

United States Department of the Interior

National Park Service

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in the National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form*. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions.

1. Name of PropertyHistoric name: St. Luke General HospitalOther names/site number: Saint Luc French Immersion and Cultural Campus

Name of related multiple property listing:

N/A

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

2. LocationStreet & number: 225 Guidroz StreetCity or town: Arnaudville State: Louisiana County: St. LandryNot For Publication: ☐ Vicinity: ☐**3. State/Federal Agency Certification**

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

I hereby certify that this X nomination request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.

In my opinion, the property X meets does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance:

 national statewide X local

Applicable National Register Criteria:

X A B X C D**Signature of certifying official/Title:** Carrie Broussard, State Historic Preservation Officer **Date****Louisiana Office of Culture, Recreation, & Tourism****State or Federal agency/bureau or Tribal Government**

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

Signature of commenting official:

Date

Title :

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

4. National Park Service Certification

I hereby certify that this property is:

___ entered in the National Register

___ determined eligible for the National Register

___ determined not eligible for the National Register

___ removed from the National Register

___ other (explain:) _____

Signature of the Keeper

Date of Action

5. Classification

Ownership of Property

(Check as many boxes as apply.)

Private:

☒

Public – Local

☐

Public – State

☐

Public – Federal

☐

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Category of Property

(Check only **one** box.)

Building(s)	<input checked="" type="checkbox"/>
District	<input type="checkbox"/>
Site	<input type="checkbox"/>
Structure	<input type="checkbox"/>
Object	<input type="checkbox"/>

Number of Resources within Property

(Do not include previously listed resources in the count)

Contributing	Noncontributing	
<u>1</u>	<u> </u>	buildings
<u> </u>	<u> </u>	sites
<u> </u>	<u> </u>	structures
<u> </u>	<u> </u>	objects
<u>1</u>	<u> </u>	Total

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

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6. Function or Use

Historic Functions

(Enter categories from instructions.)

HEALTH CARE/Hospital

Public Hospital

Current Functions

(Enter categories from instructions.)

EDUCATION/Language School

WORK IN PROGRESS

7. Description

Architectural Classification

(Enter categories from instructions.)

MODERN MOVEMENT

International Style

Materials: (enter categories from instructions.)

Principal exterior materials of the property:

Foundation: Concrete slab

Walls: Steel, CMU block, masonry

Roof: Membrane

Windows: Aluminum

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Narrative Description

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

Summary Paragraph

The former St. Luke Hospital is a single story brick and block masonry building at 225 Guidroz Street in historic Arnaudville, St. Landry Parish. One of Acadiana's oldest remaining communities, it is situated at the confluence of Bayous Fusilier and Teche. The building occupies the majority of the irregular city block bounded by Railroad Avenue, Guidroz, Camp and Olive Streets. The hospital, the first built in Arnaudville, was constructed in 1967 in the Modernist International Style. It is approximately 30,000 square foot single story building, with an irregular footprint consisting of a central hall which runs north to south, with a perpendicular wing at its north end, and two perpendicular wings extending to the east and to the west of its south end. A 1979 renovation, executed with participation of the same architect and advisory board as the original construction, did not negatively impact the building's exterior historic integrity. The hospital closed in 1990, with the building most recently used as a senior care center. The site is currently being repurposed for use by the Saint Luc French Immersion and Cultural Campus.

Narrative Description

Setting

The hospital building occupies a nearly five acre campus, on blocks 55 and 56 within the original Arnaudville subdivision.¹ [Figure 1]. Arnaudville's municipality spans two parishes, St. Landry and St. Martin. The St. Luke hospital building is located in the St. Landry Parish portion of the town. It is located in an irregularly shaped square bounded by Railroad Avenue, Guidroz, Camp and Olive Streets, in the historic heart of the town. The cemetery belonging to the nearby St. Francis Regis Roman Catholic Church is just across Olive Street, as is the St. Francis Clinic building which is located across Olive Street from the former St. Luke Hospital and is currently occupied by Trinity Health. The clinic was established by Robert Louis Morrow, Sr, a local pharmacist and physician who was instrumental in securing the Hill-Burton funds for St. Luke.² To the west of the hospital campus is a post office, and north and south of the campus are modest mid-century homes. The site is located within the Deux Bayou Local Historic District, which

¹ St. Landry Parish Tax Assessor

² Obituary from Capital City Press, December 17, 1996. [Dictionary of Louisiana Biography - M - Louisiana Historical Association \(lahistory.org\)](http://www.louisianabiography.com/M-Louisiana/Historical-Association/lahistory.org)

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encompasses both residential and commercial sections of Arnaudville in both St. Landry and St. Martin Parishes.³ [Figure 2]

On the spacious campus is the approximately 30,000 square foot former hospital building, which most recently operated as a senior center. The building faces north towards Guidroz Street, with the front entrance accessed by a circuitous driveway. Three parking areas can be accessed from both Guidroz and Olive Streets. Mature trees surround both the north and south sides of the campus. Historic aerial photographs show that these trees were planted at the time of the hospital construction. The surrounding area was only sparsely inhabited at the time of the hospital's creation, with a now defunct railroad running to the west of the site, and the expanded historic cemetery to the east. A helipad, installed in 1987, lies to the south of the building.

Exterior Physical Description

The hospital's size at time of construction in 1967 was approximately 19,000 square feet. It is a steel frame and masonry building built on a concrete slab. The footprint of the building consists of two wings of irregular shape and size, one spanning the north elevation and one spanning the south, connected by a narrower central corridor. It is a single story masonry building with a flat roof membrane. The red brick walls of the exterior facades are interrupted by a series of fixed casement windows, flanked by raised masonry designs. Broad metal flashing wraps around the edge of the flat roof, accentuating the building's horizontal emphasis.

North Elevation

The main entrance bay is centered on the north facing wall and has two doors, surrounded by fixed picture windows [Photo 014]⁴. The entrance is sheltered by a broad, low porte cochère overhang. The porte cochère is supported by sturdy masonry columns. West of the entry bay on the north elevation are seven aluminum framed, four-paned single sash windows, each bordered by a raised masonry design. East of the entry bay on the north elevation are no window openings, but instead a series of horizontal masonry designs. These design elements were created through the placement of decorative raised masonry designs, which extend from the ground to the top of the wall. Within alternating panels are contrasting geometric shapes applied to the wall's surface. The simple geometric shapes and low, flat roof creates a feeling of horizontality frequently emphasized in single story International Style buildings. The modular visual effect by the arrangement of windows and opaque panels creates a modular grid. Although raised masonry patterns create visual interest, there is a notable lack of ornamentation. One of the most striking features is the overhang, supported by wide brick columns. The substantial nature of these columns is almost Brutalist in its effect [Photo 002].

