiac care staff relaxation and personal hygiene.

iii. The Medical Center Cardiac Care areas, particularly the Intensive Cardiac Care Unit, do not meet the requirements outlined above. This is especially true for the items pertaining to adequate space expansion capabilities, windows in direct view of the exterior environment, and appropriate relationships to support and related function areas. Inpatient cardiac care is responsible for 9% of all admissions and 12% of all patient days for the Medical Center. A Professional Activity Study from January to June, 1975, indicated a need for at least fifty beds designated for Recovery Cardiac Care and ten to twelve beds for Intensive Cardiac Care. Occupancy levels (76% for ICCU and 87% for Recovery Cardiac Care) are very high for such areas, potentially resulting in up to fifty days each year when transfers or admissions are impossible or difficult.

It is recommended that the Methodist Medical Center develop its cardiac care program including consideration for:

- a. Construction and development of a patient care floor to include a 7-8 bed ICCU, 6-bed intensive cardiac surgery recovery unit, cardiac catheterization laboratory, blood-gas laboratory, special procedures room, 50-bed recovery unit with telemetry monitoring capabilities for 30 beds, visitor waiting areas, patient education classrooms and lounges, staff offices and lounges, consultation and doctors workroom.
- b. Clinical research facilities for developing and refining cardiac care techniques.
- c. Future developments in cardiac surgery and an expansion of cardiac catheterization studies.
- d. The cardiac program attracting additional funds.

7. Medical Intensive Care and Related Surgical Developments

When intensive care units were initially conceived, the intent was to provide facilities and care for all patients with life-threatening episodic conditions. Accident victims, post-surgical patients, heart and respiratory failure patients and other patients requiring constant attention were monitored and cared for in these units. Intensive coronary care was the first area for subspecialization of these units followed closely by neonatal intensive care and medical intensive care. Intensive care units themselves began to specialize in trauma and post-surgical care.

The Methodist Medical Center presently has a sixteen-bed mixed medical and surgical intensive care unit. A seven-bed intensive coronary care unit has separated out those patients requiring special cardiac monitoring and nursing. As more subspecialists in Internal Medicine are attracted to practice in the community, patients referred for medical intensive care will increase. Additionally, as surgical programs continue to become more sophisticated, surgical intensive care patients will increase in number. The Methodist Medical Center will have to expand its capabilities in both areas by developing separate units for these patients. This is an appropriate action, as the requirements for caring for these patients differ markedly. Accordingly, facility, nursing staff, and program development needs are different. A further consideration is that medical subspecialists would prefer to have a separate unit. This would also apply to surgical intensive care.

A new medical intensive care unit will, in fact, enhance two program priorities. Special surgery and its intensive post-surgical intensive care requirements can develop through the planned redevelopment of the surgical suite and a dedication of an intensive care unit for surgical intensive care. The medical intensive care program can temporarily develop in a general medical nursing unit and eventually be part of new construction.

A medical intensive care unit and new medical floor for critically ill medical patients must be developed. This is given an early priority of financial commitment because on a comparative basis, the general medicine accommodations (patient beds) are overall more inadequate in design than those of surgery, orthopedics and neurology. Further, as new and talented internal medicine specialists are attracted, the need for a major medical intensive care unit will be magnified as the institution moves to a tertiary care center. The recent addition to the medical staff of a Board Certified Pulmonary Disease Specialist will also add to the urgency of this development.

It is recommended that the Methodist Medical Center develop a medical intensive care unit including consideration for:

- a. Planned separation of medical and surgical intensive care.
- b. Continued attraction of medical subspecialists to develop and direct medical intensive care nursing and programs.

- c. Improvement of the general medical nursing units through new construction or renovation to bring them up to contemporary standards.
- d. Provision of special surgery facilities through new construction and redevelopment of existing facilities.

8. Conceptual Framework for a Comprehensive Cancer Center Program

The following text is an excerpt from the Medical Center's development plan for becoming a Cancer Center. These centers are being established around the country as part of a national emphasis on cancer detection, treatment, education, and research.

Detection - Diagnosis

Laboratory

Clinical Laboratory efforts should be directed towards the following investigational modality advancements.

Immunologic Evaluation of Cancer

- a. Tissue Culture
- b. Immunofluorescent Techniques
- c. Ultralow Temperature Techniques
- d. Receptor Site Detection Refinements in Specificity
Sensitivity

Chemistry Profiling

- a. Isoenzymology
- b. Multiple Chemical Analysis Instruments, i.e.,
Specific Ion Electrodes

Automated Immunoassay Methods

- a. Radioimmunoassay
- b. Enzymeimmunoassay
- c. Other Labeling Techniques

Computerization

- a. Clinical Laboratory Reporting
- b. Correlative Analysis of Clinical Problems
- c. Computer Assisted Analysis, i.e., Drug Toxicity
Analysis, Antibiotic Usage and Susceptibility,
Quality Control, and Logistics Prediction

Miniaturization and Acceleration of Test Techniques

- a. Chromatography and isotope analysis for micro-
organisms.

Electron Microscopy

- a. Specific Tissue Diagnosis
- b. Specific Morphology, i.e., Sickle Cell and Platelets
- c. Specific Microbiological Diagnosis

Instant Bedside Laboratory Service

- a. ICU
- b. CCU
- c. Medical Intensive Care

Microbiological Identification Techniques

- a. Chromatographic Analysis of Metabolic Products
- b. Isotope Detection of Metabolic Processes

Antibiotic Susceptibility Testing (Fast Techniques)

Chromosome and Gene Identification for Selection of
Appropriate Patient Handling

Clinical Laboratory Controlled Specialized Diagnostic
Units for Metabolic and Endocrine Diseases

Automated Coagulation Profiling

Radiology - Radiography - Nuclear Medicine

Radiographic, Nuclear Medicine and computerized axial
tomography services should be consistently upgraded as
new advancements are made in these areas of detection-
diagnosis. Radiology services should be interfaced with
detection programs as evidenced by the acquisition of
mammographic, zerographic, sonographic, thermographic
and tomographic capabilities.

Detection Programs

In the future, the Methodist Medical Center Cancer Center
should take a prominent role in cancer detection programs
in cooperation with national, state, and local program
activities in these areas. The Cancer Center should operate
its own detection services as part of its total program.

Care - Cure

Therapy

Radiation Therapy

The new Radiation Therapy Center, opening in 1976, will make available the most current modalities of treatment and treatment planning. Presently staffed by two radiation therapists and a physicist, a third therapist is being sought. The follow-up and evaluation of referred patients is effectively organized. The magnitude of the Methodist Medical Center's commitment to this mode of cancer treatment is evidence of effort to fulfill a major component of institutional philosophy. The activities of the Radiation Therapy Center should continue to serve as one of a number of focal points for the development of the Cancer Center.

Chemotherapy

The Midwest Affiliate of St. Jude Childrens Research Hospital is one example of a Methodist Medical Center supported activity which forms a base for the expansion of care-cure activities. The Medical Center is fully committed to the continued support of this activity as evidenced by the inclusion of space for the St. Jude Affiliate in expansion planning.

Adult chemotherapy is a growing service in the Medical Center, including hyperalimentation services. The Medical Center recognizes the need for the expansion

and sophistication of pharmacological services as the Cancer Center's programs and services are developed. Continuing education efforts related to the special needs of patients receiving chemotherapy and hyperalimentation are at the formative stage.

These services serve as additional focal points for the development of the Cancer Center. The interdependence of a number of Medical Center services in the care and cure of patients receiving chemotherapy is a vital component of Cancer Center development.

Surgery - Endoscopy - Rehabilitation

Cancer surgery specialization should continue to serve as a therapeutic modality enhanced by increased sophistication in detection-diagnosis services. Evidence of superior adjunctive diagnostic capabilities for the future is seen in the provision of an Endoscopy and Special Procedures Suite developed as part of a total ambulatory care program facility within the new addition to the Medical Center. Rehabilitation, in terms of follow-up clinics, can occur in ambulatory specialty clinic space provided as part of the ambulatory addition. Rehabilitation should be incorporated into home care evaluation and support.

Research and Education

Research and education activities are vital components of a Cancer Center program. Research is very much a part of present Medical Center services and programs involved with the treatment and diagnosis of cancer. New techniques are constantly utilized to effect remission and more definitive detection. Educational activities extend to participation in conjoint efforts to increase public awareness towards the prevention and understanding of cancer. Further research and education will continue as Cancer Center developments occur.

It is recommended that the described conceptual framework for developing a Cancer Center be utilized in program development. The Methodist Medical Center should consider the following actions to facilitate this development.

- a. Recruit an oncologist director to integrate present programs.
- b. Organize a multidisciplinary professional resource team to develop a system for treatment evaluation and recommendation, continuing follow-up, and research.

- c. Renovate or acquire space for administration, research, and education activities.
- d. Remodel patient care areas as necessary for long-term care, rehabilitation, and counselling.
- e. Acquire necessary equipment and services as specified in proposed program description.

The pertinence of these priorities is evidenced by the fact that cancer remains to be the second largest cause of death nationally, and its incidence in Central Illinois is significantly higher than for the rest of the state.⁷

**CANCER CENTER
DIRECTOR**

Program Planning For:
1. Detection - Diagnosis
2. Care - Cure
3. Research and Education

Support Planning For:
1. Facility Development
2. Equipment Procurement
3. Fund Raising
4. Grant Administration
5. Related Activities
6. Public Relations
7. Public Education

Multidisciplinary
Professional Resource Team

Oncology	Pathology
Hematology	Radiology
Internal Medicine	Nuclear Medicine
Pediatrics	Pharmacology
Surgery	Psychiatry
Family Practice	Neurology
Physiatry	Nursing
Obstetrics/Gynecology	Pastoral Care
Radiation Therapy	Social Work
	Research Fellows

Multidisciplinary
Administrative Resource Team

Medical Center Administration
Board of Trustees
Medical Center Foundation
Peoria School of Medicine
Community Agencies



9. Ambulatory Care Center

During the past ten years, the number of outpatient visits to general hospitals more than doubled with the outpatient visit per person ratio increasing five times as fast as the inpatient admission ratio. Presently, the visit ratio is approaching 1:1, while the admission ratio is stabilized at 0.14:1.⁸ Emergency room visits have increased markedly. However, the high (30-60%) estimates of use in non-emergent cases is a point of serious concern.⁹ Ancillary service visits have reached equivalency with clinic and emergency visits, indicating the practitioners' growing reliance on the hospital services. In light of these trends and projections, hospitals should give serious consideration to expanding their capabilities to deliver ambulatory services. If all ambulatory services were covered under a national health insurance plan, a Rand Corporation Health Insurance Study predicted that the demand would far exceed the current capacity of the delivery system.

The Methodist Medical Center is experiencing ambulatory service trends similar to those previously outlined. Emergency room visits have increased 20% in the last five years. However, estimates by the Emergency Room Staff of high percentages (50-60%) of non-emergent cases and high numbers (8,000-9,000) of patients with no family physician indicates a need to triage many of these patients

for more appropriate examination and follow-up. Utilization of ancillary services on an outpatient basis has increased proportionally (10-20%) and absolutely (25-50%) in the last five years. The Methodist Medical Center anticipated the ambulatory care emphasis; and as a result, much of the new addition is being developed for ambulatory service. The third floor will include ambulatory clinic space, treatment and exam areas, Respiratory Care, EKG and EEG services, and an Endoscopy and Special Procedures Suite, in addition to the expanding Radiology Department, the Laboratory Department, and the Emergency Room. The second floor will contain an Ambulatory Surgical Center. The availability of these facilities offers the Methodist Medical Center the opportunity to become a community ambulatory care center. In order for this to happen, additional organizational and structural developments must occur. Most significantly, these developments relate to a sensitivity to the needed operational component of ambulatory care.

It is recommended that the Methodist Medical Center Ambulatory Care Center activity become a designated unit and be placed under the direction of a Director for Ambulatory Services. Such an organizational change will provide coordination to meet the following needs:

- a. Organize primary health care teams made up of doctors, nurses and technicians to direct preventive medicine programs and provide acute, but non-emergent care, on a twenty-four hour coverage basis.
- b. Staff and operate the Ambulatory Surgical Center as a separate entity to ensure convenience and economy.
- c. Expand or redevelop clinical services so that their procedures and scheduling can accommodate the efficient and economic turnaround desired in ambulatory care without upsetting inpatient patterns.
- d. Coordinate scheduling of faculty specialists to conduct teaching clinics.
- e. Assimilate a screening (triage) mechanism into Emergency Services so that appropriate care is provided in the designated area.
- f. Expand the Emergency Services Program to include a communications center, mobile intensive care, paramedic training.
- g. Provide computerized facilities for history-taking and processing diagnostic workups.

10. Emergency Service

The Methodist Medical Center provides a comprehensive Emergency Department as an area health resource. As the Emergency Department does serve as the entry into the health care system for numerous non-emergent patients, its services are viewed by the public as a vital community component of the Medical Center. This visibility, together with (1) the need to establish linkages for inpatient intensive care, and (2) a 20% increase in emergency visits in the last five years, makes emergency services development a priority program of the Medical Center. A new orientation towards emergency care has been made possible by Methodist Medical Center's leadership role in the formation of hospital-supported ambulance, paramedic, and mobile intensive care and training.

In response to the reconstituted approach to emergency care evolving within continually increasing patterns of utilization, the Methodist Medical Center must enhance its Emergency Department through relocation and functional relationship to intensive care developments. Presently, 25% of inpatient admissions take place through the Emergency Department. 55% of those patients admitted to intensive cardiac care and medical intensive care come through the Emergency Department. These activities, coupled with acute care provided to non-emergent patients, result in the Emergency Department accounting directly for 5% of the Medical Center's revenue.

It is recommended that the Methodist Medical Center construct a new Emergency Department, including consideration for:

- a. Direct access to cardiac and other intensive care facilities.
- b. Communication and monitoring capabilities.
- c. Paramedic training and mobile intensive care base station activities.
- d. Triage systems and community image.
- e. Recent legislation which requires emergency departments to serve as health care source for chemical abuse and rape victims.

11. Conceptual Framework For Laboratory Development

The Methodist Medical Center Laboratory Department has consistently been recognized by accrediting bodies and area physicians as the site of excellent detection and diagnosis activities. Under the leadership of an outstanding group of pathologists, new techniques and equipment systems have been implemented to keep pace with expanding medical technology. Much of what is done and will be done in the Medical Center's patient care, education, and research activities depends on the ability of the Laboratory Department to expand and sophisticate its functions. Additional space will be necessary to

accomplish the developmental components of the Laboratory's future planning efforts. As the direct source for 14% of the Medical Center's revenue, the Laboratory has the ability to generate sufficient funds for capital improvement. The following outline, an excerpt from the Laboratory's future planning efforts, indicates what capital improvement will make possible.

I. Conceptual Framework for Laboratory Development

A. Detection-Diagnosis

1. Laboratory

Clinical Laboratory efforts will be directed towards the following investigational modality advancements.

a. Immunologic Evaluation of Cancer

The purpose of these techniques is to enhance the diagnostic capability for specific cancers. Refinements in these methods will also assist in defining the most appropriate therapy for some cancers.

i. Tissue Culture

ii. Immunofluorescent Techniques

iii. Ultralow Temperature Techniques

iv. Receptor Site Detection Refinements in Specificity
Sensitivity

b. Chemistry Profiling

The value of a battery of Laboratory tests, both directed and undirected, with regard to specific disease of the patient has proven itself. Speed, accuracy, and scope are rapidly increasing. Automated chemistry profiling has specific application to outpatient testing, multiphasic screening, preadmission testing, as well as broad-based clinical support in the community.

i. Isoenzymology

The advances in enzyme testing during the 1950's and 1960's continue to proceed at a rapid pace. Enzymes have been broken down to specific multiple subcategories. The differentiation of enzymes into subcategories is known as isoenzymology. Increasing this specificity of various enzyme tests may assist in identifying the sight and kind of alteration that is related to specific disease categories. Abnormal amounts of enzymes may or may not indicate specific disease. Fractionating enzymes may permit specific sources of abnormality to be identified. This ability has specific application in cases of myocardial infarction, pulmonary embolism, liver disorders, etc.

ii. Multiple Chemical Analysis Instruments, i.e., Specific Ion Electrodes

Advances in specific ion electrode techniques have implications for seriously ill patients. Currently,

large series of blood samples for analyses of dissolved substances are measured in order to control the balance of critical ingredients in the blood. Specific ion electrodes will allow a measurement of these ingredients at the bedside simultaneously, essentially instantaneously, and continuously.

c. Automated Immunoassay Methods

i. Radioimmunoassay

ii. Enzymeimmunoassay

iii. Other Labeling Techniques

d. Computerization

i. Clinical Laboratory Reporting

The goal of the Clinical Laboratory remains to provide the most "specific and sensitive" tests possible. The speed and accuracy of Laboratory test reporting is vital to appropriate patient care. The organization and appropriate interpretation of specific Laboratory tests will be greatly enhanced through computerization of the Laboratory.

ii. Correlative Analysis of Clinical Problems

iii. Computer Assisted Analysis, i.e., Drug Toxicity Analysis, Antibiotic Usage and Susceptibility, Quality Control, and Logistics Prediction

e. Miniaturization and Acceleration of Test Techniques

i. Chromatography and isotope analysis for microorganisms.

f. Electron Microscopy

Microscopic examination is the traditional method in the Clinical Laboratory. Electron microscopy extends the resolution and analytical power of morphology study up to 1,000 times. The certainty of diagnosis of tissue abnormalities is greatly enhanced through electron microscopy scanning and transmittance techniques.

- i. Specific Tissue Diagnosis
- ii. Specific Morphology, i.e., Sickle Cell and Platelets
- iii. Specific Microbiological Diagnosis

g. Instant Bedside Laboratory Service

Instant bedside Laboratory service may be accomplished through specialized Clinical Laboratories associated with specialty care areas, such as the intensive care unit or the medical intensive care unit. Faster bedside Laboratory service may be accomplished using existing technology through the establishment of separate Laboratory entities. Advances in technology, such as the specific ion electrodes (b.), may provide truly instant bedside Laboratory service in the future.

h. Microbiological Identification Techniques

Faster techniques in specific microbiological identification will enable more rapid decisions to be made on specific drug therapies for specific patient needs. Faster techniques will permit greater coordination between the microbiologists, pharmacologists, and referring physician in their determination of specific drug therapies, as well as evaluations of patient progress.

i. Chromatographic Analysis of Metabolic Processes

ii. Isotope Detection of Metabolic Processes

i. Antibiotic Susceptibility Testing (Fast Techniques)

j. Chromosome and Gene Identification for Selection of Appropriate Patient Handling

k. Clinical Laboratory Controlled Specialized Diagnostic Units for Metabolic and Endocrine Diseases

l. Automated Coagulation Profiling

It is recommended that the Methodist Medical Center relocate the Laboratory Department to a new area, taking into consideration:

- a. Much of the Medical Center's continuing development depends on the ability of the Laboratory to expand and sophisticate its functions.
- b. The present Laboratory area is functionally self-limiting due to its being located on two different floors, constrained by numerous columns and load-bearing walls, and inadequately served by environmental services, including air conditioning and ventilation.
- c. An open modular concept with moveable walls and electrical and mechanical flexibility will better accommodate future growth, including computerization and other equipment systems.

- d. There will be an increased demand for teaching and research activities which are not possible within the present Laboratory area.
- e. Centralization will eliminate duplication and maximize staff time and effort.

12. The Rehabilitation Component of Patient Care

Rehabilitation services at the Methodist Medical Center are provided by the Methodist Division of the Forest Park Foundation-supported Institute of Physical Medicine and Rehabilitation. The IPMR Department is located off the Fourth Floor Crescent Avenue entrance which also serves as the main staff entrance and the central supplier receiving area. As the Institute serves outpatients in equal numbers to inpatients, the combined entrance has proven problematic in meeting the parking and environmental needs of outpatients. When constructed, the IPMR Department was well located in relationship to the Medical Center's major nursing units. The location of the Hamilton Wing Addition produced a situation where patient transfer became long and arduous. IPMR is also poorly served by elevators. Despite its locational limitations, the Institute has continued to expand its services to meet the growing rehabilitation needs of an aging population and those

patients who have benefited from advances in medical technology.