³ [HP Cultural Resources Map \(arcgis.com\)](#)

⁴ Refer to accompanying photo key and photo log for photo references.

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East Elevation [Photo 004]

Visible on the east elevation, which faces Olive Street, is the east facing wall of the north wing, and the east facing wall of the south wing. A space between the two wings is occupied with various mechanical and maintenance equipment. Two metal entrance doors are located on each of the wing's east facing walls, which once served as the hospital's emergency entrance. Two aluminum casement windows are visible on the north-facing wall of the south wing's east extension.

South Elevation [Photo 007]

Visible from this elevation is the south-facing wall of the east and west south wings, which are subtly angled away from the central mass of the building. There are no entrances on this elevation. The pattern of windows is continued as on the north elevation, with twenty-four aluminum framed, four-paned single sash windows, each bordered with a raised masonry design. Located just south of the building is a cement helipad.

West Elevation [Photo 010]

Visible on the west elevation, facing West Railroad Avenue, is the west facing wall of the north wing and the west facing wall of the south wing. The western portion of the north wing is wider than the eastern portion, and meets the north facing wall of the south with space between the adjoining wings for one double-doored entryway. The window fenestration pattern is continued along this north facing wall of the south wing, with nine aluminum framed, four-paned single sash windows, each bordered with a raised masonry design. On the west facing wall of the south wing is another double-doored entry bay.

Interior & Integrity

St. Luke General Hospital is a strong local example of the modernist architectural styles associated with hospitals built under the Hill-Burton Act, 1946-1975. Situated on the original site in a predominantly residential section of Arnaudville among low rise, modest housing and a small community clinic that defined the neighborhood within the period of significance, the resource retains integrity of location and setting. Integrity of design, materials, workmanship, and association can be seen through the construction of the first portion of the hospital as well as its additions.

Elements of the International style remain clearly visible and recognizable on the exterior, with the interior reflecting the building's history as a health care facility. This primacy of function is a character defining feature of the International Style, and is still visible today. The interior hallway walls are painted CMU blocks, and hallway floors are clad in linoleum tiles. [Photo

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025]. The building retains its original floor plan and layout, with offices and patient rooms flanking the double loaded main halls. Original plaster ceilings appear mostly intact, although the majority are concealed above acoustic tile drop ceilings. The historic wood paneling in the office is intact, as are distinctive floor and wall tiles in many bathrooms. [Photo 016, 067] The intact flooring, interior walls, interior window frames, and ceilings are all character defining features that associate the building with its original function as a midcentury healthcare facility. The International Style, which is expressed partially through a low-rise, horizontality as well as an emphasis on functional materials and non-ornamented design, is also expressed in the interior through the unplastered masonry block interior wall surfaces, low ceilings, and practical floorplan.

Newspaper articles from the period of the hospital's construction describe a variety of specific functional spaces within the facility, including a laboratory with a sanitizing station, an obstetrics room, a kitchen, an X-Ray room, an operation suite, and private patient rooms. The X-Ray room, and its adjacent waiting room and exposure room, all retain a majority of the equipment and furniture that identifies their former function. The surgical suite retains stainless steel cabinetry that identifies its former function. Other areas, such as the patient rooms, nurse's station, office, and cafeteria, all retain furniture, features, and historic signage to verify these room's original functions. Signage currently on the interior rooms aligns a majority of the time with an undated, ca.1980s floor plan provided by the building's owners. While the majority of the indicated historic functions date to the post-1990 senior care facility period, the X-Ray rooms and surgical suite appear to have been simply locked up and left as-is when the hospital closed. The patient rooms, offices, nurse's station, and dining areas continued to be used unaltered after the transition from hospital to senior care center. The large storage area still contains decommissioned medical equipment and records from the hospital era of the building. Changes to the interior are limited to change in use, with no major changes to the floor plan or general design visible: for example, former exam rooms are being converted to activity rooms for use by the language school, but the floors, walls, bathroom fixtures, and floorplan remain unchanged.

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8. Statement of Significance

Applicable National Register Criteria

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

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

Criteria Considerations

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

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

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Areas of Significance

(Enter categories from instructions.)

ARCHITECTURE

HEALTH/MEDICINE

Period of Significance

1967-1975

Significant Dates

1967 - Original construction

1979 - Construction of addition

1990 - Closure of hospital

Significant Person

(Complete only if Criterion B is marked above.)

Cultural Affiliation

Architect/Builder

1967:

Perry Segura & Associates, architect

S. J. Lemoine, Inc., builder

1979:

Segura & Beyt, architect

Commercial Construction Co., builder

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

St. Luke General Hospital is locally significant under the National Register Criterion A for Health/Medicine. The hospital was built as a direct result of the 1946 Hill-Burton Hospital Construction Act, a federal legislation in place from 1946-1975. The far-reaching federal act had an immense impact on the broad trends of development in rural, low per-capita income areas, particularly in the South. The construction of the modern hospital in Arnaudville had a significant impact upon the broad trends of development in the region. The building is also significant under Criterion C, Architecture, as it is a strong local example of the Modern International Style of hospitals built under the Hill-Burton Act. To date, there are only eight Louisiana hospitals listed on the National Register of Historic Places, and only two of these are structures built in the International Style.⁵ Many local hospitals built with Hill-Burton funds in the 1946-1975 era have been demolished or heavily altered. It is an excellent example of a local hospital constructed with Hill-Burton funds, and of how the hospital changed and adapted over the decades after its construction. It retains its historic setting in the center of Arnaudville, with a collection of midcentury homes across Guidroz and the associated former St. Francis Clinic building across Olive Street. The building retains its historic integrity in both the interior and exterior. In a 1967 photograph, the front elevation presents the same character defining features as it does today: the porte cochere sheltering the main entry way, the aluminum windows, and the raised masonry design panels [Figure 3]. The building would still be immediately recognizable today to someone from that era. The period of significance is defined as beginning in 1967 with the construction of the hospital and ending in 1979 with the construction of the final additions.

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

Criterion A: Health/Medicine

Mid-Century Health Care and the Hill-Burton Act

Prior to the mid-20th century, many hospitals in Louisiana were operated by charitable and religious organizations. These hospitals, such as Charity Hospital in New Orleans, often had

⁵ The two listed International Style hospitals are the Methodist Home Hospital and the Franklin Foundation Hospital. [National Register of Historic Places Database \(state.la.us\)](https://www.nps.gov/subjects/nationalregister/database.cfm)

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large general wards in which many patients would share a single space. These large hospitals were typically located in urban areas, with rural dwellers relying on family physicians or small clinics. Immense changes came to the health care system with the 1946 Hill Burton Hospital Construction Act. This far-reaching federal legislation sponsored hospital and clinic construction in underserved areas, particularly in the south. Between 1947 and 1970, 4,678 hospitals were built with funds from the act.⁶ Rural communities such as Arnaudville were immensely impacted by the Hill-Burton program, and by the Council of Rural Health. The \$540,000 construction of St. Luke General was subsidized by Hill-Burton funds to cover about half of the cost, with the remaining cost covered by a special bond approved by voters of the district.⁷ Acquisition of these funds was organized largely by Robert Louis Morrow, a local pharmacist and physician.⁸ The Hill Burton Act also aimed to set new standards for healthcare facilities. Guidelines were set with a minimum number of beds needed per capita, and to incorporate new health technology such as electrocardiograms, vaccines, and specialty testing in clinics.