Presently, IPMR is planning additional patient care and teaching developments, resulting in near term space limitations. As it is an integral component of the Medical Center, consideration must be given to relocating IPMR to allow it to grow and better serve both inpatients and outpatients.

It is recommended that the Methodist Medical Center encourage the Forest Park Foundation to relocate the Methodist Division of the Institute of Physical Medicine and Rehabilitation as part of the Medical Center's planned Crescent Avenue Developments, taking into consideration:

- a. New location would be more accessible to present and new major medical nursing units via corridor and elevator tower.
- b. New location would allow for planned expansion of patient care services and teaching activities.
- c. New IPMR area would be related to a plaza for rehabilitation programs in park setting with better access for outpatients.
- d. Space vacated by IPMR relocation could be used for Personnel Development Center, Materials Management, classrooms, Burn Unit, or Alcohol Rehabilitation Center.

13. St. Jude Midwest Affiliate

The St. Jude Midwest Affiliate Program, the only affiliate to the St. Jude Children's Research Hospital in Memphis, Tennessee, started in January, 1972, at the Methodist Medical Center. Nineteen patients were included in the initial registration. Today, there are one hundred twenty-four registered patients receiving special care and treatment. Over twelve hundred visits to the St. Jude Clinic occurred in 1975. Three thousand eight hundred laboratory procedures resulted from these visits. Radiology exams and therapy numbered two hundred. Eight hundred sixty-five chemotherapy treatments were provided. Diagnostic exams totalled three hundred fifty.

The Midwest Affiliate Clinic uses the St. Jude protocols for the treatment of leukemia and other catastrophic childhood diseases. The Affiliate follows the principle of the St. Jude Program -- "No child need pay." Social services for the children and their families are provided in addition to the clinical services. The Affiliate, while fundamentally child oriented, has been instrumental in adult chemotherapy and cancer care as well. The Affiliate is a vital part of the developing Cancer Center activities of the Medical Center. Generous people and organizations support the St. Jude Affiliate through various projects and activities.

The Affiliate is presently located within the fifth floor of the Medical Center, contiguous to the Isolation Unit. Primarily an outpatient program, the St. Jude Clinic would be better located in a more accessible area with a related park-like setting. Its location next to the Isolation Unit is contraindicated as many St. Jude patients are highly susceptible to infection. Furthermore, as the St. Jude Affiliate grows and adds new services and programs, additional space will be required.

It is recommended that the Methodist Medical Center support and encourage the construction of a new St. Jude Clinic, including consideration for:

- a. Related Cancer Center Developments.
- b. Community interest in the program activities.
- c. The vital role of the Clinic in the total care of the patient and the family.
- d. The need to provide a more accessible and aesthetic area for the Clinic.

14. Related Programs and Services Development

Until additional construction occurs, the Methodist Medical Center is severely limited in its ability to expand present programs and services or develop new ones. Space in new facilities presently under construction is completely

utilized for the correction of previous functional constraints.

In order for Medical Center growth to continue, additional space must be provided for present and new programs and services, including Education and Research, Ancillary Services - Radiology, Pharmacy, Speech Pathology and Audiology, Multiphasic Testing; Support Services - Cafeteria, Public Waiting and Dining, Central Supply, Laundry, General Stores, Personnel; and Patient Care Services - Burn Unit, Extended Care, Day Care, Isolation, and Alcohol Treatment.

It is recommended that the Methodist Medical Center plan to initiate additional construction to expand program and service developments into new or vacated space.

15. Crescent Avenue Plan

Planning should proceed for the development of a large addition to the northwest of the Medical Center to be known as the Crescent Avenue Plan. Building development would include modern ancillary service and patient care accommodations which could be connected with the Hamilton Wing.

Crescent Avenue expansion has been part of the Medical Center's long-range planning conceptualizations for at least ten (10) years. In fact, it was a major alternative

when the present construction program was in the preliminary stages of development. Hence, architectural investigation of the site has already been accomplished, as well as some other preliminary details, such as utility line linkages and grade differential analysis. Crescent Avenue Medical Center expansion is advantageous due to the fact that it is in a quiet location, could be extensively developed, and the Medical Center owns substantial property in the area.

Functionally, the Crescent Avenue Plan will allow the Medical Center to grow in a planned, orderly manner without the encumbrances imposed by inadequate mechanical and electrical systems within the existing physical plant, outmoded floor-to-floor heights in both existing facilities and those under construction, significant internal and external traffic flow deficiencies not resolved by present construction, and existing nursing units which cannot accommodate contemporary patient care activities.

It is recommended that the Methodist Medical Center begin planning for an expansion along Crescent Avenue. It is suggested that development occur as follows:

Crescent Avenue Plan:

a. Lower Levels

1. New laboratory with modular concept of moveable walls and electrical and mechanical flexibility, computer capabilities, and research and education space.

- ii. New emergency service area to support intensive care developments and to truly separate emergency and non-emergent acute cases.
 - iii. Expanded support services with improved relationship to patient care areas.
 - iv. New rehabilitation area connected appropriately to inpatient facility with better access for out-patients.
 - v. New Intensive Cardiac Care Unit, Medical Intensive Care Unit, and Related Special Procedures Area.
 - vi. Possible inpatient surgery and related function relocation.
- b. Upper Levels - New Patient Tower
- i. To replace Glen Oak Wing and West Wing nursing units and make that space available for related uses.
 - ii. To provide more contemporary special nursing units.
- c. Parking Facility - Additional Physicians Offices - Plaza
- i. Private development to be linked to Crescent Avenue expansion.

- ¹ Donald C. Carner and Ray E. Brown, "Planning For Hospital Expansion and Remodeling", The Executive Letter - Publisher, (Long Beach, California, 1972), pp. 25 and 49
- ² George Bugbee, "This I Believe: State of the Art", ACHA News, (Spring, 1976), p. 5
- ³ William L. Naumann, Chairman of the Board of Directors, Caterpillar Tractor Co., Excerpts From a Speech Given at the Peoria Chamber of Commerce Annual Meeting, May 5, 1976.
- ⁴ Mark E. Steele, "Hospital-Adjacent Medical Offices", Modern Health Care, (Chicago, March, 1976), p. 16s
- ⁵ Colin W. Clipson and Joseph J. Wehrer, "Planning For Cardiac Care: A Guide to Planning and Design of Cardiac Care Facilities", The Health Administration Press, (Ann Arbor, 1973), p. 7
- ⁶ "Planning For Cardiac Care", pp. 341-344
- ⁷ Selected Data, Tri-County Health Planning Agency
- ⁸ Guide to the Health Care Field, American Hospital Association, (Chicago, 1974, Ed.), Table I
- ⁹ Report to the Congress: Study of Health Facilities Construction Costs, Comptroller General of the United States, (1972), p. 853

III. RECOMMENDED ARCHITECTURAL PLAN

It is recommended that the architectural expression of the previously described development plan occur within specific construction phases. This will allow for an orderly progression into an integrated, comprehensive health care campus. Phase implementation will be affected by demonstrable patient needs, revenue, equity, grants and private investment available to support construction financing. Construction phasing extends to the year 2000. It is anticipated that the architectural plan to the year 1990 will approach a total of 60 million dollars. Construction phasing will occur within consistent and reusable design modules achieving total replacement of all facilities currently older than ten years. Additional costs will occur after 1990; however, they cannot be realistically estimated at this time. Effecting the plan depends on revenue production, funded depreciation, and retained equity being coordinated to produce an adequate return for construction financing. The architectural plan allows the Medical Center to alleviate its structural problems, prevent undercapitalization, and provide facilities which will meet contemporary patient care demands.

The planning process will continue with the full participation of the Medical Staff, the Board, the consultant and administrative staff. The effectuation of special design elements, important functional relationships, and consideration for public amenities will be an ongoing effort.

A. Phase I 1976 - 1979

Medical Center Development (Estimated \$6,000,000 - \$10,000,000)

1. Construct a four-story Patient Care Pavilion along Crescent Avenue linked by an elevator tower and escalator to the Hamilton Wing. The new floors would be developed for the following programs and services:

- a. Emergency Department

- i. New emergency service area to truly separate emergency and non-emergent acute cases.
- ii. Space for ambulance, paramedic training, and mobile intensive care base station activities.
- iii. Space for care of chemical abuse and rape victims to meet State requirements.
- iv. Space for clinical and intensive care stabilization, diagnosis and monitoring services.
- v. Space for improved emergency surgery.

- b. Laboratory Department

- i. New Laboratory area with modular concept of move-able walls and electrical and mechanical flexibility and computer capabilities.
- ii. Space to accommodate equipment associated with special care developments.
- iii. Space to allow for more teaching and research activities.
- iv. Space to centralize testing and pathology services.

- c. Construction of a new rehabilitation area.

- i. Area to be connected to present and future nursing units via corridor and elevator tower.
- ii. Vacated space to be used for Personnel Development Center, Materials Management, classrooms.
- iii. Space to expand patient care services and teaching activities.
- iv. Area to relate to plaza for rehabilitation programs in protected park setting and better access for outpatients.

- d. Construction of a new area for St. Jude Program

- i. Continued program expansion will require more space.
- ii. New area will include space for centralizing data collection, patient follow-up, and research activities of Cancer Center development.
- iii. Area to relate to plaza with protected park setting and better access for patients and families.

- e. Intensive Cardiac Care Unit - Medical Intensive Care Unit - Related Special Procedures and Support Area

- i. New centralized critical care area for expanded, more efficient patient care services.
- ii. Space for related special procedures and support facilities minimizing contraindicated patient transport and maximizing staff time and effort.
- iii. Vertically linked to Emergency Department.
- iv. Functionally related with construction of contemporary nursing units and eventual comprehensive intensive patient care activities.

- f. Major Medical Nursing Unit
 - i. Unit designed to meet contemporary patient care standards.
 - ii. Beginning of designated speciality units for medical patients.
 - iii. Space for more private beds to accommodate isolation, special patient care, and suitable privacy.
 - iv. Important to develop or expand other programs by vacating present patient bed areas.
- 2. Remodel space vacated by services and programs relocated to new Patient Care Pavilion.
 - a. Create a research center in vacated Fourth Floor Laboratory area.
 - i. Space could be developed for research laboratories, clinical meeting rooms, administrative offices, and computer center.
 - ii. Development indicated in light of Cancer Center and Heart Care Center activities.
 - iii. In-house location for Peoria School of Medicine clinical practitioner and investigators.
 - iv. Space would be part of continuing teaching center function.
 - b. Expand ancillary ambulatory services into vacated Third Floor Laboratory area.
 - i. Food service for ambulatory patients and those who accompany them.
 - ii. Space for expanded Pharmacy to better serve outpatients and develop new inpatient services: hyperalimentation, central venous nutrient feeding, unit dose.
 - iii. Space for new ancillary services: Audiology and Speech Pathology, Day Hospital Programs, Multi-phasic Screening and Planned Parenthood.
 - iv. Space for Community Health Education Center.
 - c. Expand Radiology into vacated Third Floor Emergency area.
 - i. Space to expand Nuclear Medicine Department.
 - ii. Space to provide needed classroom, locker, and office space.
 - iii. Space to expand preparation and viewing areas.
 - iv. Space to accommodate expanding technology: C.A.T. Whole Body Scanner, ultrasound, future developments.
 - d. Develop in-house Teaching and Administration Center for Peoria School of Medicine in vacated Third Floor Glen Oak area.
 - i. Space for departmental clinical offices contiguous to ambulatory care area.
 - ii. Space to provide needed classrooms and student and resident work areas.
 - iii. Ideally located in relationship to present and future teaching areas.
 - iv. Space easily converted to serve intended purpose.

- e. Develop new programs in area vacated by relocated medical nursing unit(s).
 - i. Space for Alcohol Rehabilitation Program.
 - ii. Space for expansion of Burn Care Unit, Chemotherapy Center, Mental Health Unit.
 - iii. Space for Day Hospital Program.
 - iv. Additional classroom space for special patient care education and teaching center developments.

- c. Interim living quarters for new staff members and longer term visitors and consultants.
 - d. Possible inclusion of minimal care units or extended care related to rehabilitation and ambulatory care programs.
 - e. Could be part of Retirement Living and Health Care Center.
3. Acquire remaining property on Knoxville Avenue - Glen Oak Avenue - Hamilton Boulevard "Triangle" for better aesthetics and city park.

Private or Public Development - Medical Center Supported

1. Construction of hospital-adjacent physician offices to be developed to include the following:
 - a. Space for new physicians.
 - b. Space for present specialists desiring location closer to hospital.
 - c. Space for Multi-Model Family Physicians Center simulating solo, small group, and large multi-specialty group practices.
 - d. Parking facility and connecting plaza.
2. Construction or acquisition of adjacent Medi-Motel
 - a. Overnight stay accommodations for outpatients coming to Medical Center or Physicians Offices for special diagnostic or therapy services - Radiation Therapy, C.A.T. Whole Body Scanning, Endoscopy, Chemotherapy, Outpatient Surgery, Multiphasic History and Physicals.
 - b. Close-in meeting rooms for large seminars, cafeteria, classrooms.

PHASE I TIME SEQUENCE

1. Analyze Financing Alternatives, Complete Architectural Plans and Acquire Property - July, 1976 through June, 1977.
2. Construction Phase - July, 1977 through December, 1978
3. Construction Completion, Initial Operation and Internal Redevelopment through 1979.

B. Phase II 1980 - 1985

Medical Center Development (Estimated \$20,000,000)

1. Construction of a four-story Patient Care and Support Service Center Pavilion connected by service corridors to Phase I Patient Care Pavilion. The new floors would be developed for the following programs and services.

a. Support Service Center

- i. Space for expanded Central Sterile Supply, Laundry and Dietary Services to serve new and existing patient areas.
- ii. Space for new inpatient admitting area, public areas, and staff entrance area.
- iii. Integrated with main corridor linking Medical Center from Glen Oak Parking Deck to Crescent Avenue Plaza.
- iv. Related to plaza for at-grade entrances needed for certain functional areas.

b. New Inpatient Surgery including new program facilities and Surgical Intensive Care.

- i. Space to provide contemporarily sized and serviced surgical facilities to accommodate special program needs in orthopedics, cardiac surgery, neurosurgery, ophthalmology, urology, nephrology, gynecology, pediatric surgery, plastic surgery, otorhino-laryngology, thoracic and vascular surgery.
- ii. Total intensive care center coordinating cardiac, medical, and surgical intensive care.

- iii. Ideal relationship to new nursing units for pre- and post-operative care.
- iv. Cross-training and support for staff. Efficient use of resources.
- v. Patient education activities can be coordinated.

c. Major Surgical Nursing Unit and Services Center

- i. Ideally located above new Inpatient Surgery.
- ii. Space to accommodate special pre- and post-operative patient care needs.
- iii. Services Center linkage beginning of combined related ancillary services for ambulatory patients and medical and surgical inpatients, e.g., respiratory care services for pulmonary disease and thoracic surgery patients, dialysis for renal disease and kidney transplant patients, cardiovascular services for medical and surgical cardiac patients, rehabilitation services for orthopedic, cerebrovascular accident, and burn patients.
- iv. Located in quieter area of Medical Center site.

d. Two Major Medical and Major Surgical Nursing Units and Services Centers

- i. Ideally located in relationship to services located beneath.
- ii. Continuation of shared services concept.

- iii. Space vacated in relocating nursing units made available for expanded patient care programs and support and administrative activities relating to teaching and research.
 - iv. Allows for complete vacation of Glen Oak Wing Nursing Units, Fifth and Sixth Floor West Wing Nursing Units and Fourth Floor Hamilton Nursing Unit.
 - v. Could occur as part of Phase I Patient Care Pavilion if sufficient financing can be arranged.
2. Remodel space vacated by services and programs relocated to new Patient Care and Support Service Pavilion.
- a. Expand invasive radiology procedures area and ambulatory surgery, or research surgery development, into vacated second floor surgery area.
 - b. Expand mechanical, housekeeping, and biomedical engineering work areas into vacated Third Floor Dietary Services space.
 - c. Expand Materials Management into vacated Third Floor Laundry space.
 - d. Expand Pediatrics Unit into Fourth Floor Hamilton area for creation of Child Care Center offering expanded play therapy, parent overnight stay, and outpatient care facilities, after use of Fourth Floor Hamilton area for interim School of Nursing location during construction.
 - e. Redevelop all Glen Oak Nursing Units and Fifth and Sixth Floor West Wing Nursing Units into an Education Center with classrooms for Nursing School and Allied Health teaching programs.

Private or Public Development - Medical Center Supported

1. Continued vertical expansion of hospital adjacent physicians offices.
2. Continued development of parking facility, plaza, and Medi-Motel.
3. Construction of Retirement Living and Health Care Center.
4. Construction of health club for rehabilitation, disease prevention, and health maintenance, possibly in relationship to Y.M.C.A. developments.
5. Utilization of property northwest of Medical Center for related purposes integrated with historical area developments.
6. New housing developments and related services for staff and students.

PHASE II TIME SEQUENCE

1. Analyze Financing Alternatives, Complete Architectural Plans, and Acquire Property - January, 1980 through June, 1981.
2. Construction Phase - July, 1981 through June, 1982.
3. Construction Completion, Initial Operation and Internal Redevelopment - July, 1983 through December, 1984.

C. Phase III 1985 - 1990

Medical Center Development (Estimated \$30,000,000)

1. Construction of four Major Medical and Surgical Nursing Units to replace nursing units remaining in present structures.
2. Expansion of Radiology, Laboratory, Emergency Department, and other support services to accommodate new diagnostic equipment, treatment plans, bio-medical engineering advances: artificial limbs, mechanical hearts.
3. Construction of off-site Research Center.
4. Reevaluate all diagnostic and therapeutic services, especially ambulatory care, to relate to application of latest medical research.
5. Redevelop space vacated by relocated services and programs for interim use for other patient care, research, and teaching activities.
6. Remove in succession the Glen Oak Wing, East Wing and West Wing, and initiate appropriate construction as indicated by demonstrable patient needs and teaching center development.

Private or Public Development - Medical Center Supported

1. Related developments including parks and historical areas.
2. Construction of hospital-adjacent clinic facilities linked to Patient Care and Support Service Pavilions.
3. Continued development of parking facility and plaza.
4. By this time, downtown development should be accomplished to the point that there exists a recognizable Medical

District formed by the Peoria School of Medicine, Methodist Medical Center of Illinois, and St. Francis Hospital-Medical Center, served and supported by related land use developments appropriate to such a district.

PHASE III TIME SEQUENCE

1. Analyze Financing Alternatives, Complete Architectural Plans, and Prepare Property - January, 1985 through June, 1986.
2. Construction Phase - July, 1986 through June, 1988.
3. Construction Completion, Initial Operation, and Internal Redevelopment - July, 1988 through December, 1989.

D. Phase IV 1990 - 2000

This phase of the Methodist Medical Center's long-range plan will be dictated by new advances in medical science and education. Complete integration of facilities into a health care campus will occur within this phase.