The Civil Rights Act of 1964, which officially desegregated all federally funded facilities, benefited millions of people. After the 1964 ruling, hospitals built with Hill Burton funds began to adapt to the law and update their operations.⁹ Further dramatic changes to the health care system ensued with the establishment of Medicaid and Medicare in 1965. With these acts, many people were granted health insurance for the first time, and greater access to care. Implemented in Louisiana in 1966, these programs offered a stream of federal revenue to hospitals provided they meet the requirements of the Civil Rights Act of 1964, serving as further push for integration. With cost reimbursement available through Medicaid and Medicare, patients no longer depended on privately funded “free care”. Hospitals could now effectively operate as competitive service vendors instead of charity institutions or “teaching schools.” The percentage of persons in the United States with hospital insurance, just 24% in 1945, rose to 67.8% in 1960, and 77.5% in 1970.¹⁰ In 1970, the president of the Hospital Corporation of America, Dr. Frist, stated “more and more people are presenting themselves for medical attention. These are people who used to stay home but since Medicare are now coming to the hospitals.”¹¹ These sweeping societal changes brought more patients into hospitals than before, creating an opportunity for hospital like St. Luke to thrive.

⁶ Rosemary Stevens, *In Sickness and in Wealth: American Hospitals in the Twentieth Century*: 218

⁷ *Daily World* November 5, 1967: 25.

⁸ Obituary from *Capital City Press*, December 17, 1996. [Dictionary of Louisiana Biography - M - Louisiana Historical Association \(lahistory.org\)](http://www.louisianabiography.com/biography.php?id=1024)

⁹ Kevin McQueeney, *The City that Care Forgot: Apartheid health Care, Racial Health Disparity, and Black Health Activism in New Orleans*, 1718-2018: 216

¹⁰ Health Insurance Association of America, 1988 Update, *Source Book of Health Insurance Data*, table 1.2 From US Department of Commerce, Bureau of the Census, Statistical Abstract of the United States, 108th ed., table 2, page 7.

¹¹ *Times-Picayune*, February 28, 1970

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History of St. Luke Hospital

The First Hospital Service District of the Parishes of St. Landry and St. Martin purchased the parcel of land where St. Luke is located in 1965.¹² This district was cooperatively established two years prior.¹³ Construction began on the St. Luke General Hospital in 1966 and it officially opened in November 1967, as the cornerstone of the First Hospital Service District of St. Martin-St. Landry Parishes.¹⁴ From its inception until its closure in 1990, the hospital operated as a not-for-profit facility governed by a board of directors selected by St. Martin and St. Landry police juries, and a board selected administrator.¹⁵ [Figure 4]. When St. Luke General Hospital was constructed, it served both St. Landry and St. Martin Parish as the first in the Arnaudville region. The area across parish lines was rural and underserved by public services like medical care facilities. Previously, citizens of the Arnaudville region relied on small community clinics, family doctors, or traveled to larger cities with hospitals. A 1953 publication cited only two clinics in Arnaudville at that time: the Dr. Louis Weinstein Clinic, and the St. Frances Cabrini Clinic, where Dr. Robert Morrow worked as a physician before going the St. Luke's hospital board.¹⁶ The construction of the hospital not only brought access to emergency care and doctors, but access to specialists and specialized testing with new technology. The new hospital created jobs and changed the quality of life of residents of both parishes by providing them access to the latest medical technologies.

The modern building with its spacious campus changed the architectural landscape of downtown Arnaudville. Originally 19,000 square feet, the hospital was designed to accommodate twenty-five patient beds, with the ability to increase to forty in an emergency. Each of the twenty-five patient rooms was equipped with an audio-visual nurse call system, electric bed, television set, and oxygen tank to pipe oxygen directly into the room. The building was equipped with the latest medical technologies including X-Ray machine rooms with lead-insulated walls and breathing machines [Figure 5]. The operating room had "special conductive terrazzo flooring," to protect against static electricity. The operating room retains its sanitary tiled walls and stainless steel cabinetry. The nursery area, directly adjacent to the nurse's station, had the new "Bennet Machine," an intermittent breathing apparatus. Instead of a large general ward, St. Luke's had

¹² eClerks: Instrument Number 511286, Book Q-14/Page 81
May 12, 1965 sale

¹³ Instrument number 1153949, February 21, 2017
Vendor: St Landry Parish, St. Martin Parish
Vendee: cooperative Endeavor Agreement

¹⁴ *Daily World* November 5, 1967: 25.

¹⁵ *Daily World* January 31, 1988: 37, plaque installed at site.

¹⁶ Roger Baudier, *One Hundred Years Around Bayou Fuselier*: 98.

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only private patient rooms, providing comfort and privacy for patients. Multiple different exam rooms, treatment rooms, and waiting areas allowed for further privacy. The X-Ray area, in the heart of the building, was supplemented by its own waiting room, exposure room, and consultation room, emphasizing the importance of this new technology to the function of the hospital. The surgical suite has an en suite bathroom, and joined the doctor's and nurse's lounges.

The hospital continued to improve throughout the 1960s and early 1970s. In 1972, they received an electro-cardiogram machine, the first in the area.¹⁷ The arrival of the EKG represented health care technology advancement and an opportunity for local (rural) people to receive preventative and exploratory testing within a specialized field of medicine; they no longer had to go to Baton Rouge or New Orleans. The hospital hosted community events including free blood typing and demonstration of equipment such as the new Bennett brand breathing machine. The hospital also had its own telephone switchboard, one of the first operated by the Breaux Bridge Telephone Company. In 1969, Doctors Earl Morrogh and Robert Morrow moved into a new building on Olive Street adjacent to the hospital to accommodate specialty practices associated with St. Luke's, such as podiatry. This one story steel and brick Prairie-style building contained offices, a pharmacy, drugstore, and religious store.¹⁸ Today, the building still houses medical offices.

In 1976, an expansion of the hospital to accommodate fifteen more beds was first proposed by hospital administrator Aaron Kidder, at a projected cost of \$600,531.¹⁹ This was likely a response to general population growth in the area, as Louisiana's population grew by 15% between 1970 and 1980.²⁰ In 1977, Kidder applied for and received accreditation for the hospital from the Joint Commission on Accreditation of Hospitals.²¹ In 1978, the cooperative hospital district approved a resolution issuing \$400,000 of hospital bonds for improvements to the hospital.²² Groundbreaking ceremonies for the expansion took place in August 1978. Ultimately the expansion completed in 1979 added eight new patient rooms, new physical therapy and respiratory therapy departments, and expanded the cafeteria area.²³ [Figure 6, 7]. The east and west wings were both extended to accommodate the new patient rooms. The new rooms are nearly identical in size and style to the existing rooms, and the demarcation of the 1979 additions to the wings is noticeable only by a slight change in style of the ceramic tile floor trim. In the

¹⁷ *Daily World* October 4, 1972: 18

¹⁸ *Daily World* September 10, 1969: 2

¹⁹ *Daily World* July 18, 1976: 21

²⁰ U.S. Census Bureau: Historic Census Data for Louisiana, 1970 and 1980.

²¹ *Daily World* June 5, 1977: 24

²² Instrument number 617126, MOB 499/200, January 17, 1978

A resolution issuing \$400,000 of hospital bonds for improvements to the hospital.

²³ Approximately 4,800 hospitals nationwide chose to and were able to meet JCAH standards. *Daily World* August 27, 1978: 23

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cafeteria addition, the former exterior wall was repurposed as an interior wall dividing the newly expanded kitchen from the new dining area. On the exterior, these additions are visually indistinguishable from the original, copying the material, workmanship and style, including the distinctive masonry window borders.

St. Luke had the honor of being the only hospital from Louisiana, and the only hospital with fewer than one hundred beds selected to represent the organization at their 1981 symposium. In the mid 1980s, new restrictions on Medicaid and Medicare payouts began to exert a negative effect on rural health care facilities, including St. Luke's. This economic pressure, combined with general population flight from rural areas nationwide, made the situation financially untenable for many rural hospitals. Between 1985 and 1987 at least 240 community hospitals across the country had closed, with 11 of those in Louisiana in 1987 alone.²⁴ At St. Luke, about 89% of their patients were on Medicaid or Medicare.²⁵ In 1987, St. Luke signed a management contract with Opelousas General Hospital in an effort to keep the facility afloat. Although the number of daily patients increased after this management change, the cash flow problem persisted. In 1988, a ten year special tax millage was proposed to voters to maintain hospital operations, without which administrators warned the hospital could be forced to close. "The hospital has been losing money since 1982," said administrator Tom McElree.²⁶ "Rural hospitals are in trouble these days and we needed more sophisticated management, more know-how and better buying power," said hospital board member and physician Robert Morrow.²⁷ The tax 1988 millage was successful, but just two years later the hospital announced closure.²⁸

Historical Context: Mid-Century Health Care

The Hill Burton Act, and the hospitals and health clinics constructed under its auspices, had an immense impact on the broad trends of development in rural, low per-capita income areas, including in Arnaudville. As well as changing the historic town's architectural landscape, the facility brought new careers and increased access to health care. The \$540,000 construction of St. Luke General was subsidized by Hill-Burton funds to cover about half of the cost, with the remaining cost covered by a special bond approved by voters of the district.²⁹ Acquisition of these funds was organized largely by Robert Louis Morrow, a local pharmacist and physician.³⁰

²⁴ *Daily World* March 2, 1981: 14

²⁵ *Daily World* March 2, 1981: 14

²⁶ *Daily World* October 9, 1988: 5

²⁷ *Daily World* January 31, 1988: 37.

²⁸ The building reopened in 1991 as the Teche Recovery Center, a mental illness treatment facility, and several years later changed hands again to the St. Landry Council on Aging's Dining Center. The Dining Center used the building until about 1997, at which time it became vacant.

²⁹ *Daily World* November 5, 1967: 25.

³⁰ Obituary from *Capital City Press*, December 17, 1996. [Dictionary of Louisiana Biography - M - Louisiana Historical Association \(lahistory.org\)](http://www.lahistory.org)

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The Hill Burton Act also aimed to set new standards for health care facilities. Guidelines were set with a minimum number of beds needed per capita, and to incorporate new health technology such as electrocardiograms, vaccines, and specialty testing into clinics.

When Hill-Burton funds were first implemented directly after the end of World War II, these standards reflected pre-war design guidelines.³¹ However, by the time St. Luke was constructed in the late 1960s, new guidelines were in place. Many shifts in mid-century hospital design standards were reflections of modernized medical technology. Hospitals built before the advent of air-conditioning, such as Charity Hospital in New Orleans, were designed around principles of air flow, with as many windows as possible, and large open wards. In modernized twentieth-century hospitals, individual patient rooms were prioritized over large wards, these rooms were made comfortable by modern amenities. The possibility of small, comfortable rooms that were individually climate controlled allowed for floor plans less centered around airflow, such as St. Luke's unique floor plan. The widespread use of antibiotics freed hospitals from design limitations based on preventing the spread of disease within the hospital.

Designers now sought controlled, comfortable interior spaces. With the advent of air conditioning, windows were no longer necessarily operable. St. Luke featured comfortable private hospital rooms with en suite bathrooms. It was more reminiscent of an office building than a major hospital like Charity Hospital of New Orleans, with a focus on interior spaces and amenities. Sanitation was emphasized, as was comfort. Central air and heat, backed up by an emergency power generator, provided climate control to the entire building.

The modern design also reflected the optimism of the historical period. St. Luke was described at the time as "in the latest motif...architecturally, the latest of its kind in the state."³² No technological advantage was overlooked, and it was called "the most modern, if not the best, in the state."³³ While urban charity hospitals were seen as places of death and disease, St. Luke and rural community hospitals like it represented a place to heal and be well. The east and west wings, containing the patient rooms, are located away from the surgical suite on the north side of the building, and from the emergency entrance, which was located near the surgical suite on the east side of the building. The patient rooms each have a window looking south onto the spacious lawn, promoting an idea of peace and rest.

³¹ Kisacky: 340

³² *Daily World* November 5, 1967: 25.

³³ *Daily World* November 5, 1967: 25.

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St Luke General Hospital and the International Style

Architectural historians Jonathan and Donna Fricker note that modernism in Louisiana's commercial and industrial buildings was not "up-to-date" compared to other regions, with more examples of holdovers from Art Moderne and traditional International Style appearing later into the 1960s. St. Luke General Hospital was constructed in 1967 with holdover elements of the International Style that emerged in the 1930s and was generally considered outmoded by the late 1960s in cosmopolitan urban areas. Its features most closely associated with the International Style are its strongly horizontal feel, substantive exterior walls (as opposed to curtain walls), and modest ornamentation created by brick patterns, in particular the raised brick borders around the windows. The one-over-one aluminum windows, recessed behind heavy banded cornices, are present on all elevations. The minimally articulated flat roof, and periodic blank brick wall segments between windows also fit with the style. The entry bay's aluminum framed storefront-style entry door with adjacent aluminum framed picture windows creates a visual modular effect.