PHASE I

1. Patient Care Pavillion

- Emergency Department
- Laboratory Department
- Rehab. Center and St. Jude
- Critical Care - Heart Center
- Inpatient Nursing Unit

2. Medical District - Private or Public Development

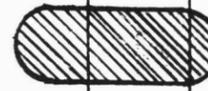
- Physicians' Office
- Parking Facility
- Connecting Plaza
- Medi-Hotel Retirement Center

3. Internal Redevelopment

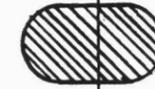
- Research Center
- Ancillary Service Expansion
- Teaching Administration Center
- Special Patient Care



ANALYZE FINANCING ALTERNATIVES
ACQUIRE PROPERTY
COMPLETE ARCHITECTUAL DOCUMENTS



CONSTRUCTION PHASE



INITIATE OPERATION
INTERNAL REDEVELOPMENT

PHASE II

1. Patient Care and Support Service Center

- Support Service Center
- Inpatient Surgery-Intensive Care
- Inpatient Nursing Units

2. Medical District - Private or Public Development

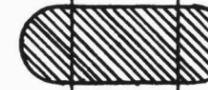
- Physicians' Office
- Retirement Housing and Health Care Center
- Health Club - YMCA
- Downtown Development

3. Internal Redevelopment

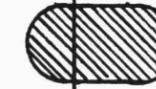
- Radiology - Ambulatory Surgery
- Research Surgery
- Materials Management Center
- Education Center - School of Nursing
- Child Care Center



ANALYZE FINANCING ALTERNATIVES
ACQUIRE PROPERTY
COMPLETE ARCHITECTUAL DOCUMENTS



CONSTRUCTION PHASE



INITIATE OPERATION
INTERNAL REDEVELOPMENT

PHASE III

1. Patient Care and Ancillary Service Center

- Inpatient Nursing Unit
- Ambulatory Care
- Ancillary Service
- Special Program - Medical Advances

2. Medical District - Private or Public Development

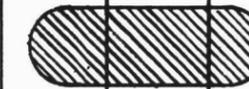
- Clinic Facilities - Parking and Plaza
- Staff Student Housing
- Medical District with Downtown Development

3. Internal Redevelopment

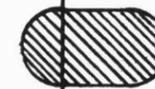
- Remove in Succession East Wing/West Wing/Glen Oak



ANALYZE FINANCING ALTERNATIVES
ACQUIRE PROPERTY
COMPLETE ARCHITECTUAL DOCUMENTS



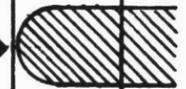
CONSTRUCTION PHASE



OPERATION
REDEVELOP

PHASE IV

Complete integration of health care campus and development dictated by new advances in medical science and education



METHODIST MEDICAL CENTER

LONG RANGE PLANNING - TIME TABLE

GRAPHIC PRESENTATION OF LONG-RANGE DEVELOPMENT

<u>GRAPHIC NO.</u>	<u>TITLE</u>
1	Master Site Plan
2	Environs Map
3	Existing Building Conditions
4	Existing Floor Plan
5	Existing Floor Plan
6	Existing Parking Site Plan
7	Properties Acquisition Site Plan
8	Medical District Spine Diagram
9	Medical District Development Plan
10	Methodist Medical Center Development Plan
11	Medical District Vehicular Flow
12	Methodist Medical Center Phase I
13	Methodist Medical Center Phase I Floor Plan
14	Methodist Medical Center Phase I Floor Plan
15	Methodist Medical Center Phase I Floor Plan
16	Methodist Medical Center Phase I Floor Plan
17	Methodist Medical Center Building Section
18	Methodist Medical Center Building Section

MASTER SITE PLAN

The overall Medical District will eventually create an essentially uninterrupted park-like atmosphere which may be bound by a buffer strip of trees and shrubs. The City's historic district will direct a close harmony between outer areas and the adjacent Medical Center's architecture.

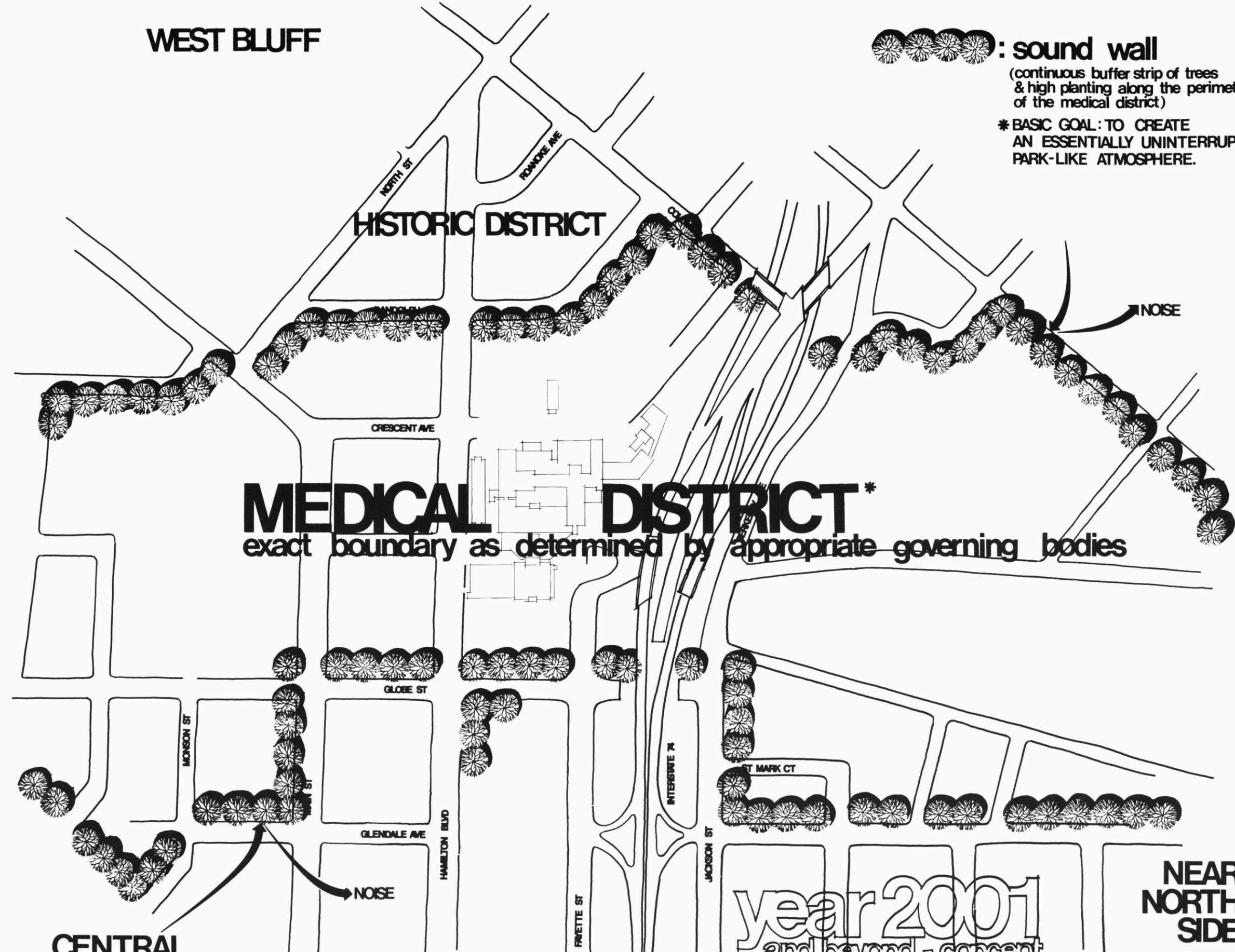
WEST BLUFF



sound wall

(continuous buffer strip of trees & high planting along the perimeter of the medical district)

*BASIC GOAL: TO CREATE AN ESSENTIALLY UNINTERRUPTED PARK-LIKE ATMOSPHERE.



MEDICAL DISTRICT*

exact boundary as determined by appropriate governing bodies

CENTRAL BUSINESS DISTRICT

MASTER SITE PLAN

GRAPHIC SCALE IN FEET



1" = 100'

year 2001 and beyond - concept

long range plan

NEAR NORTH SIDE



called north

methodist medical center

PHILLES SWAGER ASSOCIATES PEORIA, ILLINOIS

Gerhard Hartman, Ph.D.
Hospital Consultant

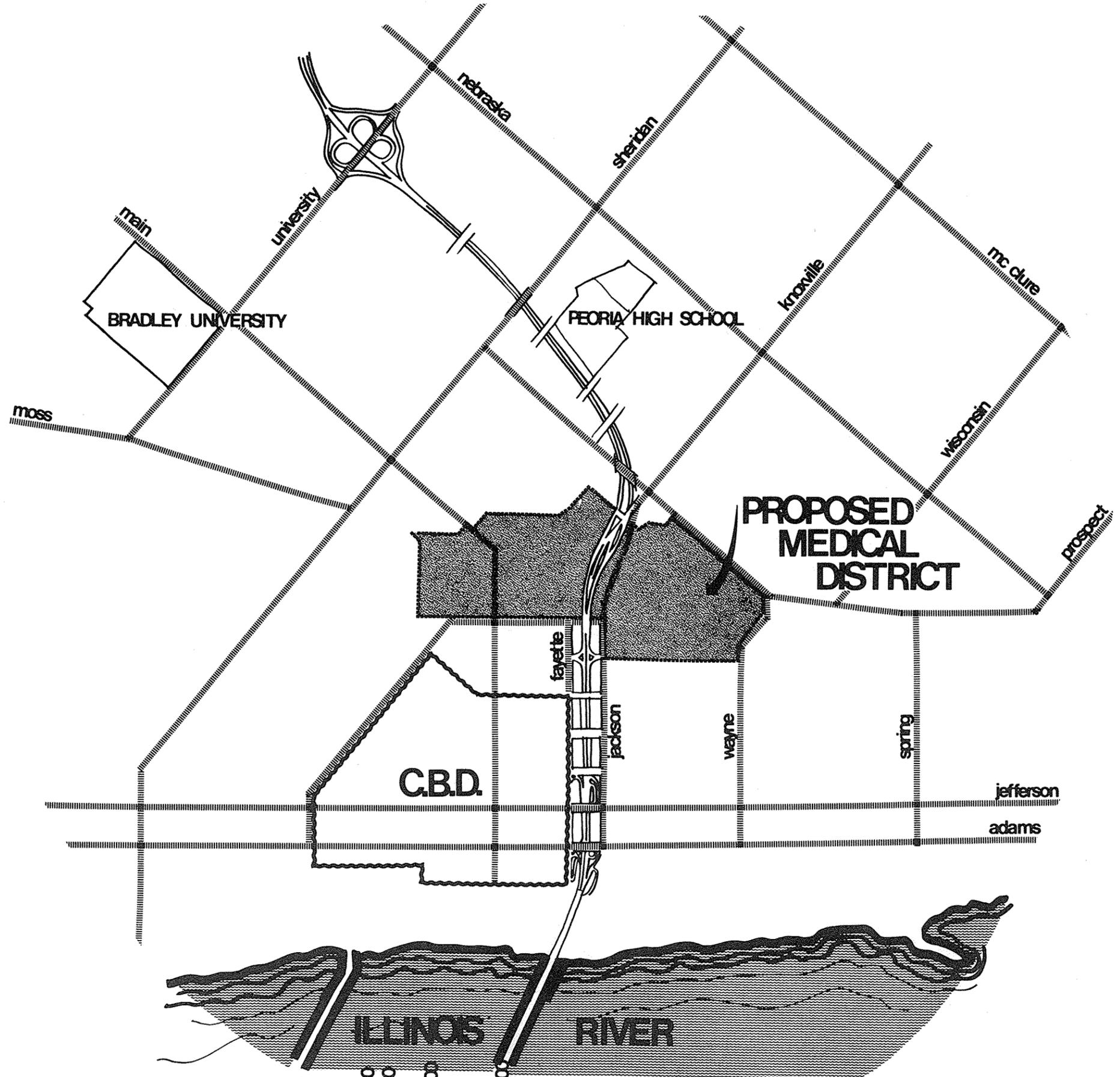
James K. Knoble
Methodist Medical Center

John E. Paulson
Methodist Medical Center

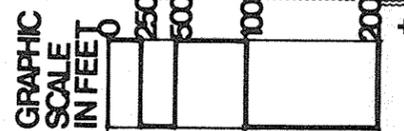
MEDICAL DISTRICT ENVIRONMENT MAP

The Methodist Medical Center is only one entity centered within a medical district and in turn, the medical district is centered within a total environment of various City functions, such as the downtown development and the bluff area, including Bradley University.

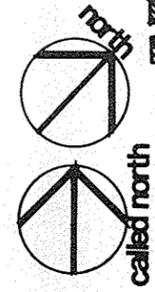
The following page illustrates this medical district as a strong entity centered within the City of Peoria.



ENVIRONS MAP



long range plan



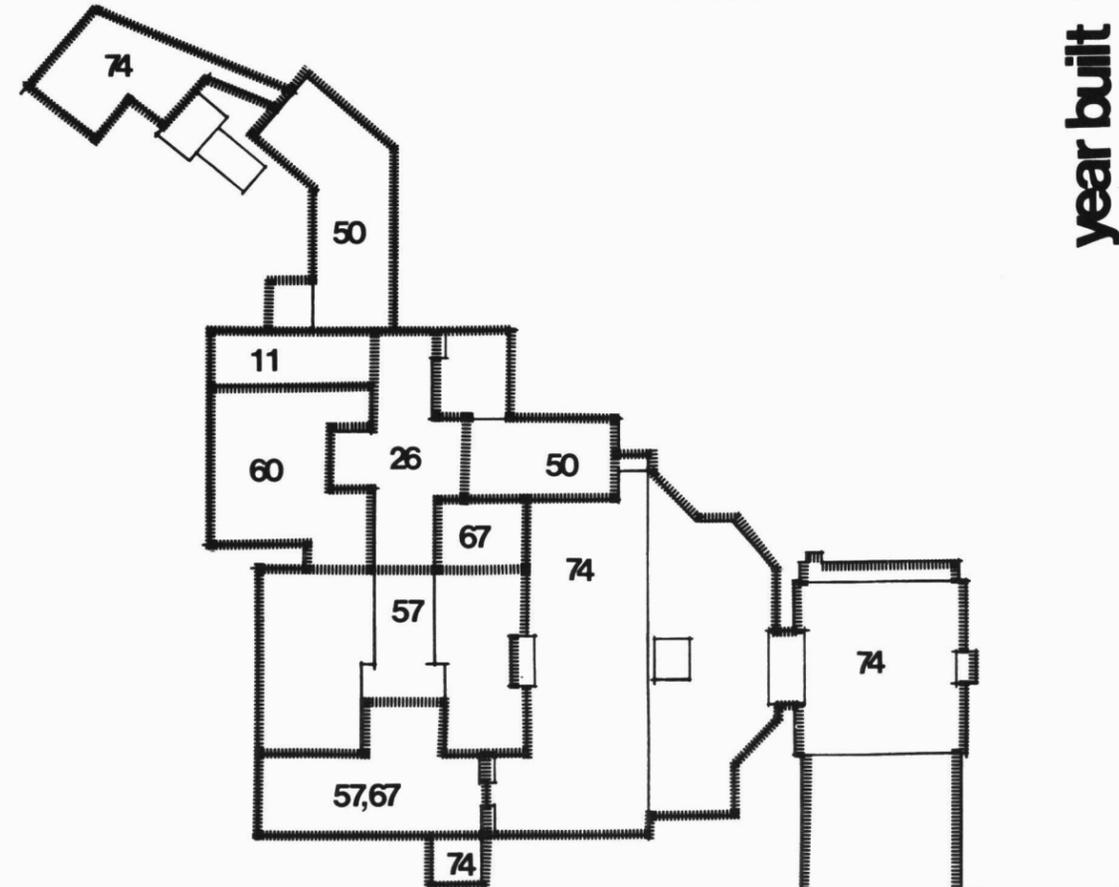
methodist medical center

PHILLIPS SWAGER
ASSOCIATES INC
PEORIA, ILLINOIS

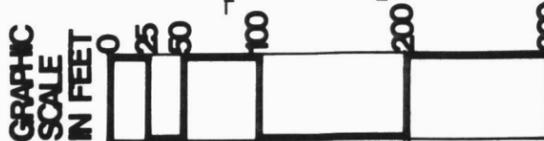
EXISTING FLOOR PLANS

The following three pages show the following items:

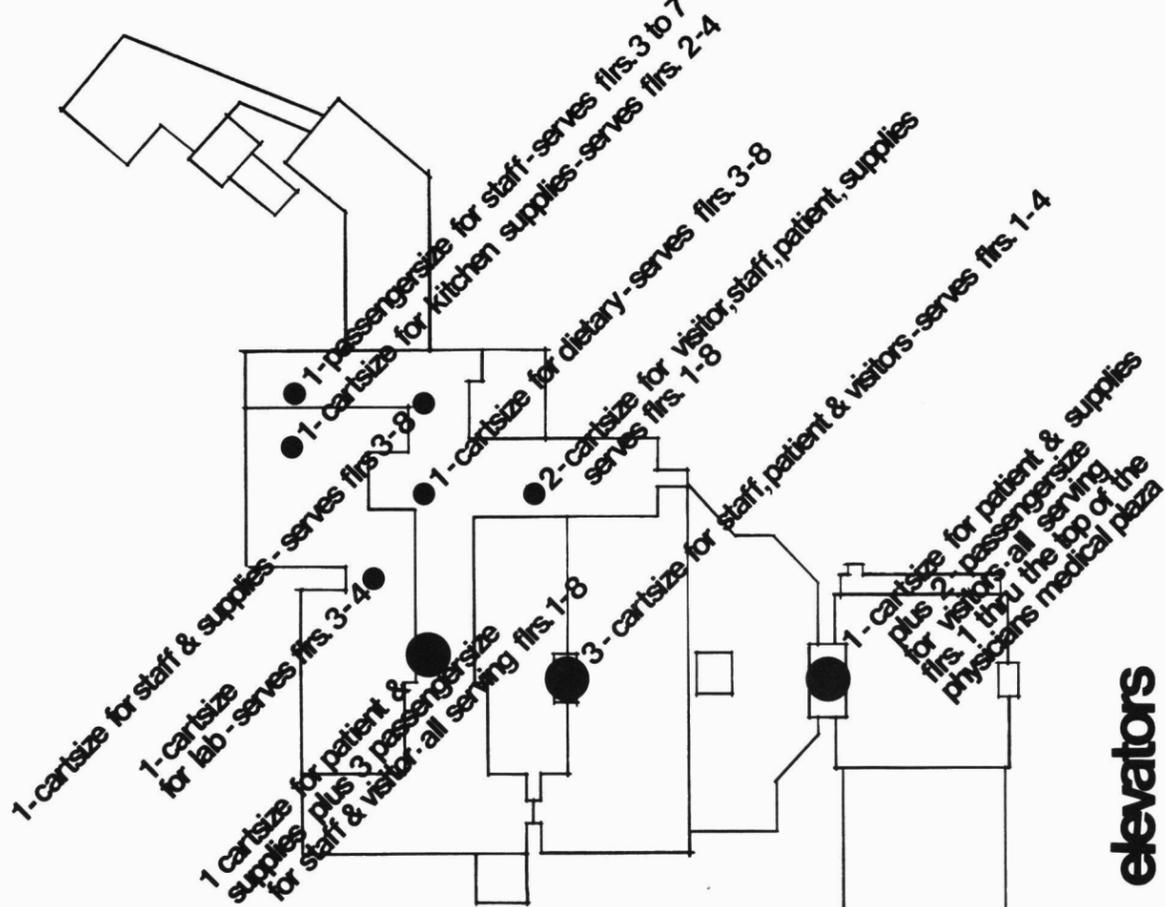
1. Location of elevators and their primary function.
2. Major access entrances to the Medical Center.
3. The year in which the various additions were added to the original building.
4. Locations of the major utility lines around the existing facility.
5. Major departmental locations within the entire Medical Center.