Perry Segura & Associates, became the architect for St Luke's with S. J. Lemoine, Inc. as the general contractors and Bankston Associates as consultants. St. Luke General bears more similarity to school designs than it does to a typical hospital from the period. Louisiana elementary schools from the modernist period were almost universally single story flat roofed brick veneer buildings. This is congruent with Perry Segura's work as he was primarily commissioning school buildings during the period of construction of St Luke. In 1966, Perry Segura & Associates constructed a new multi-story dormitory in the International Style at Louisiana State University,³⁴ [Figure 8], and LSU announced a new law center designed by him in 1967 [Figure 9], and a veterinary school in 1968.³⁵ Other notable non-hospital construction includes the Ellender Memorial Library at Nicholls State University in 1975. Only later in his career, during his remodel of St. Luke, was his firm focused on hospital construction. Segura's firm constructed the Earl K. Long Memorial Hospital in Baton Rouge in 1972, the South Louisiana Medical Center in 1973, and the E. A. Conway Memorial Hospital in Monroe in 1979.³⁶

Segura & Beyt served as the architect for the 1979 additions while Commercial Construction Co served as the general contractor. The 1979 renovation expanded the hospital by extending the east and south wings, increasing the number of patient rooms by twelve. An addition was also made to the cafeteria area, with a new dining all annexed to the west elevation between the north and west wing, allowing for expansion of the kitchen and additional storage area.

³⁴ *The Daily Reveille*, May 14, 1965: 1. Louisiana Digital Library.

³⁵ *The Summer Reveille*, July 25, 1967: 1

³⁶ David Treen Papers, Southeastern Architectural Archives at Tulane University.

St. Luke General Hospital

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Comparison of Surviving Louisiana Mid Century Hospitals

The Franklin Foundation Hospital in Franklin, Louisiana was constructed in 1953 and expanded significantly in 1966 and again in 1985 as a brick and stucco International Style modernist hospital building. [Figure 10] The Franklin Foundation Hospital's first iteration was a one-story building with a flat roof, modular grid windows, and a lack of ornamentation, very similar in both massing and style to St. Luke. The three-story 1960s expansion was inserted into the original H-shaped footprint of the building. Like St. Luke, the original portion is clad in red brick with minimal ornamentation and it has a low-rise, horizontal feel with a flat roof. The Franklin Hospital was constructed primarily with Hill-Burton funds in a small, economically struggling town that was boosted by the construction of the hospital which provided local careers until its decline towards the end of the 20th century. Both hospitals brought improved access to health care to a previously under-served parish, and were greeted with much fanfare and enthusiasm from local residents upon their construction. The Franklin Foundation Hospital closed in the mid-2000s when a new hospital was constructed on the edge of Franklin.

The Methodist Home Hospital, while similar in style, is located in the urban context of New Orleans, in a densely constructed residential neighborhood. Constructed in 1953, it is a two story steel frame International Style structure with a brick façade [Figure 11]. Its original, mid-century iteration had a two story central section and a one story wing flanking it. The two story addition was constructed on the wing in the 1980s. Its original iteration was a low-rise, U-shaped building faced with textured red brick and comparable features of the "low-rise holdover International Style" mentioned in the narrative description section (a distinctly horizontal feel; a strongly rectilinear composition; simple massing; exterior elevations that are orderly and regular in design without the prescriptive use of symmetry; the flat roof, lack of ornamentation, and substantive exterior walls as opposed to the glass and metal curtain walls that eventually came to dominate the International Style).

Conclusion

Today, the building retains its most important character defining features. The original aluminum-framed windows are intact on all visible facades, including the entrance bay with modular, fixed, single-paned windows, and transom windows over the secondary entrances. The red brick façade is intact, including the brick columns supporting the Guidroz Street entrance porte cochère. The interior reflects the priority of the building's design upon function, as was typical for mid century International Style institutional buildings, with historic room functions still clearly identifiable even decades after the hospital shuttered its doors.

St. Luke General Hospital

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Many hospitals built with Hill-Burton funds have been demolished or heavily altered. St. Luke is an excellent example of a local hospital constructed with Hill-Burton funds, and of how the hospital changed and adapted over the decades after its construction. It retains its historic setting in the center of Arnaudville, with a collection of mid-century homes across Guidroz and the associated former St. Francis Clinic building across Olive Street. It is immediately recognizable as a modernist mid-century institutional building, and contributes to the significance of the Deux Bayous Cultural District and to historic downtown Arnaudville by adding architectural variety to the historic 19th century town.

The St. Luke General Hospital is locally significant under National Register Criterion A for Health/Medicine. The hospital was built as a direct result of the 1946 Hill-Burton Hospital Construction Act. This far reaching federal legislation sponsored hospital and health clinic construction in rural and under-served areas. The Hill Burton Act, and the hospitals and health clinics constructed under its auspices, had an immense impact on the broad trends of development in rural, low per-capita income areas, particularly in the South. In Arnaudville, the construction of a Hill-Burton funded hospital brought new careers and increased access to modern health care, as well as changing the built landscape of the historic town, whose commercial and public buildings were previously attributable primarily to the late 19th and early 20th centuries. The hospital is thus associated with the trends of historical development in Arnaudville, and in the local region of St. Martin and St. Landry Parishes, the locality that was served by the hospital upon its opening. The hospital is also significant under Criterion C for Architecture as a local example of the International style following the modernist designs utilized by Hill-Burton Act sponsored healthcare facilities.

St. Luke General Hospital

St. Landry Parish, Louisiana

9. Major Bibliographical References

Bibliography (Cite the books, articles, and other sources used in preparing this form.)

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Fricker, Jonathan, and Donna Fricker. "Louisiana Architecture, 1945-1965: Modernism Triumphant – Commercial and Institutional Buildings." Louisiana Division of Historic Preservation, September 2009. Accessed August 2024.
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[HP Cultural Resources Map \(arcgis.com\)](#)

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Methodist Home Hospital NRHP Nomination Form [National Register of Historic Places Database \(state.la.us\)](#)

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[National Register of Historic Places Database \(state.la.us\)](#)

New Orleans Public Library City Archives and Special Collections, historic newspaper database.

The Reveille, archived at Louisiana Digital Library

Sausser, Lauren. "[Black hospitals vanished in the U.S. decades ago. Some communities have paid a price](#)" : [Shots - Health News : NPR](#)

St. Luke General Hospital

St. Landry Parish, Louisiana

Southeastern Architectural Archives as Tulane University; David Treen Papers; Segura Architectural Collection.