HH: 1960
**EXISTING (1977)
 FLOOR PLANS**

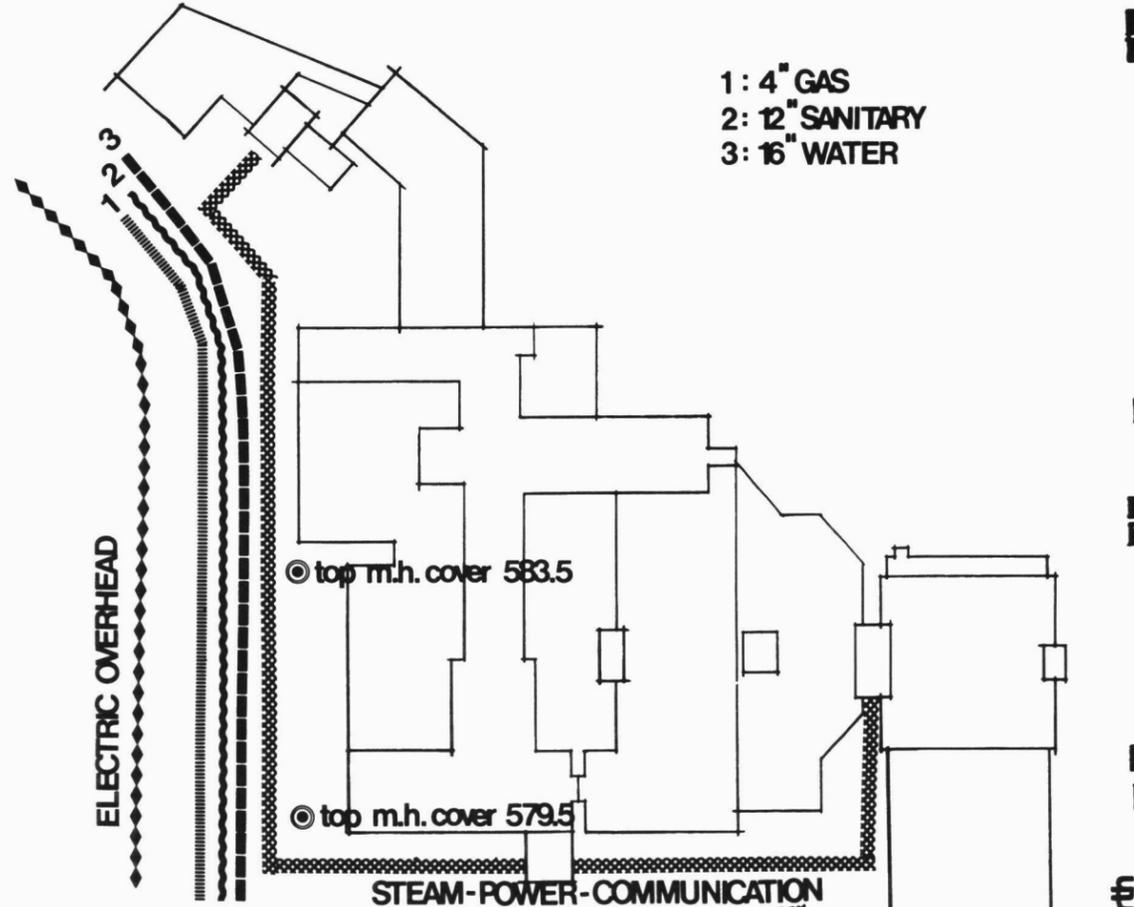


year built

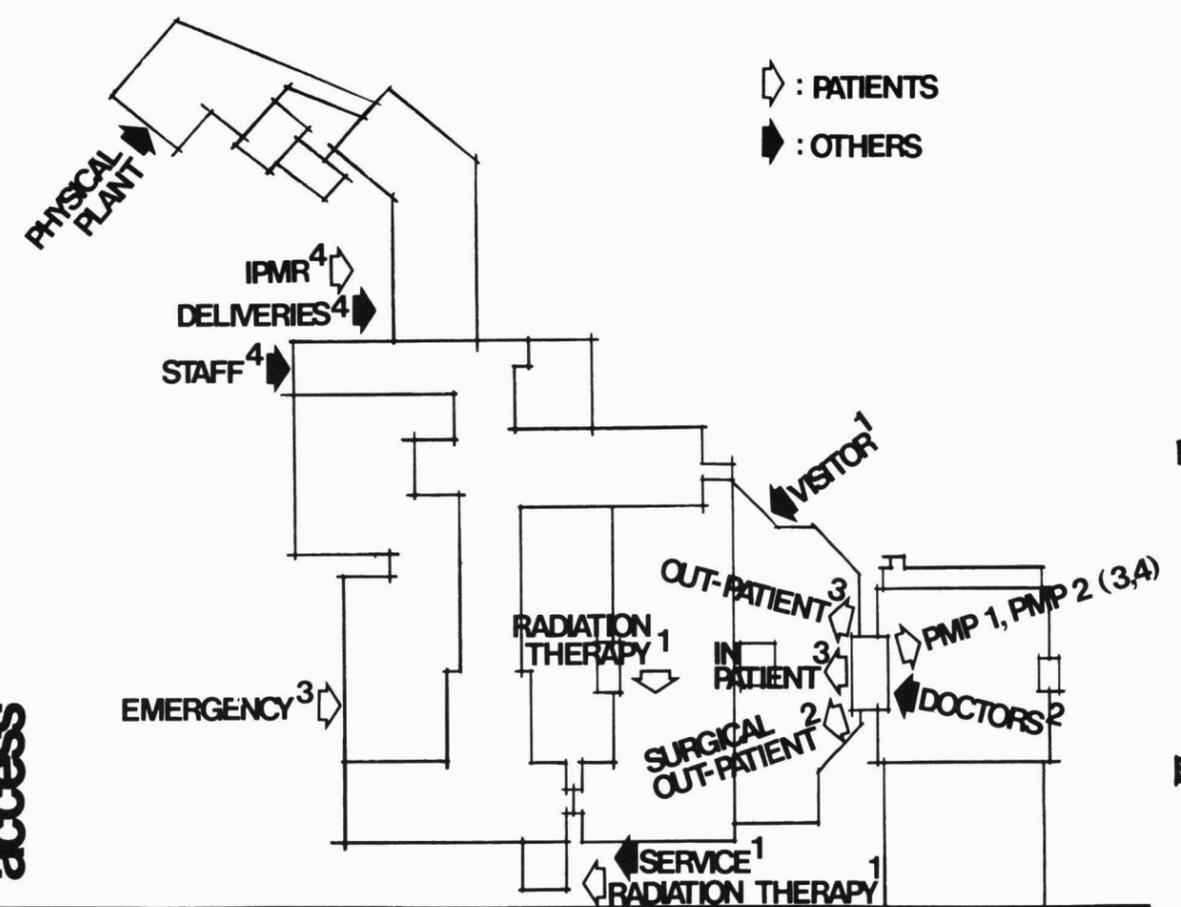


elevators

utilities



access



long range plan

called north



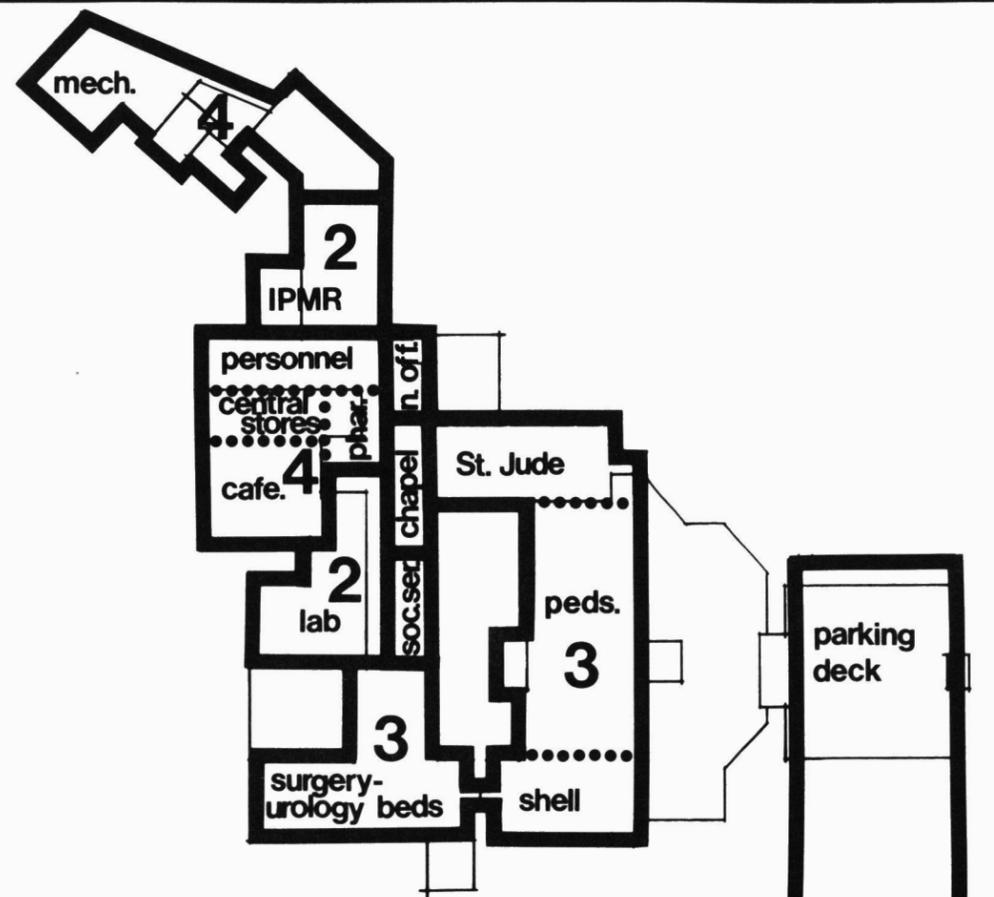
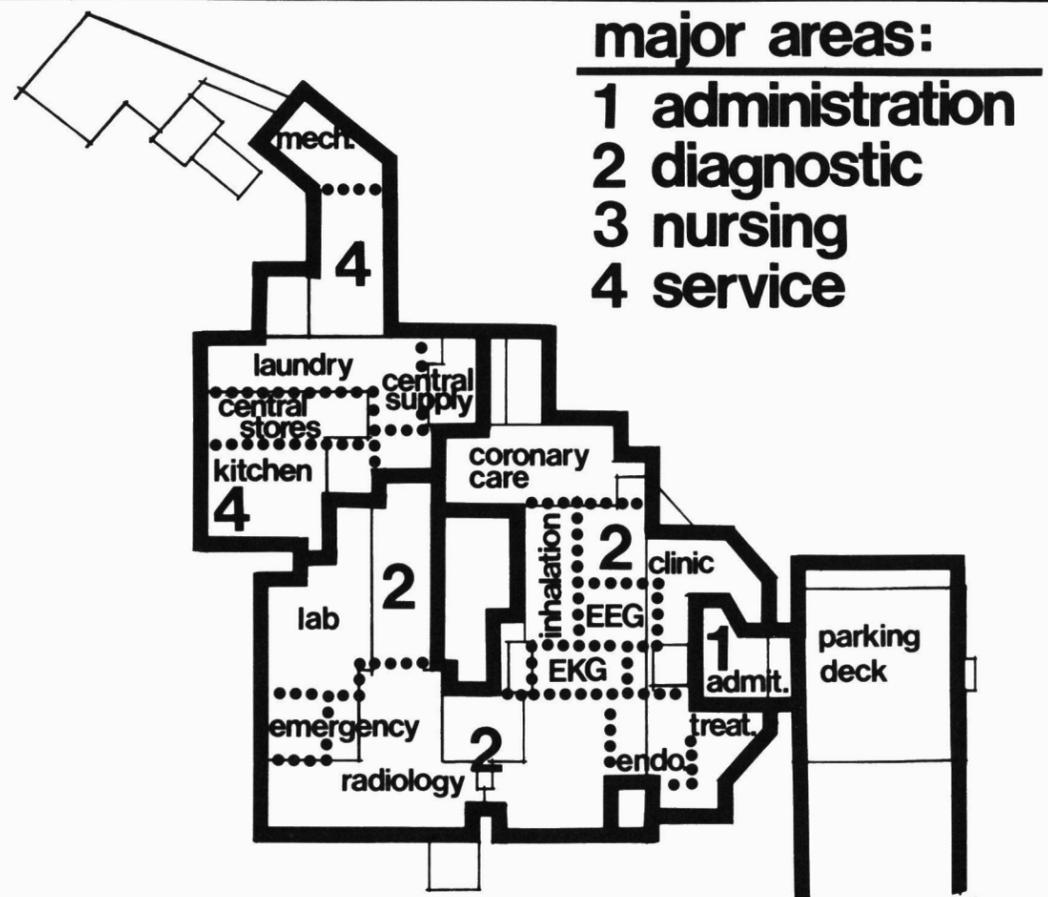
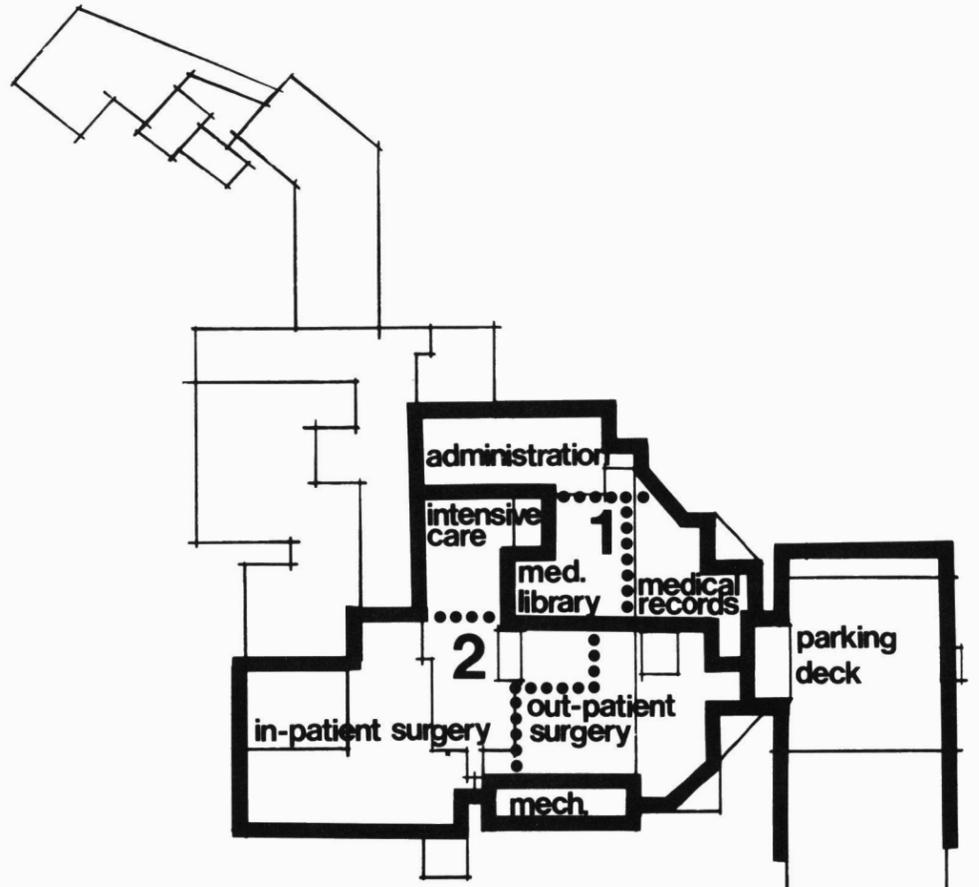
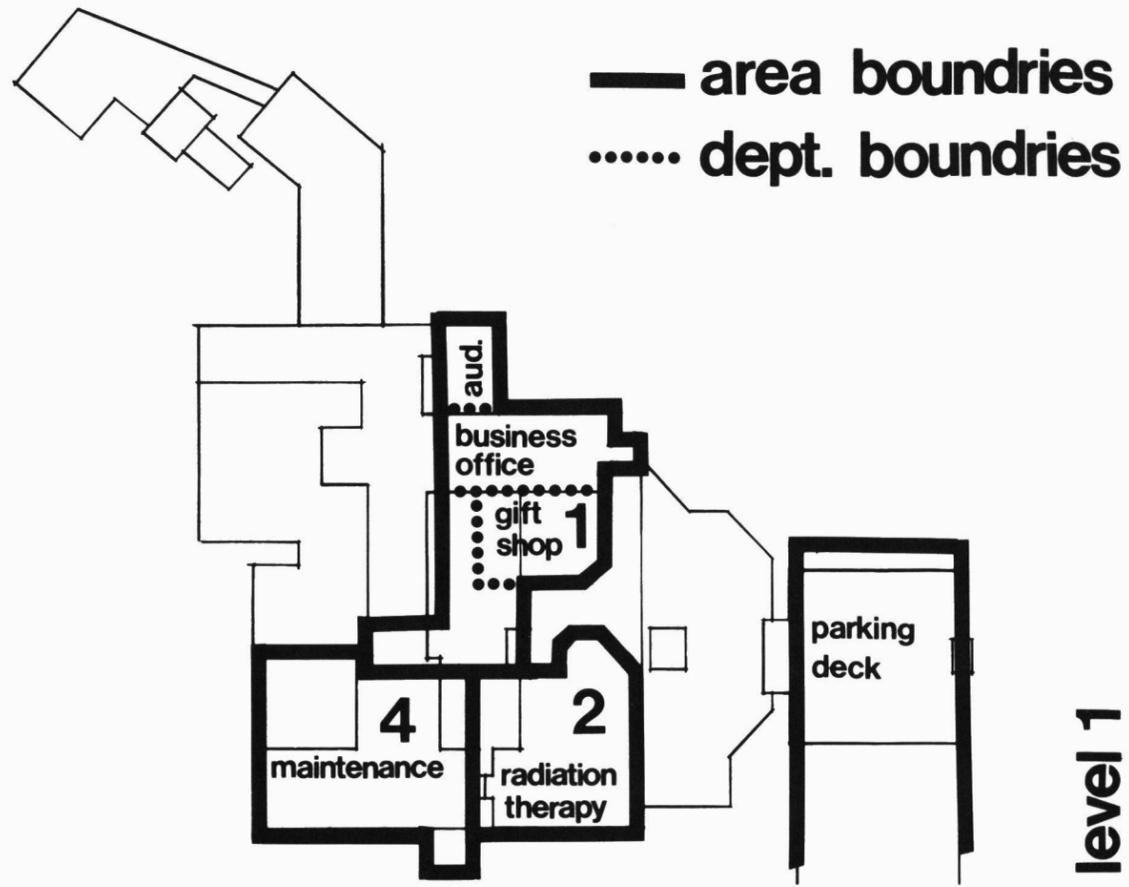
methodist medical center

PHILLIPS SWAGER
 ASSOCIATES
 PEORIA, ILLINOIS

Gerhard Hartman, Ph.D.
 Hospital Consultant

James K. Knoble
 Methodist Medical Center

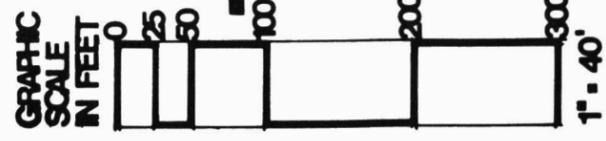
John E. Paulson
 Methodist Medical Center