St. Landry Parish Tax Assessor Parcel Viewer [Map Viewer](http://stlandrymapping.azurewebsites.net)
(stlandrymapping.azurewebsites.net)

St. Landry Parish Tax Assessor data, eClerks [Log in - eClerks LA](#)

United States Census Historic Census Data

Previous documentation on file (NPS):

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

Primary location of additional data:

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

Historic Resources Survey Number (if assigned): _____

St. Luke General Hospital

St. Landry Parish, Louisiana

9. Geographical Data

Acreage of Property 5.0 acres

Use either the UTM system or latitude/longitude coordinates

Latitude/Longitude Coordinates

Datum if other than WGS84: _____

(enter coordinates to 6 decimal places)

1. Latitude: 30.402358

Longitude: -91.935339

Or

UTM References

Datum (indicated on USGS map):

☐

NAD 1927

or

☐

NAD 1983

1. Zone:

Easting:

Northing:

2. Zone:

Easting:

Northing:

3. Zone:

Easting:

Northing:

4. Zone:

Easting :

Northing:

St. Luke General Hospital

St. Landry Parish, Louisiana

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

The campus of the former St. Luke General Hospital, identified by the St. Landry Parish Assessor as parcel # 9300000700, is bounded by Guidroz Street on its north side, Olive Street on its east, the boundary of parcel # 0300183750 (259 Guidroz St.) to its west, and to the south by the boundaries of four parcels of land within the Blanchard subdivision (409 Camp St., 125 W Camp St., 135 W Camp St., and 374 Olive St.)

Boundary Justification (Explain why the boundaries were selected.)

The chosen boundaries are those that reflect the historic use of the property including the five acres of grounds and landscaping that were present when the site functioned as St Luke General Hospital.

10. Form Prepared By

name/title: Nora Goddard
organization: Southkick Rolf Preservation Works
street & number: 4516 Magazine St
city or town: New Orleans state: LA zip code: _____
e-mail ngoddard@southkickrolf.com jrolf@southkickrolf.com
telephone: 504-541-4114 504-609-3890
date: _____

Additional Documentation

Submit the following items with the completed form:

- **Maps:** A USGS map or equivalent (7.5 or 15 minute series) indicating the property's location.
- **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
- **Additional items:** (Check with the SHPO, TPO, or FPO for any additional items.)

St. Luke General Hospital

St. Landry Parish, Louisiana

Photographs

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels (minimum), 3000x2000 preferred, at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map. Each photograph must be numbered and that number must correspond to the photograph number on the photo log. For simplicity, the name of the photographer, photo date, etc. may be listed once on the photograph log and doesn't need to be labeled on every photograph.

Photo Log

Name of Property: St. Luke's General Hospital

City or Vicinity: Arnaudville

County: St. Landry Parish

State: Louisiana

Photographer: Southkick Rolf Preservation Works, Nora Goddard and Juliette Hotard

Date Photographed: March 25, 2025

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

- 1 of 30: Photo 001. North elevation, camera facing south.
- 2 of 30: Photo 002. North entry, detail of porte cochere.
- 3 of 30: Photo 003. East elevation of north wing, camera facing west.
- 4 of 30: Photo 004. East elevation, detail of emergency room entry.
- 5 of 30: Photo 005. East elevation of east wing.
- 6 of 30: Photo 006. East elevation of east wing, detail of doorway.
- 7 of 30: Photo 007. South elevation, camera facing north.
- 8 of 30: Photo 008. South elevation, detail of windows.
- 9 of 30: Photo 009. West elevation of west wing.
- 10 of 30: Photo 010. West wing, camera facing east.
- 11 of 30: Photo 011. Detail of west entry, camera facing east.
- 12 of 30: Photo 012. West end of north wing, camera facing north.
- 13 of 30: Photo 013. North elevation, camera facing east.
- 14 of 30: Photo 014. North elevation, detail of doorway.
- 15 of 30: Photo 015. North wing, central supply room.
- 16 of 30: Photo 016. North wing, surgical suite, en suite bathroom.
- 17 of 30: Photo 017. North wing, surgical suite.
- 18 of 30: Photo 018. North wing, recovery room.
- 19 of 30: Photo 019. Pharmacy room.
- 20 of 30: Photo 020. X-Ray room.
- 21 of 30: Photo 021. X-Ray room, detail of operator's booth.

St. Luke General Hospital

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- 22 of 30: Photo 022. Emergency room.
23 of 30: Photo 023. Emergency room entry doors.
24 of 30: Photo 024. Radiology room.
25 of 30: Photo 025. Nurse's station.
26 of 30: Photo 026. Typical patient room.
27 of 30: Photo 027. Typical patient room en suite bathroom.
28 of 30: Photo 028. West wing, detail of 1979 addition junction beginning left of the metal threshold.
29 of 30: Photo 029. Cafeteria, camera facing north to formerly exterior wall.
30 of 30: Photo 030. Office.

Figures



Figure 1: 2024 aerial photograph of the building and site. *Google Maps.*

St. Luke General Hospital

St. Landry Parish, Louisiana



Figure 2: The Deux Bayous Cultural District, with the resource's location indicated.
Louisiana Office of Cultural Development.

St. Luke General Hospital

St. Landry Parish, Louisiana

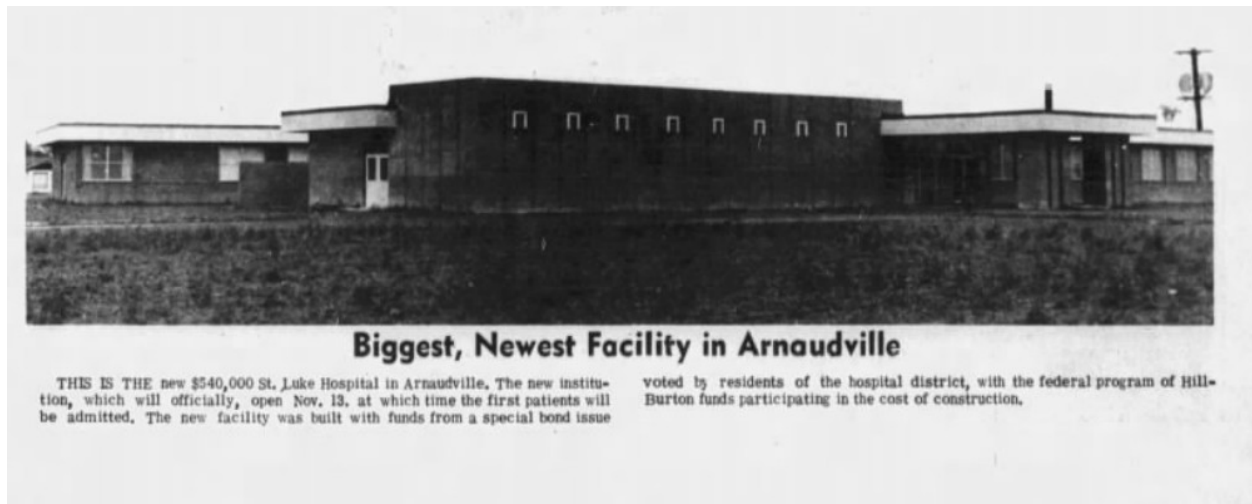


Figure 3: Detail from *The Daily World*, November 5, 1967: 25. NOPL.