- major areas:**
- 1 administration
 - 2 diagnostic
 - 3 nursing
 - 4 service

level 1
level 2
level 3
level 4

EXISTING (1977)
FLOOR PLANS



long range plan



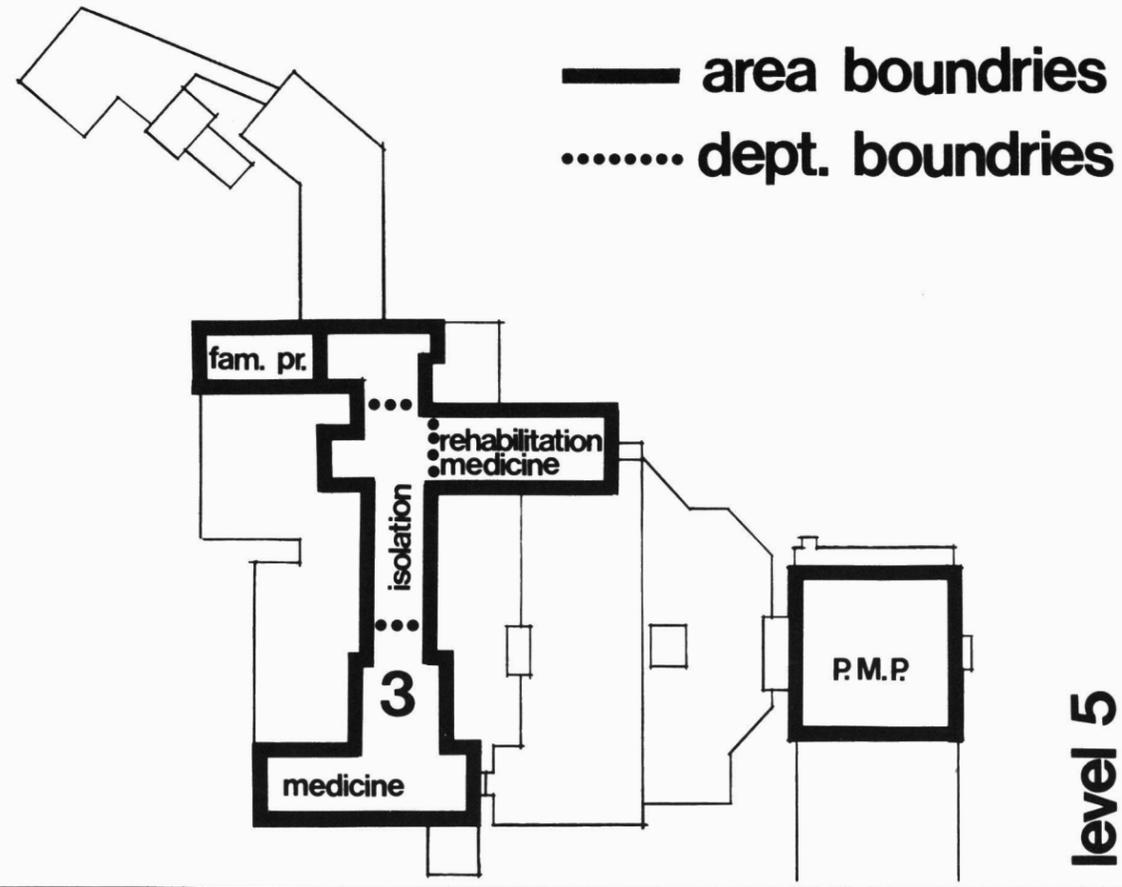
methodist medical center

PHILLIPS SWAGER
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PEORIA, ILLINOIS

Gerhard Hartman, Ph.D.
Hospital Consultant

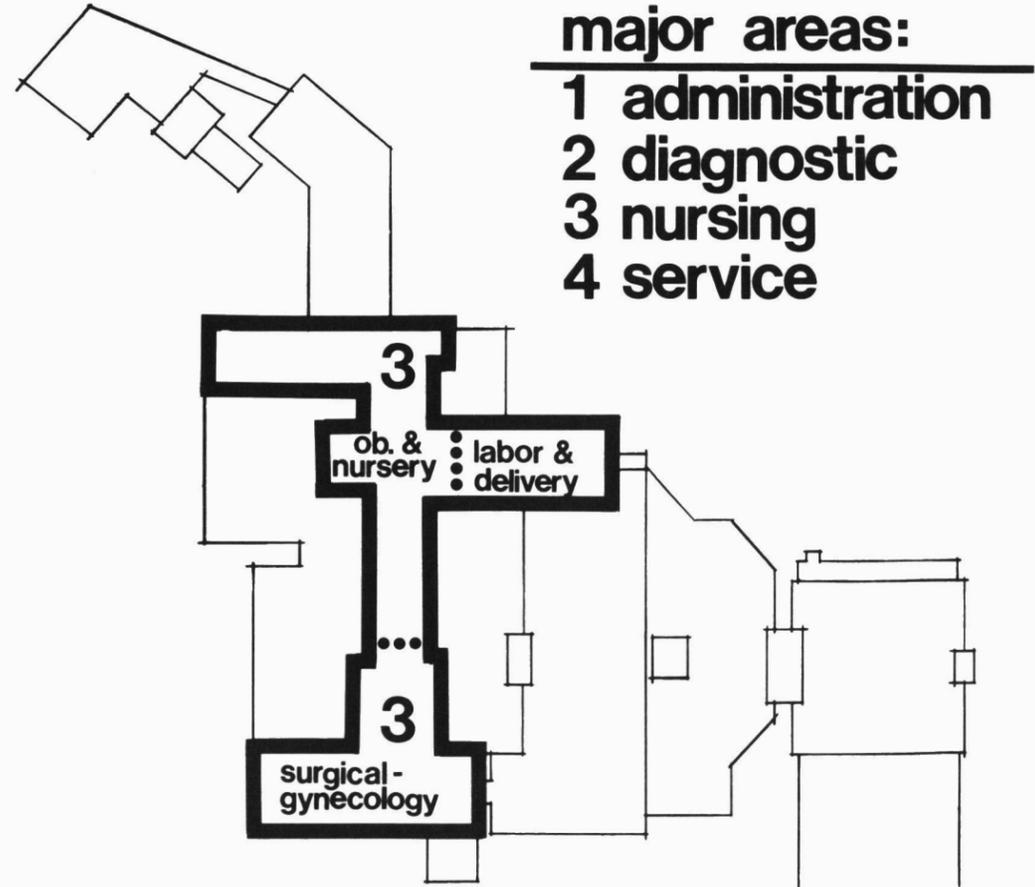
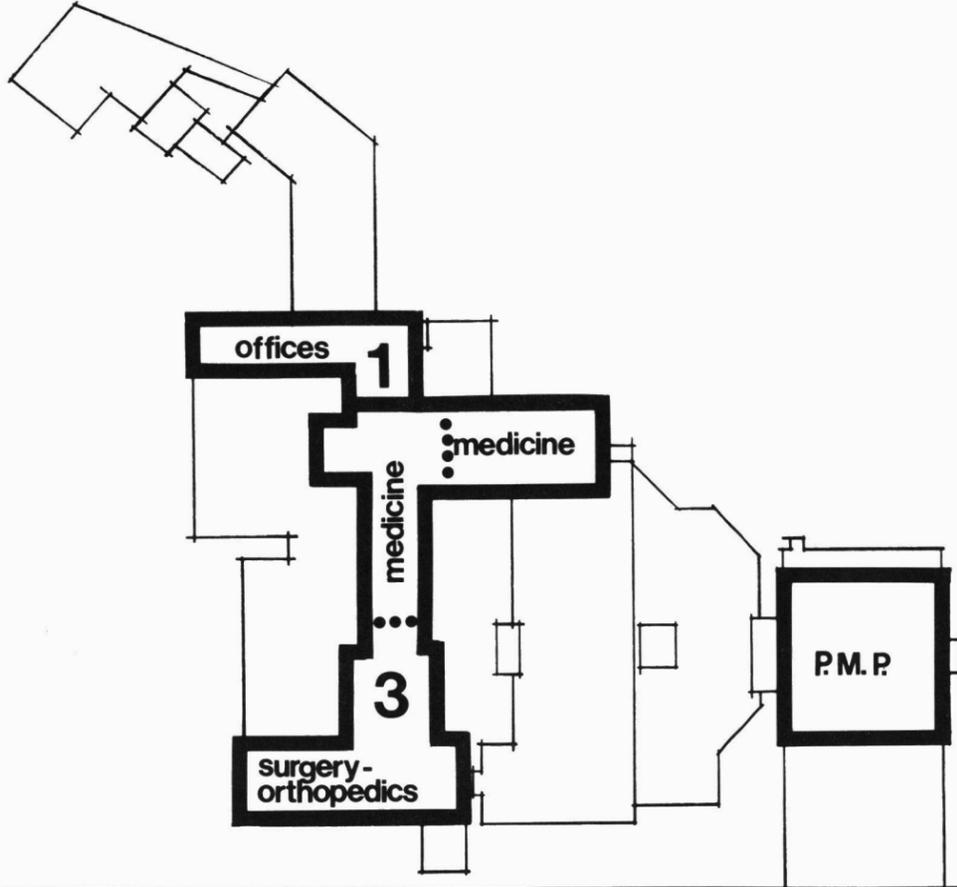
James K. Knobler
Methodist Medical Center

John E. Paulson
Methodist Medical Center



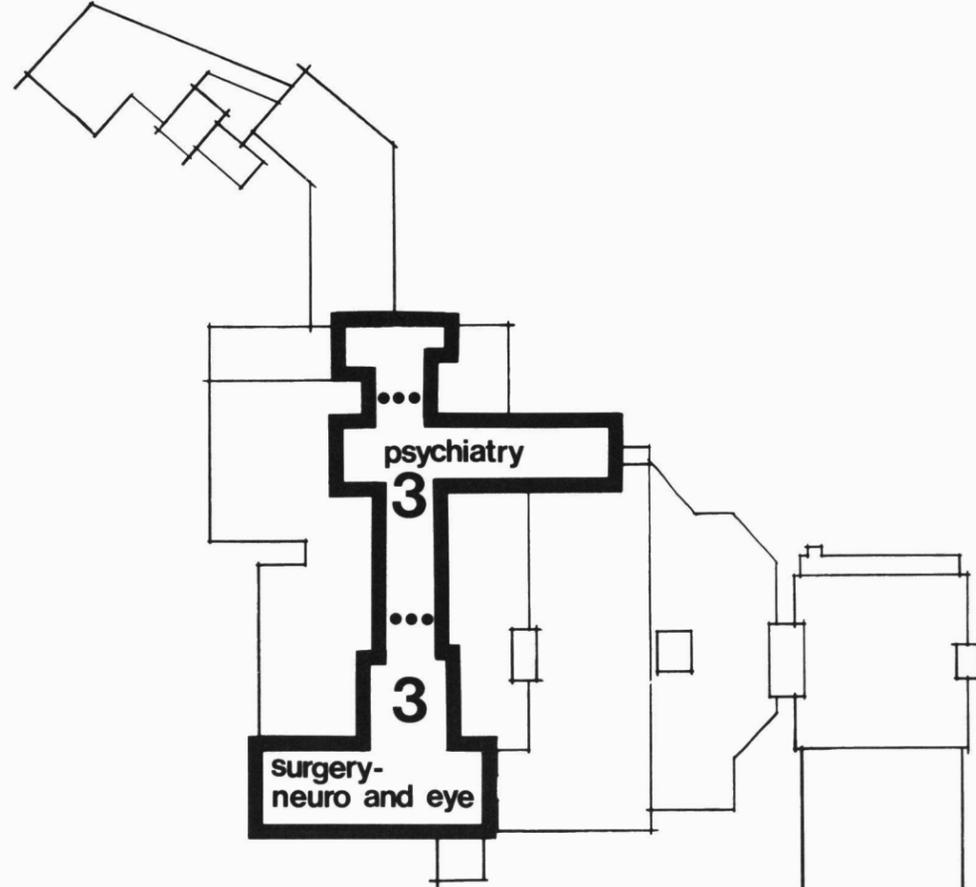
level 5

level 6

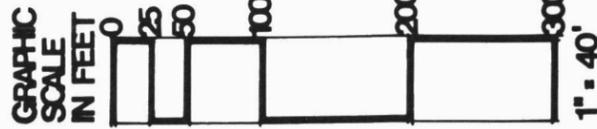


level 7

level 8



EXISTING (1977)
 FLOOR PLANS



long range plan



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methodist medical center

Gerhard Hartman, Ph.D.
 Hospital Consultant

James K. Knobler
 Methodist Medical Center

John E. Paulson
 Methodist Medical Center

EXISTING PARKING

The following site plan shows the existing parking facilities around the Methodist Medical Center.

As the physical growth of a medical facility occurs, the number of people using the facility, both as visitors and staff, increases accordingly. The automobile, as we know it today, has not necessarily decreased in number as was predicted in the late 60's. To accommodate the vehicle and yet keep the safety and conveniences for people as the most important factor in providing automobile access is of paramount importance.

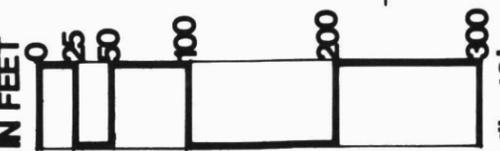


HAMILTON BOULEVARD

NORTH ST

IMMEDIATE SITE PLAN

GRAPHIC SCALE IN FEET



RANDOLPH AVE

CRESCENT AVE

existing designated parking 985
 existing on-street parking 325

total 1310

long range plan



methodist medical center

Gerhard Hartman, Ph.D.
Hospital Consultant

James K. Knoble
Methodist Medical Center

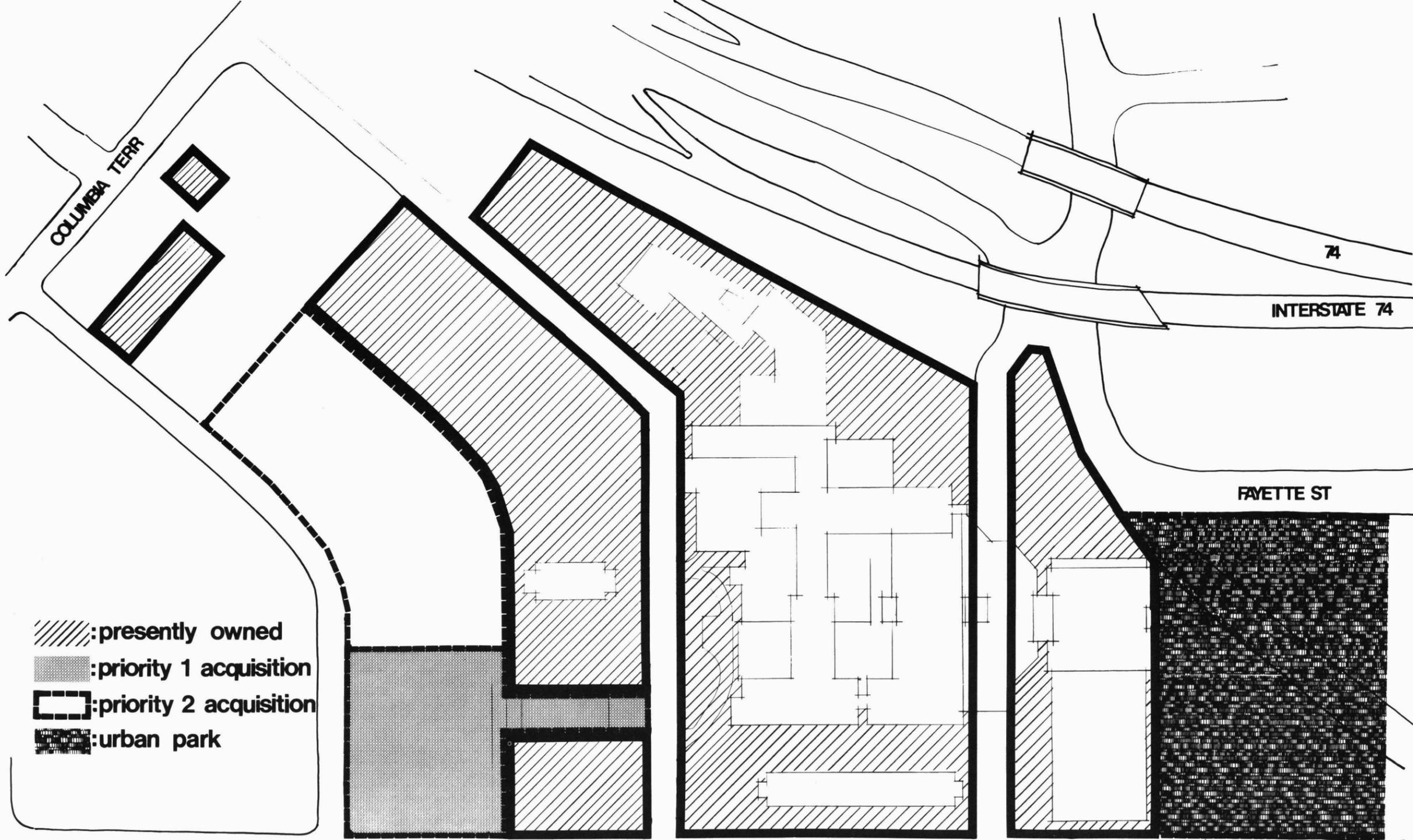
John E. Paulson
Methodist Medical Center

PHILLIPS SWAGER
ASSOCIATES
PEORIA, ILLINOIS

PROPERTIES ACQUISITION

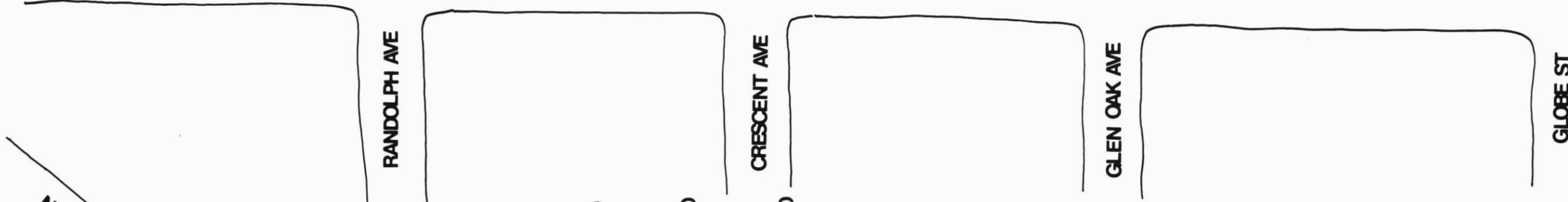
The purchase of additional land is always of utmost importance to any medical facility for its future growth. However, certain properties are more important for acquisition and should be classified in order of priorities.

The following site plan points out these priorities as related to the building phases for Methodist Medical Center.