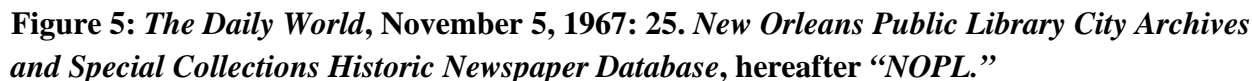
St. Luke General Hospital

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Figure 4: Plaque installed at site, crediting both construction and renovation phases.

St. Luke General Hospital



St. Luke General Hospital

St. Landry Parish, Louisiana



Figure 6: 1969 aerial photograph depicting the hospital's original footprint.

St. Luke General Hospital

St. Landry Parish, Louisiana

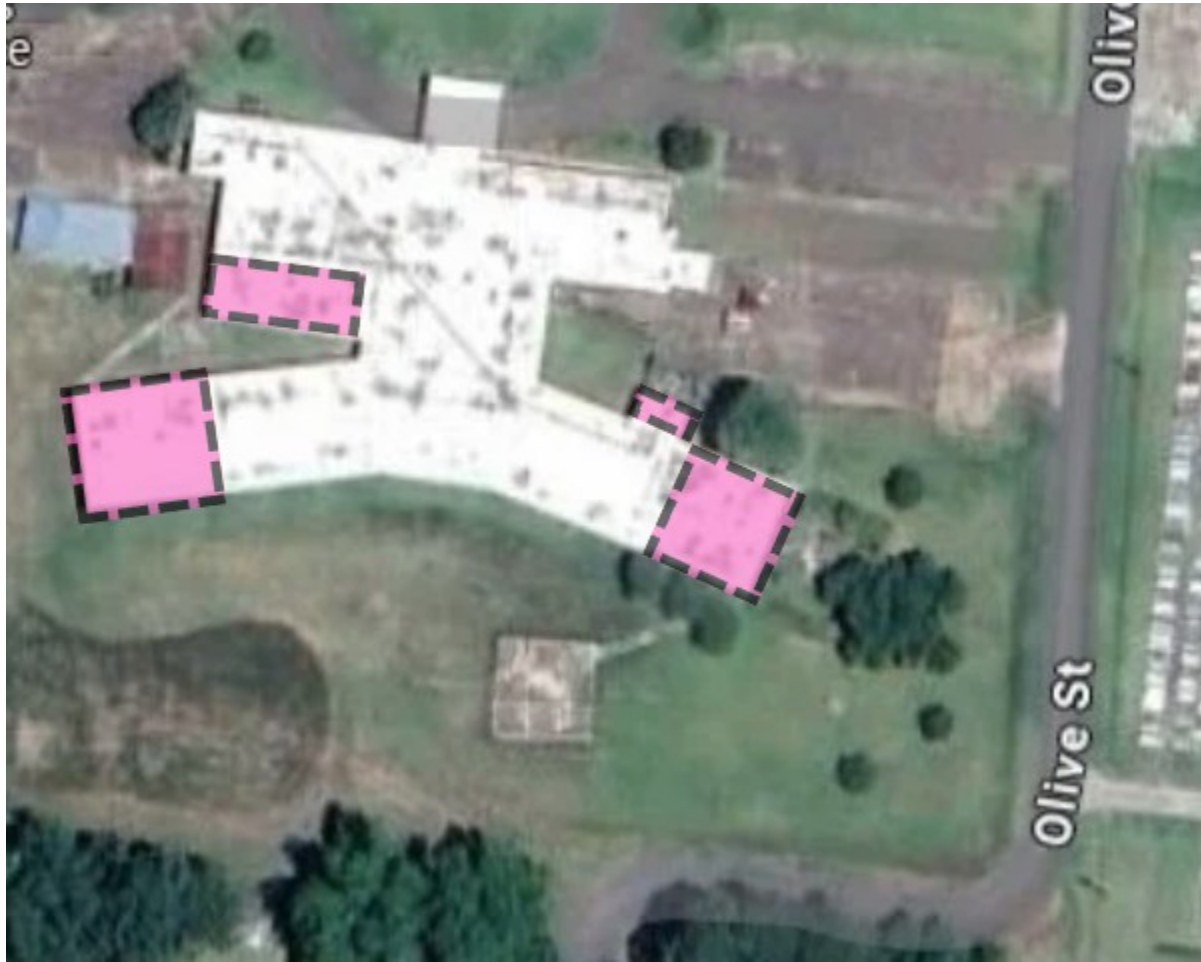


Figure 7: 2024 aerial photograph with 1979 additions indicated in pink.