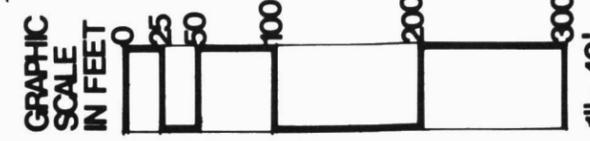
- : presently owned
- : priority 1 acquisition
- : priority 2 acquisition
- : urban park

HAMILTON BOULEVARD



NORTH ST

IMMEDIATE SITE PLAN



long range plan

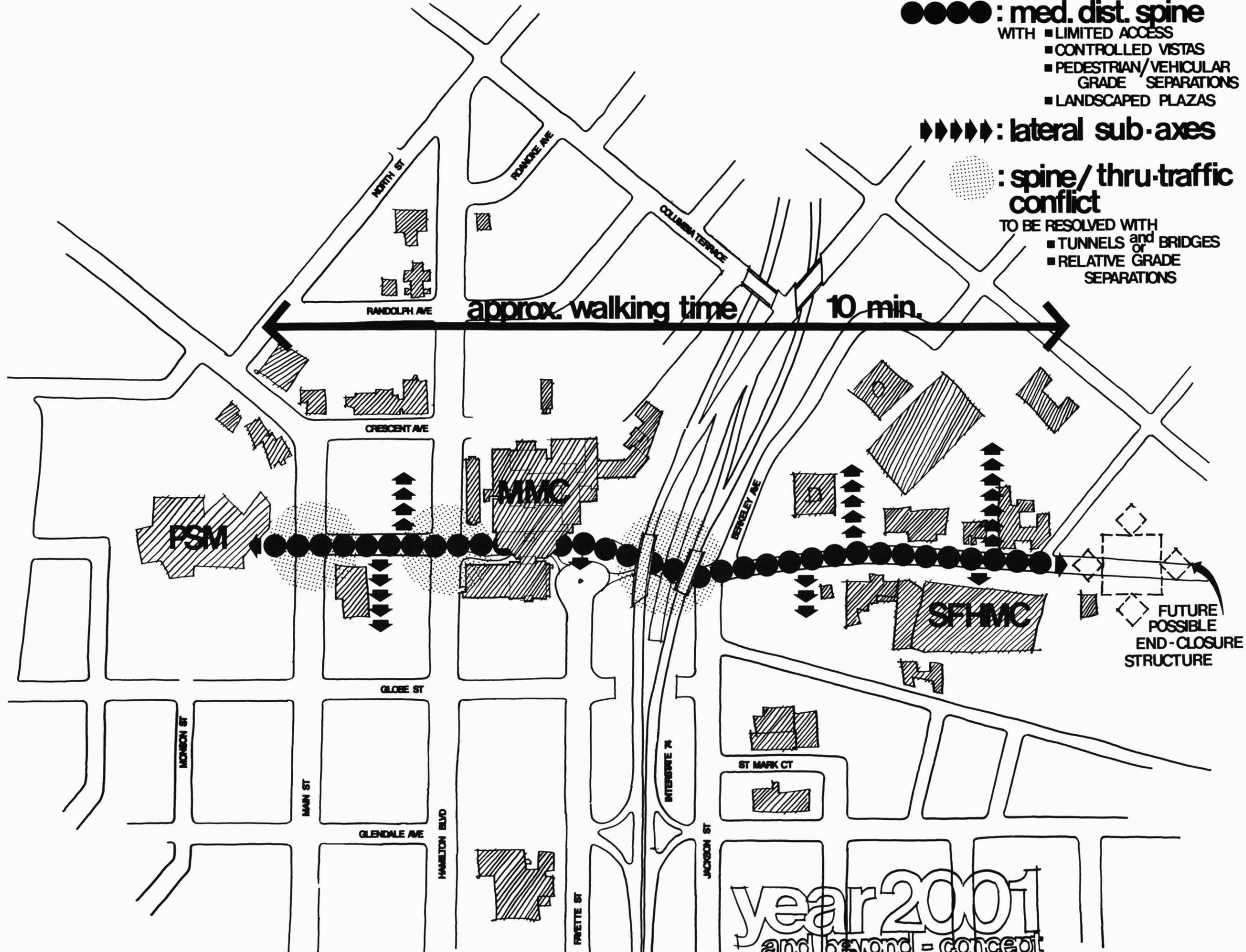


methodist medical center

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 John E. Paulson Methodist Medical Center
 James K. Knoble Methodist Medical Center
 Gerhard Hartman, Ph.D. Hospital Consultant

MEDICAL DISTRICT SPINE DIAGRAM

The total Medical District includes not only the Methodist Medical Center but also the St. Francis Medical Center, the Peoria School of Medicine, and other adjacent considerations, such as the YMCA, the Historic District, hotel-motel accommodations, and other medical office buildings in the immediate vicinity.



MASTER SITE PLAN



year 2001 and beyond - concept

long range plan



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methodist medical center

Gerhard Hartman, Ph.D. Hospital Consultant

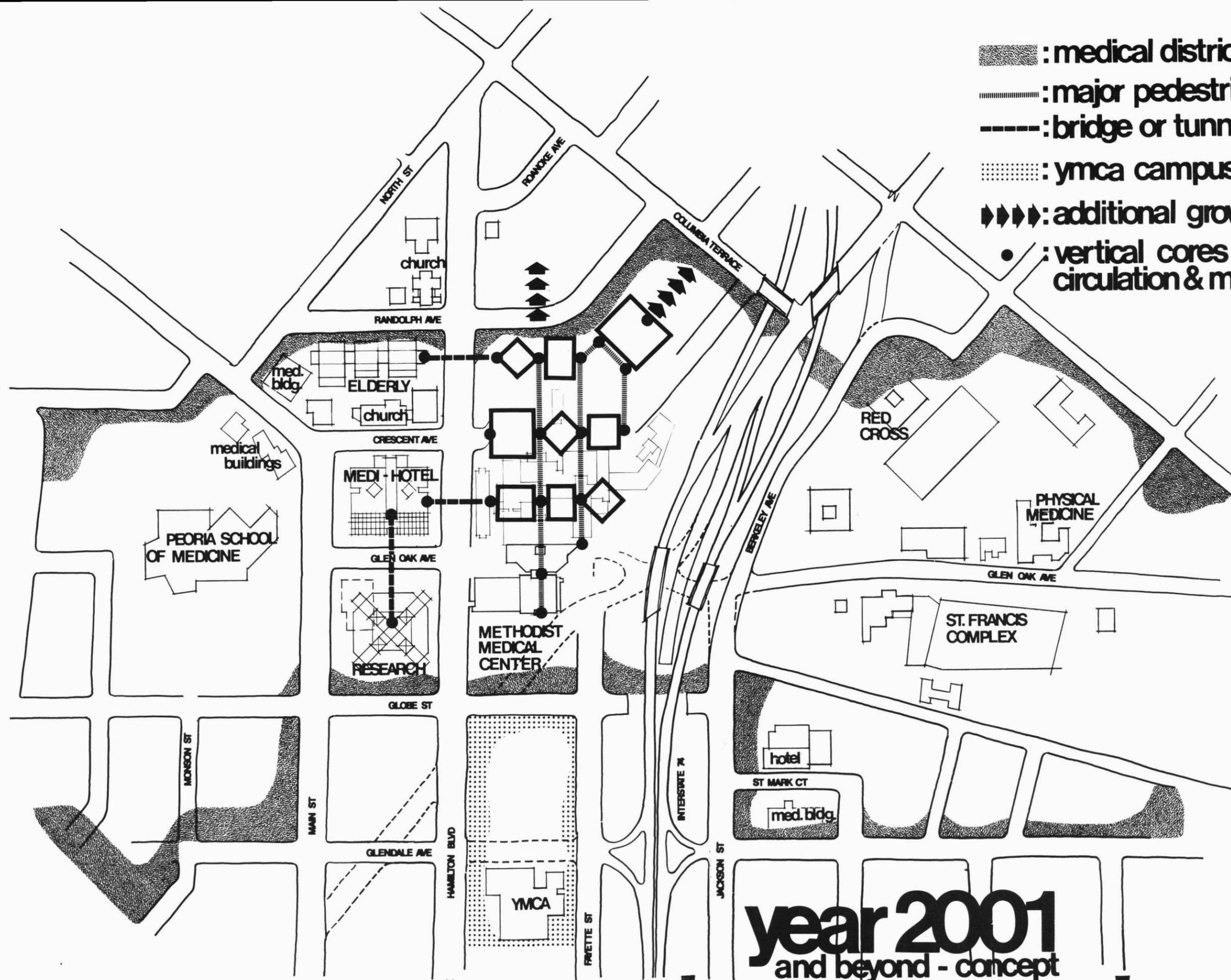
James K. Knoble Methodist Medical Center

John E. Paulson Methodist Medical Center

8

MEDICAL DISTRICT DEVELOPMENT PLAN

To create a total environment of health care for the community not only means a building which houses surgery, radiology, nursing units, etc., but means other separate facilities may be a part of the total complex, such as overnight accommodations (medi-motel), research facilities, extended care home, recreational facilities, doctors' office building, and other medical related facilities to enhance the development for total health care.



- : medical district
- : major pedestrian
- : bridge or tunnel
- : ymca campus
- : additional growth
- : vertical cores - circulation & mech.

MASTER SITE PLAN



year 2001
and beyond - concept
long range plan



methodist medical center
 PHILLIPS SWAGER ASSOCIATES PEORIA, ILLINOIS

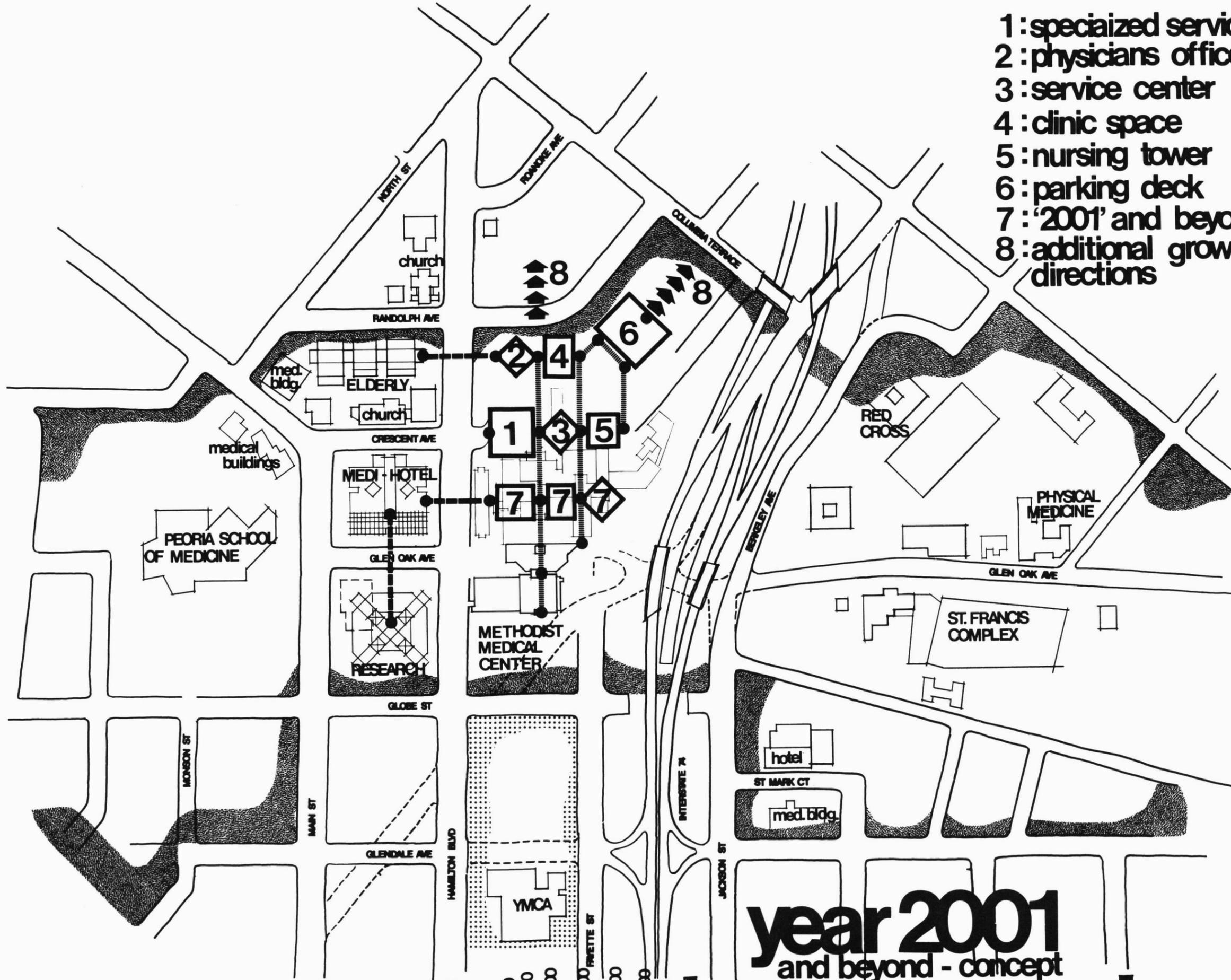
● Gerhard Hartman, Ph.D.
Hospital Consultant

James K. Knoble
Methodist Medical Center

John E. Paulson
Methodist Medical Center

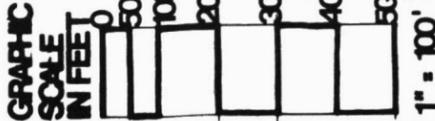
METHODIST MEDICAL CENTER DEVELOPMENT PLAN

It is vitally important for the Methodist Medical Center to develop a complete health care environment within its own physical development. The need to accommodate more out-patients and provide the best in the proper out-patient facilities is one part of a growing need to the community and surrounding areas.



- 1 : specialized services
- 2 : physicians offices
- 3 : service center
- 4 : clinic space
- 5 : nursing tower
- 6 : parking deck
- 7 : '2001' and beyond
- 8 : additional growth directions

MASTER SITE PLAN



year 2001
and beyond - concept
long range plan



methodist medical center

Gerhard Hartman, Ph.D.
Hospital Consultant

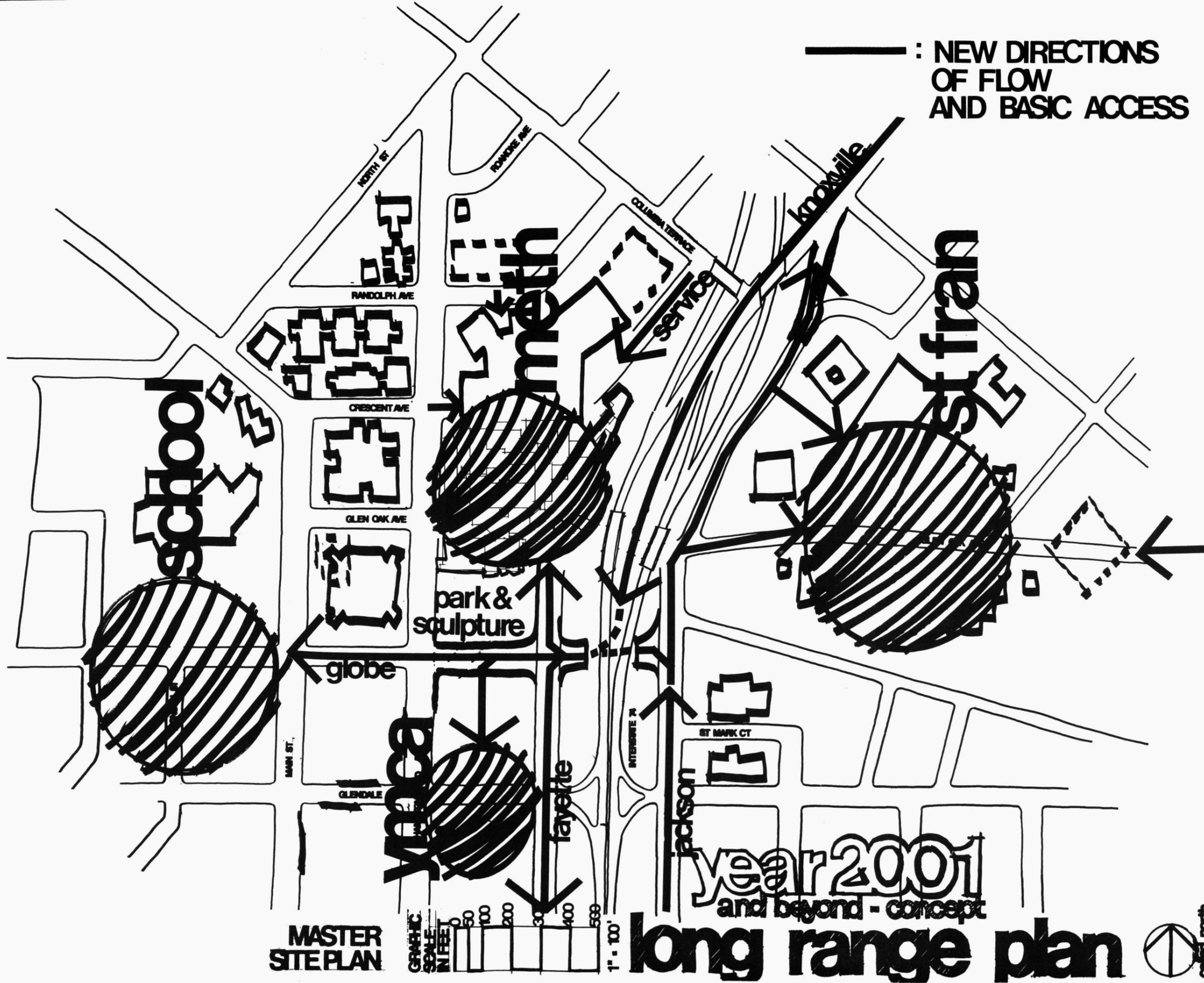
James K. Knoble
Methodist Medical Center

John E. Paulson
Methodist Medical Center

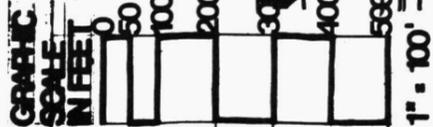
PHILIPS SWAGER ASSOCIATES PEORIA, ILLINOIS

MEDICAL DISTRICT VEHICULAR FLOW

The following site plan points out a vital need to accommodate the ever increasing amount of automobile traffic and its varied needs for handling in-bound, out-bound, and inner medical district vehicular flow.



MASTER SITE PLAN



Year 2001
and beyond - concept
long range plan



methodist medical center

Gerhard Hartman, Ph.D.
Hospital Consultant

James K. Knoble
Methodist Medical Center

John E. Paulson
Methodist Medical Center

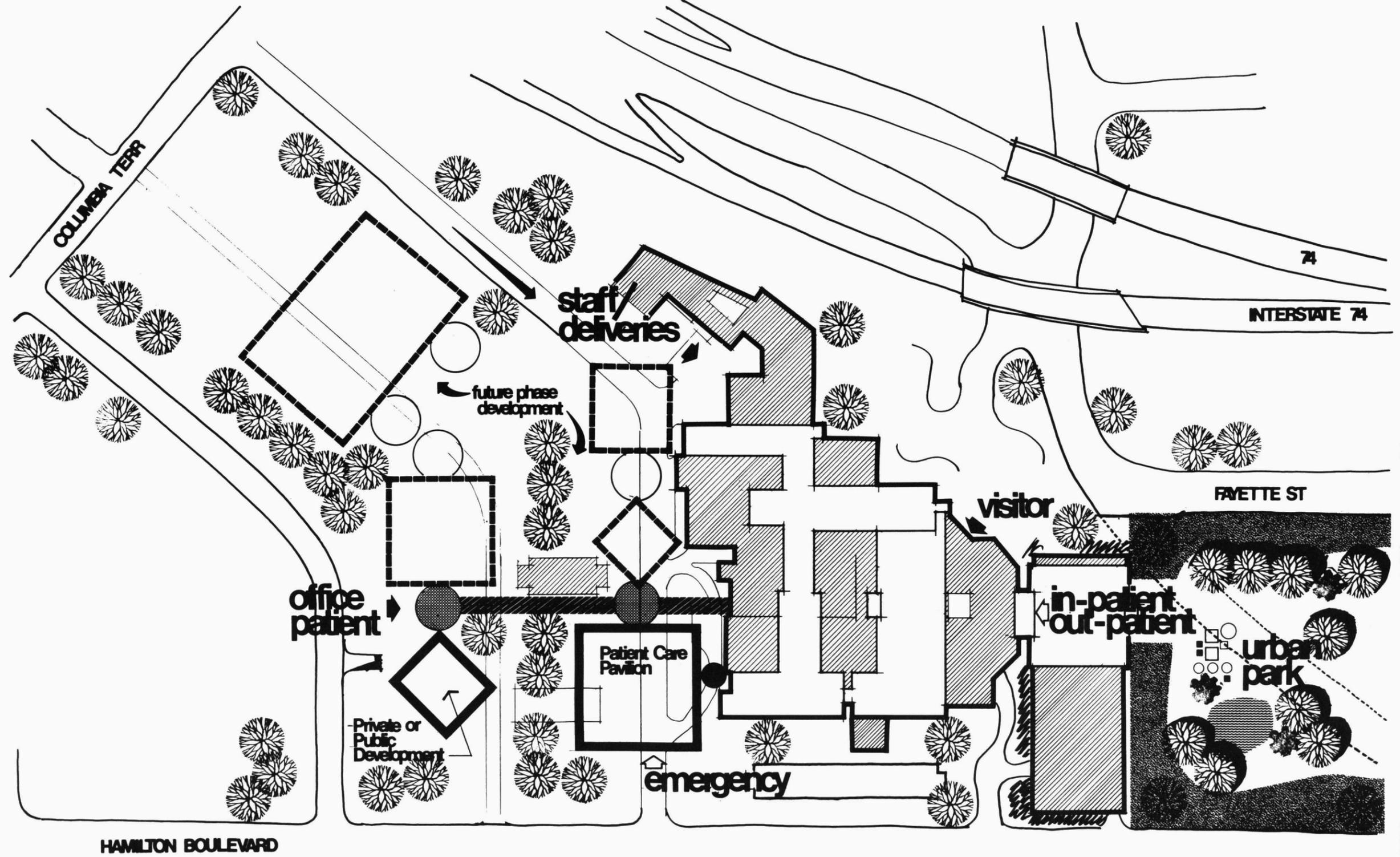
PHILLES SMIGER
ASSOCIATES
PEORIA, ILLINOIS

METHODIST MEDICAL CENTER
PHASE I - 1976-1979

The following five pages show the first phase of construction along the Crescent Avenue side of the Medical Center.

This phase of construction will call for the permanent closing of Crescent Avenue to through traffic and will be used entirely for the Medical Center's access.

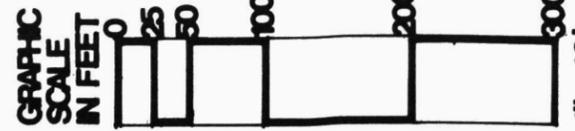
Various activities within the existing Medical Center will remain accessible to Crescent Avenue during this phase of construction, such as Laboratory, Dietary, Emergency, IPMR, and Personnel entrance.



Phase 1

NORTH ST

IMMEDIATE SITE PLAN



long range plan



HAMILTON BOULEVARD

RANDOLPH AVE

CRESCENT AVE

GLEN OAK AVE

GLOBE ST

methodist medical center

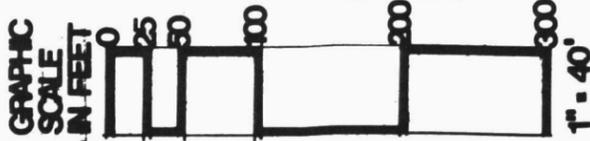
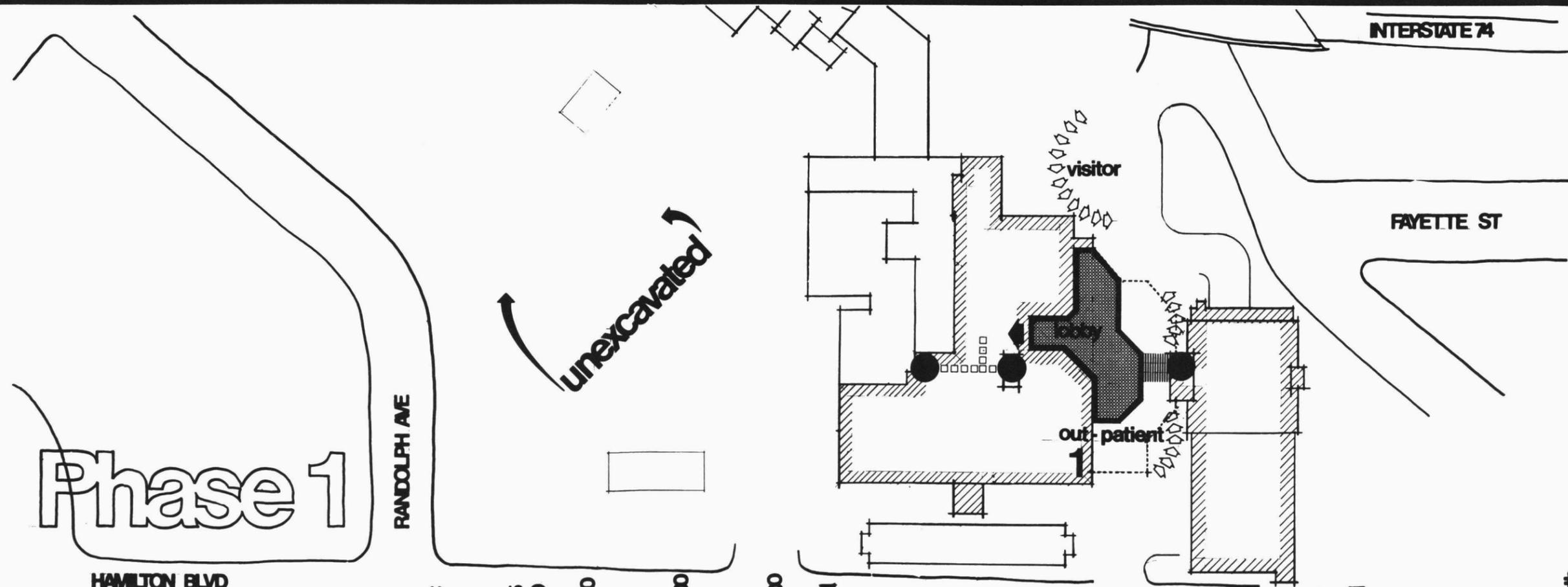
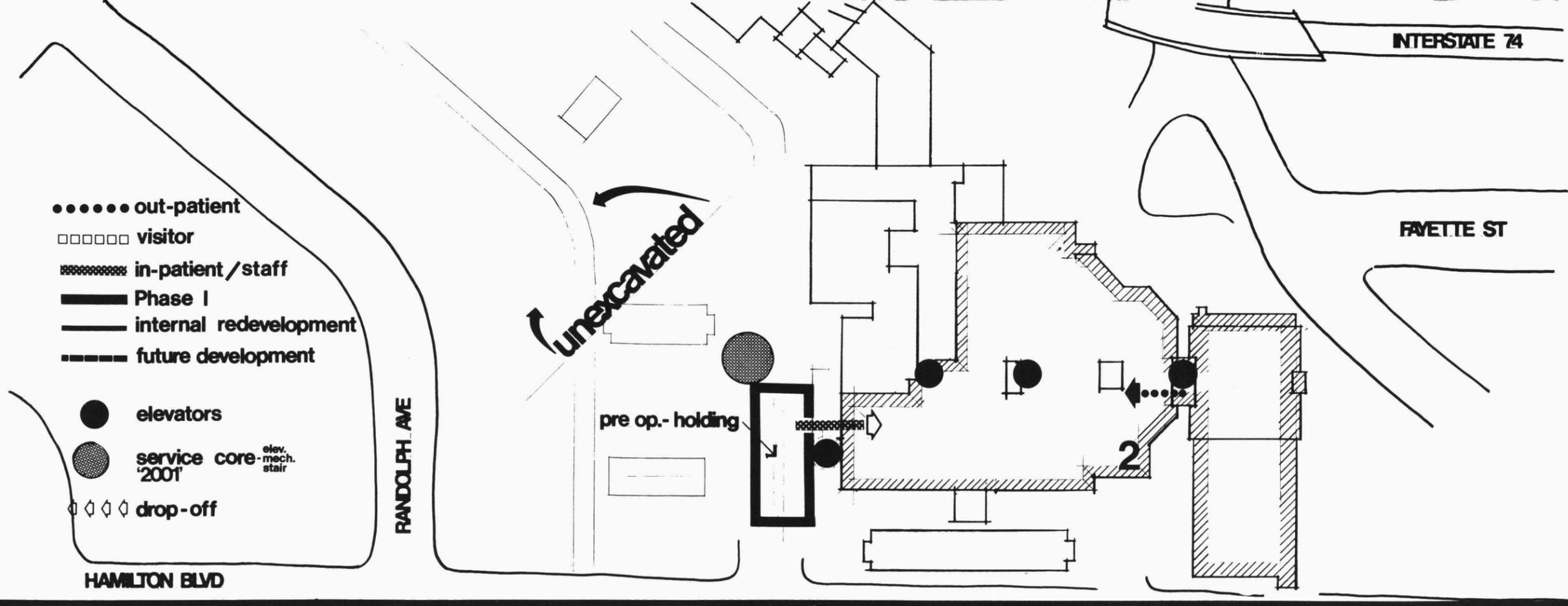
Gerhard Hartman, Ph.D.
Hospital Consultant

James K. Knobler
Methodist Medical Center

John E. Paulson
Methodist Medical Center

PHILLIPS SWAGER
ASSOCIATES
PEORIA, ILLINOIS

- out-patient
- visitor
- ▨▨▨▨▨ in-patient / staff
- ▬ Phase I
- ▬ internal redevelopment
- - - - - future development
- elevators
- service core '2001' elev. mech. stair
- ◇◇◇◇◇ drop-off



methodist medical center

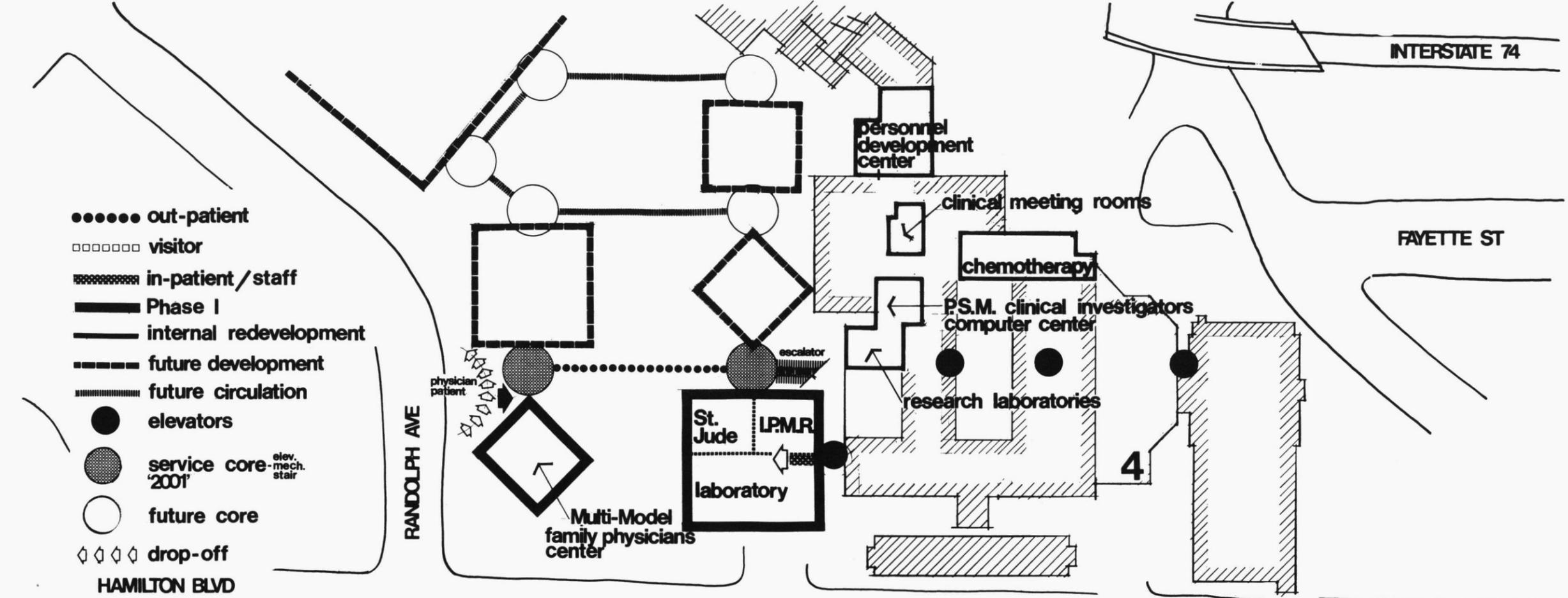
PHILLIPS SWAGER ASSOCIATES INC PEORIA, ILLINOIS

John E. Paulson Methodist Medical Center

James K. Knoble Methodist Medical Center

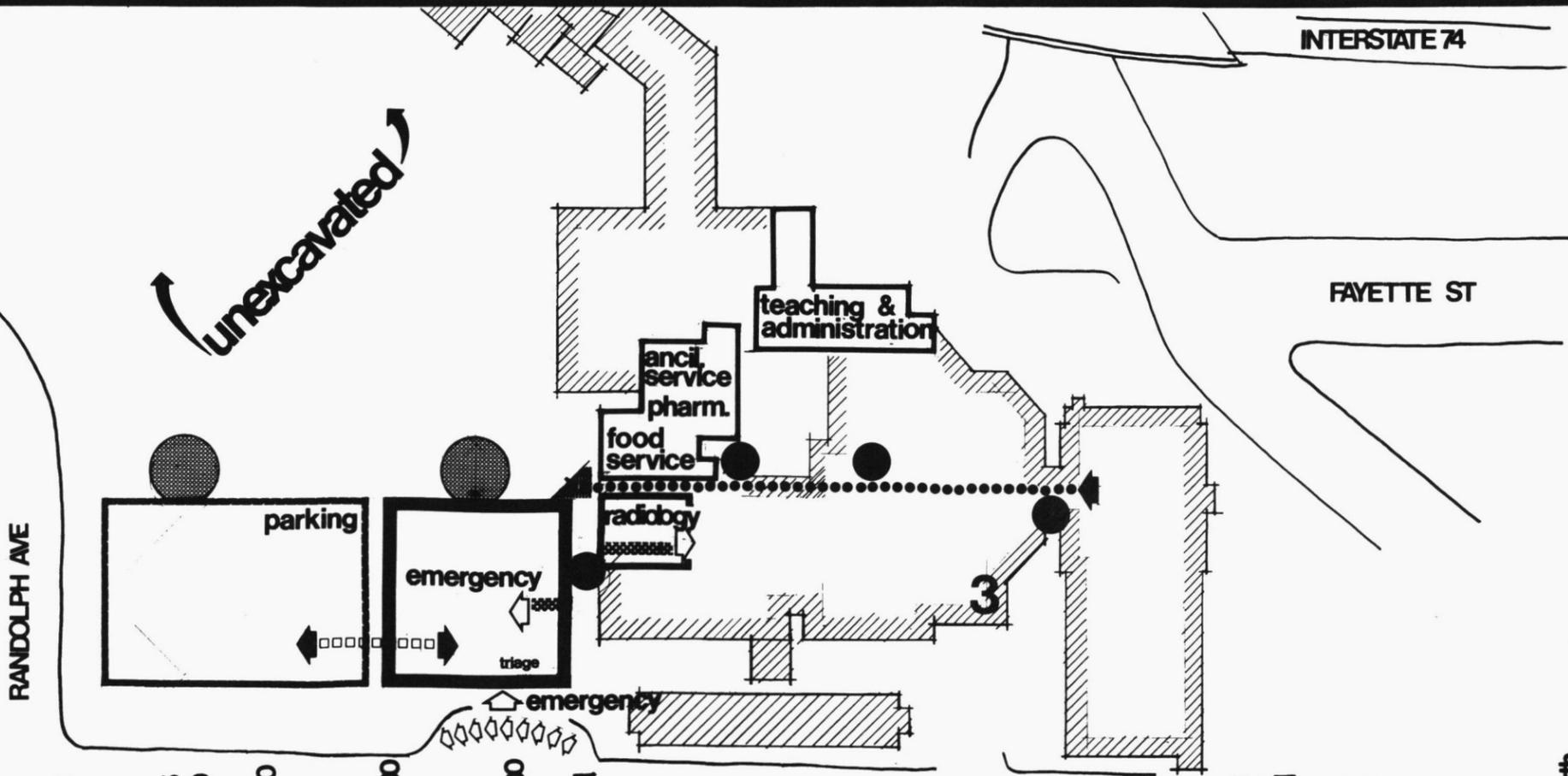
Gerhard Hartman, Ph.D. Hospital Consultant

- out-patient
- visitor
- ▨▨▨▨▨ in-patient / staff
- ▬ Phase I
- ▬ internal redevelopment
- ▬▬▬ future development
- ▬▬▬ future circulation
- elevators
- service core - elev. mech. stair '2001'
- future core
- ◇◇◇◇◇ drop-off

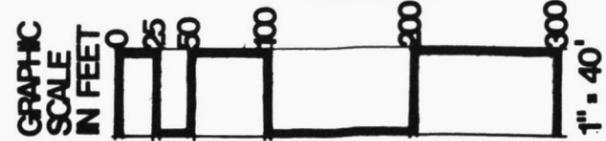


Phase 1

HAMILTON BLVD



DEPARTMENTAL FLOOR PLANS



long range plan



methodist medical center

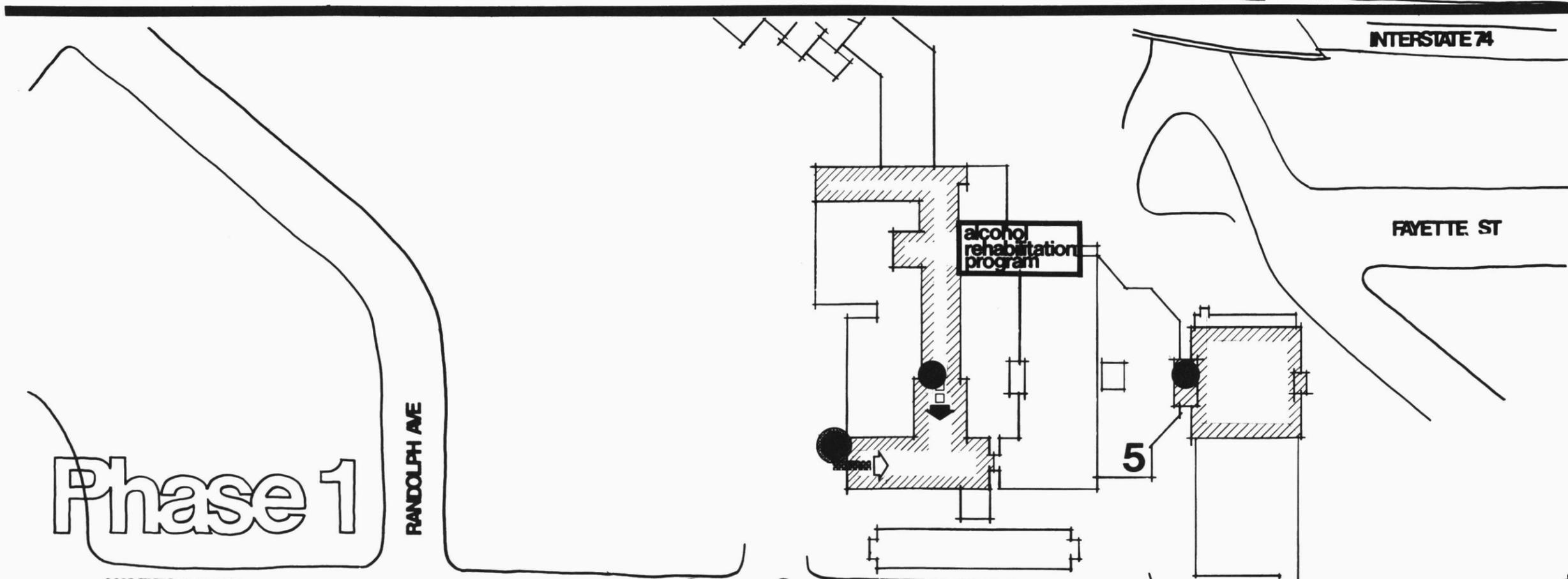
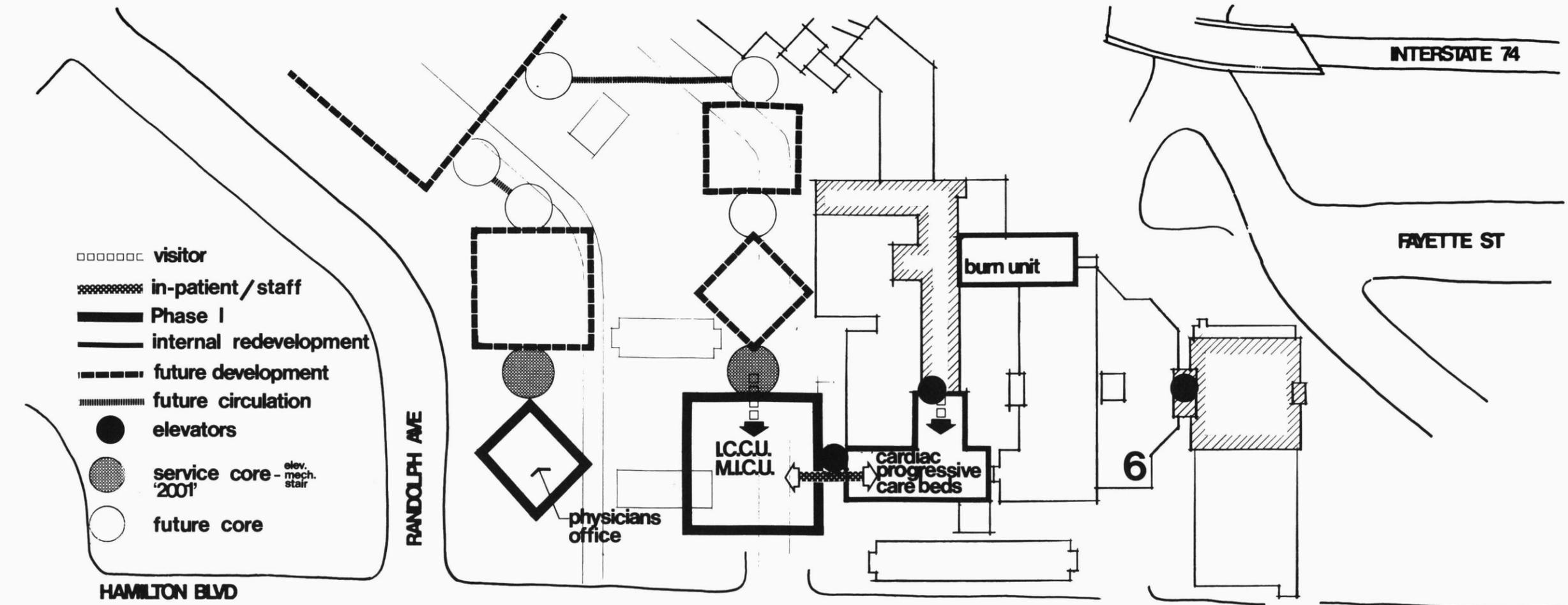
PHILLIPS SWAGER ASSOCIATES INC PEORIA, ILLINOIS