St. Luke General Hospital

St. Landry Parish, Louisiana

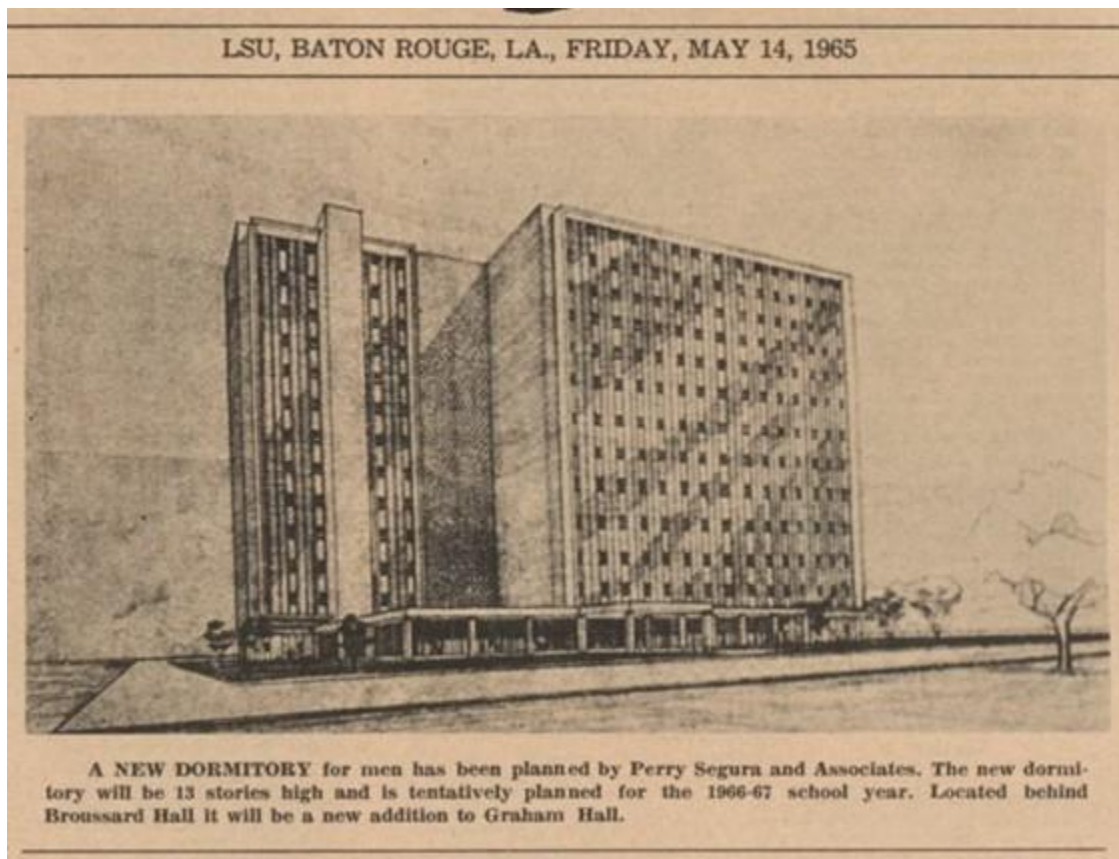


Figure 8: Dormitory designed by Perry Segura at LSU. *The Daily Reveille*, May 14, 1965: 1. Louisiana Digital Library.

St. Luke General Hospital

St. Landry Parish, Louisiana



Figure 9: Law center designed by Perry Segura at LSU. *The Daily Reveille*, July 25, 1967: 1. Louisiana Digital Library.



Figure 10: The Franklin Foundation Hospital. *Franklin Foundation Hospital National Register Nomination Form*.

St. Luke General Hospital

St. Landry Parish, Louisiana



Figure 11: The Methodist Home Hospital. *Methodist Home Hospital National Register Nomination Form.*

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Estimated Burden Statement: Public reporting burden for each response using this form is estimated to be between the Tier 1 and Tier 4 levels with the estimate of the time for each tier as follows:

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

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

St. Luke's General Hospital, St. Landry Parish, Louisiana



Smithwick | ROLF
PRESERVATION WORKS

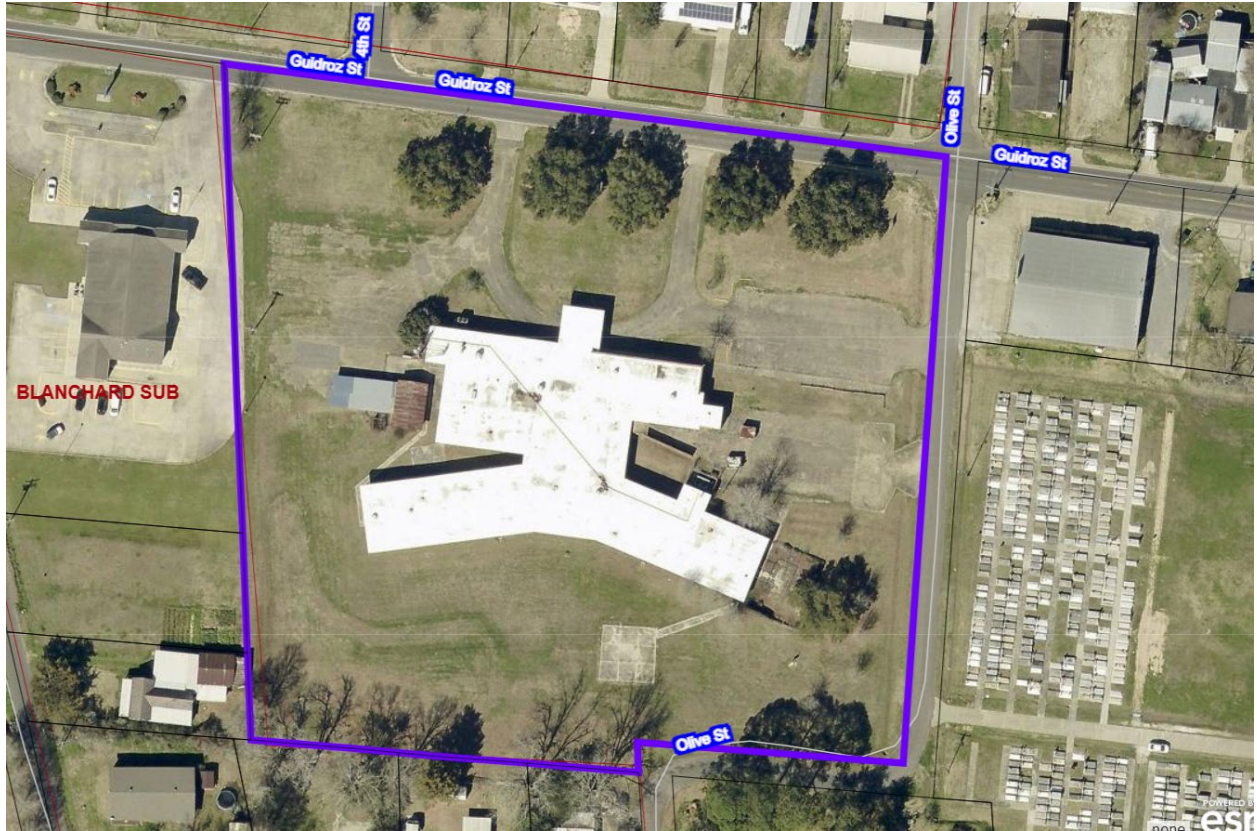
Latitude: 30.402358096077258
Longitude: -91.93533906510567

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USGS Topo Map Arnaudville, 1970 ESRI

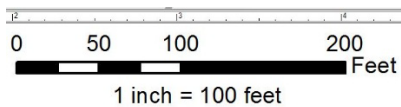


Boundary Map: 225 Guidroz Street Arnaudville, LA

“St. Luke Hospital”



Scale:



Coordinates:

Northeast Corner: 30.402803, -91.934515

Southeast Corner: 30.401671, -91.934610

Southwest Corner: 30.401711, -91.936075

Northwest Corner: 30.403002, -91.936178



St. Luke's General Hospital
 225 Guidroz Street
 Arnaudville, St. Landry, LA
 NRHP Photo Key



Southkick | **ROLF**
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Arnaudville LA 70512

St. Luke Hospital,
Arnaudville



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St. Luke Hospital, Arnaudville

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