John E. Paulson
Methodist Medical Center

James K. Knobler
Methodist Medical Center

Gerhard Hartman, Ph.D.
Hospital Consultant

- visitor
- ▨▨▨▨▨▨ in-patient / staff
- ▬ Phase I
- ▬ internal redevelopment
- - - - - future development
- ▨▨▨▨▨▨ future circulation
- elevators
- service core - elev. mech. stair '2001'
- future core



Phase 1

DEPARTMENTAL FLOOR PLANS



long range plan



methodist medical center

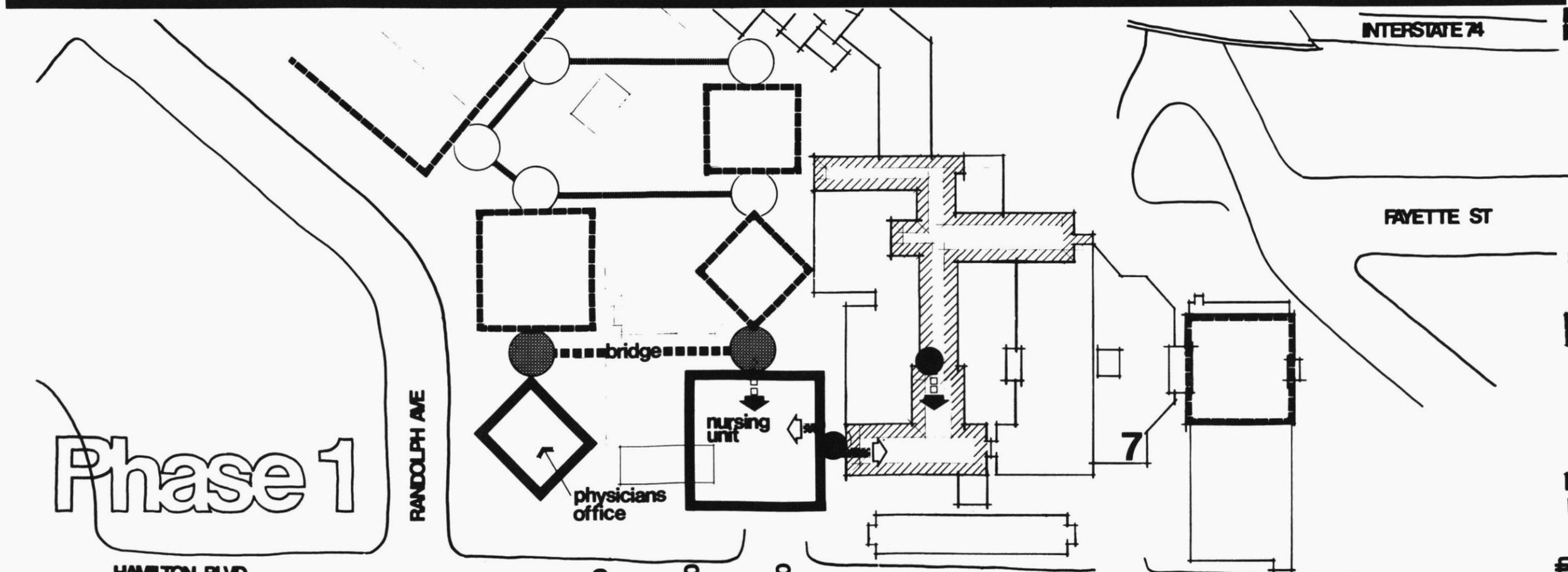
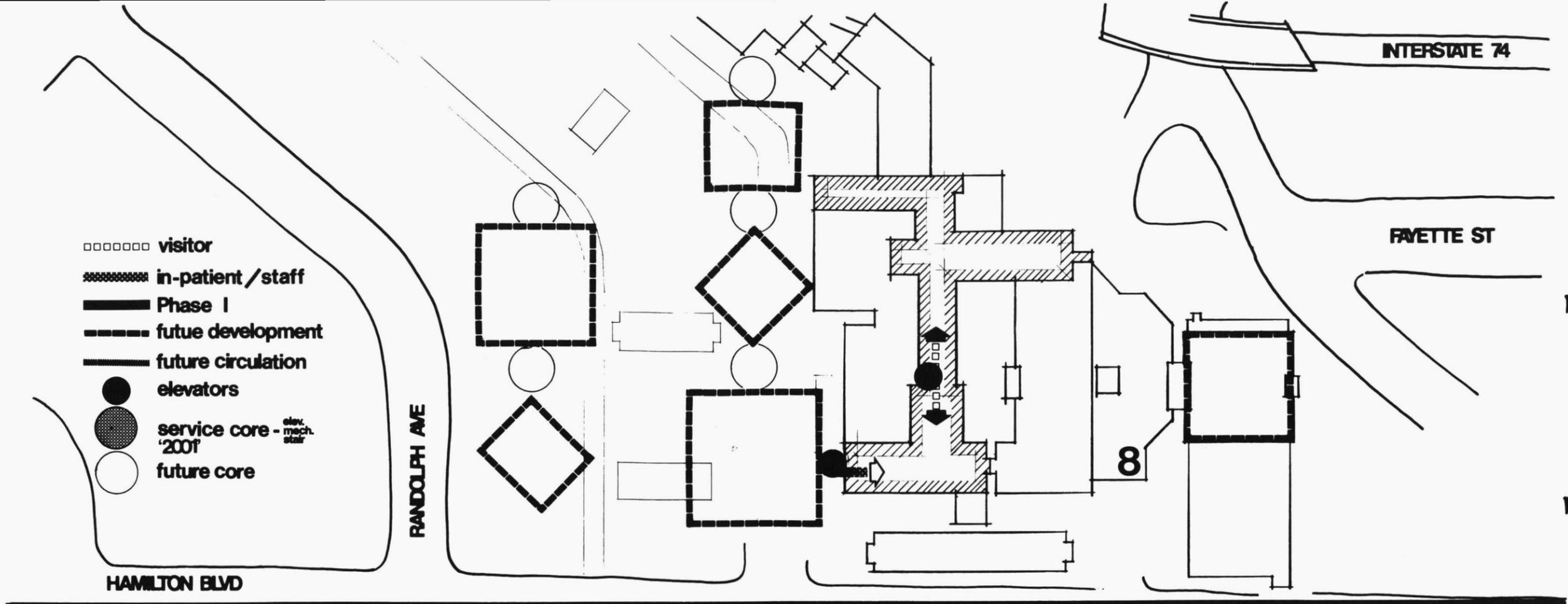
PHILLIPS SWAGER ASSOCIATES INC PEORIA, ILLINOIS

Gerhard Hartman, Ph.D. Hospital Consultant

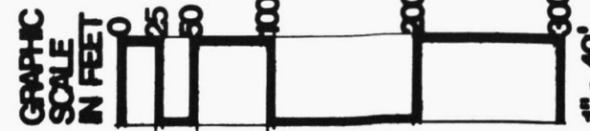
James K. Knoble Methodist Medical Center

John E. Paulson Methodist Medical Center

- visitor
- ▨▨▨▨▨▨ in-patient / staff
- ▬ Phase I
- - - - - futue development
- ▬ future circulation
- elevators
- service core - elev. mech. stair '200'
- future core



DEPARTMENTAL FLOOR PLANS



long range plan



methodist medical center

Gerhard Hartman, Ph.D.
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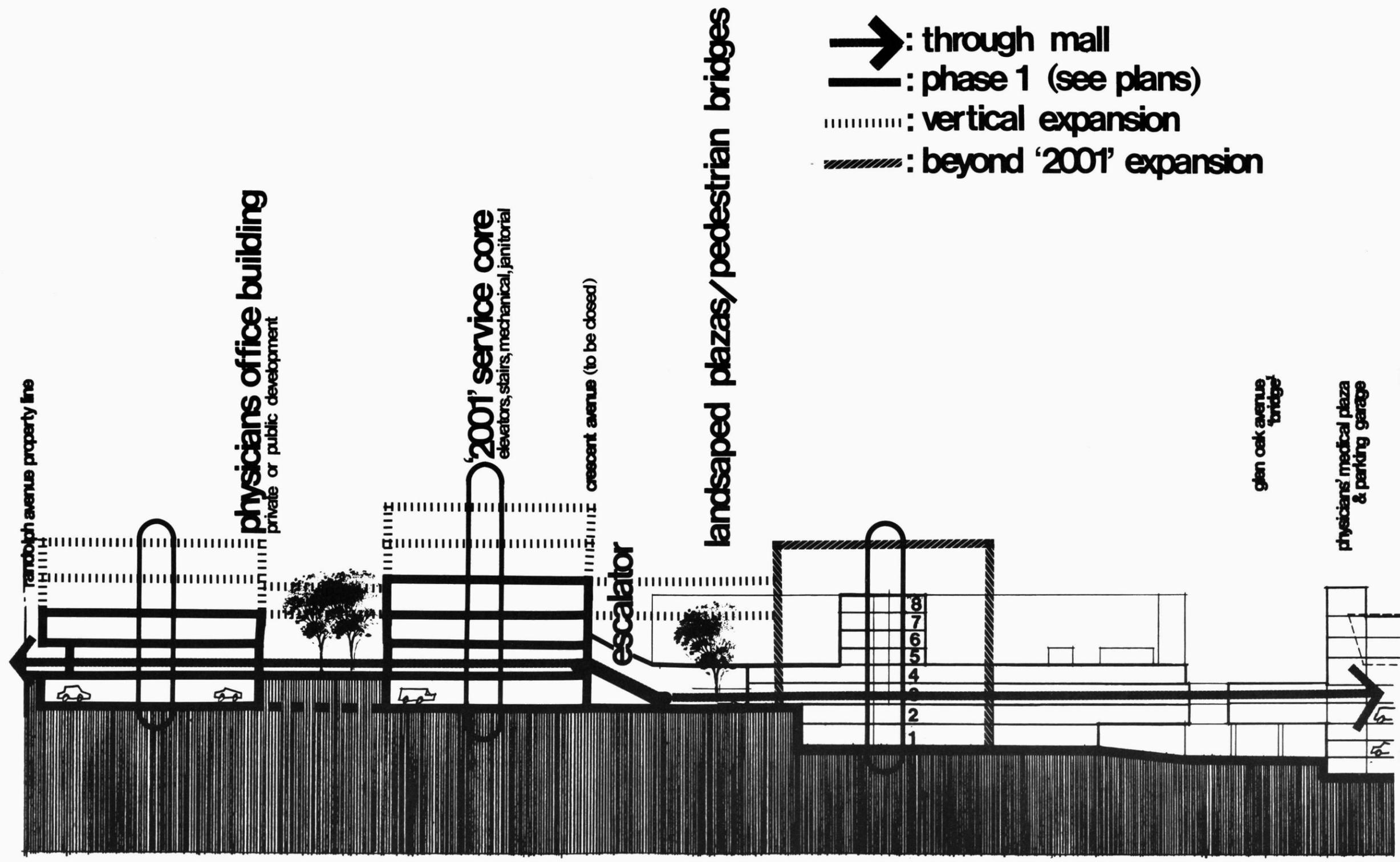
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PEORIA, ILLINOIS

METHODIST MEDICAL CENTER BUILDING SECTION

The following two graphics show a horizontal cut through the proposed new additions along Crescent Avenue and the flow of internal pedestrian traffic, both horizontally and vertically.



- ➔: through mall
- ▬: phase 1 (see plans)
- ⋯: vertical expansion
- ▨: beyond '2001' expansion

randolph avenue property line

physicians office building
private or public development

'2001' service core
elevators, stairs, mechanical, janitorial

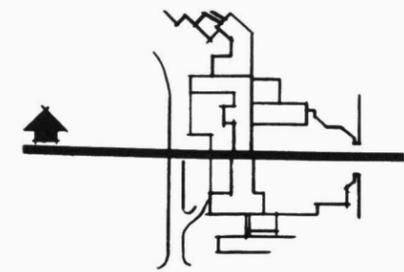
crescent avenue (to be closed)

escalator

landsaped plazas/pedestrian bridges

glen oak avenue
bridge

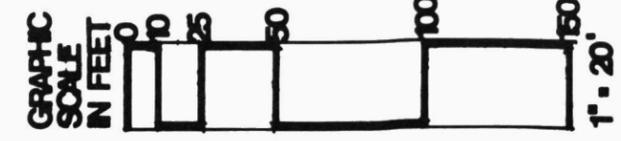
physicians' medical plaza
& parking garage



year 2001
and beyond - concept

NEW (1974-77) CONSTRUCTION

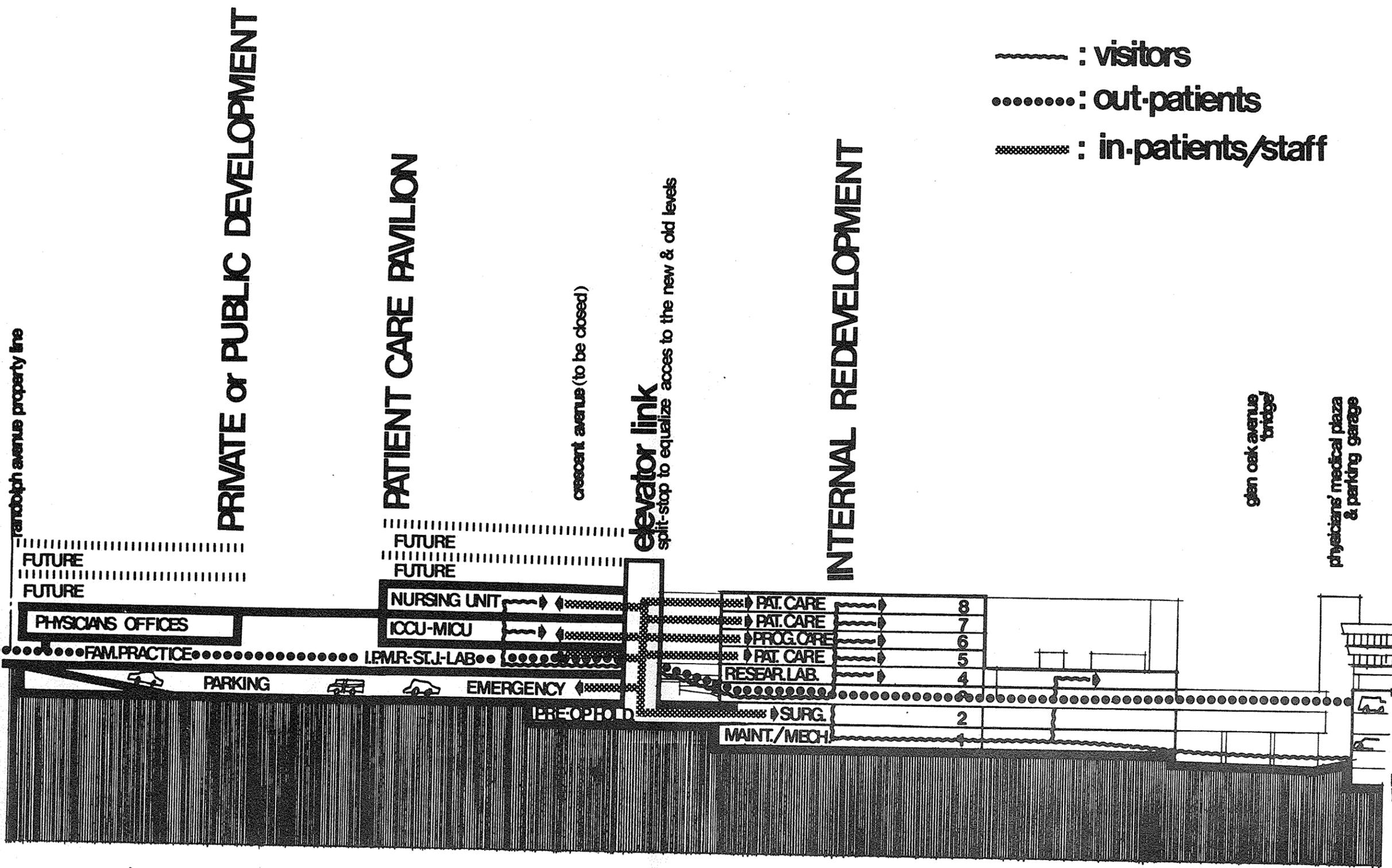
SITE SECTIONS



long range plan

methodist medical center

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 James K. Knobler
 Methodist Medical Center
 John E. Paulson
 Methodist Medical Center
 Gerhard Hartman, Ph.D.
 Hospital Consultant



- : visitors
- : out-patients
- : in-patients/staff

randolph avenue property line

PRIVATE or PUBLIC DEVELOPMENT

PATIENT CARE PAVILION

crescent avenue (to be closed)

elevator link
split-stop to equalize access to the new & old levels

INTERNAL REDEVELOPMENT

glen oak avenue bridge

physicians' medical plaza & parking garage

FUTURE
FUTURE

PHYSICIANS OFFICES

FAM. PRACTICE

PARKING

FUTURE
FUTURE

NURSING UNIT

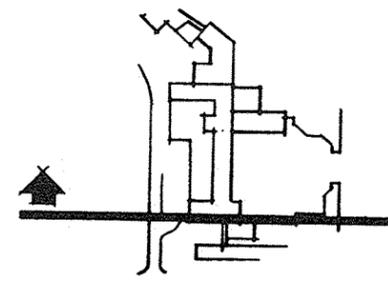
ICCU-MICU

IPMR-ST. J. LAB

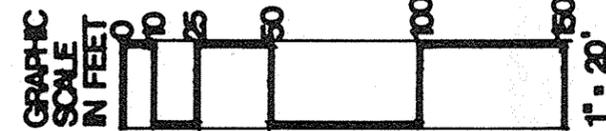
EMERGENCY

PRE-OP HOLD

PAT. CARE	8
PAT. CARE	7
PROG. CARE	6
PAT. CARE	5
RESEAR. LAB.	4
SURG.	2
MAINT./MECH.	1



SITE SECTIONS



PHASE 1 - FUNCTION & FLOW

long range plan

methodist medical center

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WEST BLUFF HISTORIC DISTRICT
Peoria County, Illinois

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