United States Department of the Interior
National Park Service

National Register of Historic Places
Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, How to Complete the National Register of Historic Places Registration Form. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions. Place additional certification comments, entries, and narrative items on continuation sheets (NPS Form 10-900a).

1. Name of Property

<table>
<thead>
<tr>
<th>Historic name</th>
<th>Indianapolis Veterans Administration Hospital (Cold Spring Road)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other names/site number</td>
<td>Larue D. Carter Memorial Hospital / 097-296-57001-023</td>
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2. Location

<table>
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<tr>
<th>street &amp; number</th>
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<tbody>
<tr>
<td>city of town</td>
<td>Indianapolis</td>
</tr>
<tr>
<td>State</td>
<td>Indiana</td>
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<tr>
<td>code</td>
<td>IN</td>
</tr>
<tr>
<td>county</td>
<td>Marion</td>
</tr>
<tr>
<td>code</td>
<td>097</td>
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<tr>
<td>zip code</td>
<td>46222</td>
</tr>
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</table>

3. State/Federal Agency Certification

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

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

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

- [x] national
  - [x] statewide
  - [ ] local

[Signature of certifying official]

[Deputy S H P O]

[Date: 12/5/2011]

[State or Federal agency and bureau]

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

[Signature of commenting official]

[Date: ]

[State or Federal agency and bureau]

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]
Indianapolis Veterans Administration Hospital
Name of Property

Marion County, Indiana
County and State

5. Classification

Ownership of Property
(Check as many boxes as apply)

- [ ] private
- [ ] public - Local
- [ ] public - State
- [x] public - Federal
- [ ] private

Category of Property
(Check only one box)

- [ ] building(s)
- [x] district
- [ ] site
- [ ] structure
- [ ] building(s)
- [ ] object

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

<table>
<thead>
<tr>
<th>Contributing</th>
<th>Noncontributing</th>
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Name of related multiple property listing
(Enter "N/A" if property is not part of a multiple property listing)

United States Second Generation Veterans Hospitals

6. Function or Use

Historic Functions
(Enter categories from instructions)

- HEALTH CARE / hospital

Current Functions
(Enter categories from instructions)

- HEALTH CARE / hospital

7. Description

Architectural Classification
(Enter categories from instructions)

- Late 19th and 20th Century Revivals /
- Colonial Revival / Classical Revival

Materials
(Enter categories from instructions)

- foundation: Concrete
- walls: Brick
- roof: Asphalt
- other: 

Indianapolis Veterans Administration Hospital
Name of Property
Marion County, Indiana
County and State

Narrative Description
(Describe the historic and current physical appearance of the property. Explain contributing and noncontributing resources if necessary. Begin with a summary paragraph that briefly describes the general characteristics of the property, such as its location, setting, size, and significant features.)

Summary Paragraph
The Indianapolis Veterans Administration (VA) Hospital is located at 2601 Cold Spring Road. The rectangular property boundary of the hospital is situated along the eastern edge of Cold Spring Road while a golf course surrounds the property to the north, east, and south. Slightly further to the east is the White River. The hospital, located in a campus setting, is approximately three miles northwest of the center of downtown Indianapolis. The original mission of the facility was to provide health care to veterans of the United States. It was constructed as a general medical and surgical hospital and continues to reflect the characteristics of that particular hospital sub-type. Currently thirty-three resources are located within the thirty-acre historic district. Twenty-four resources are considered contributing resources, with the majority of these resources classified as buildings. Contributing resources include those that retain integrity and were utilized and/or constructed by the hospital during the historic district's period of significance (1931-1950). The majority of the noncontributing resources are smaller maintenance, service, and utility buildings constructed after 1950. Resource 5 is a single-story warehouse addition to the historic district constructed to the southeast of the main hospital building (Resource 1, constructed 1931) in 1993. In 1995, a four-story clinical addition was constructed to the east and west of the rear wing of the general medical building (Resource 8, 1939) adjacent to the main hospital building (Resource 1, 1931). The campus setting of the historic district consists of mature vegetation, level topography, linear and curvilinear drives and sidewalks, buildings loosely grouped by original function and buildings with brick exteriors constructed in the Colonial Revival and Classical Revival architectural styles creating a cohesive architectural campus.

Narrative Description
The Indianapolis VA Hospital (Cold Spring Road) is located within a campus setting with level terrain and a rectangular property boundary. The acreage associated with the historic district does not appear to have changed since its acquisition. Second Generation Veterans Hospitals originally constructed as general medical and surgical hospitals, such as the Indianapolis VA Hospital (Cold Spring Road), were located on smaller tracts of land and closer to towns and cities than other sub-types of veterans hospitals.

The buildings located within the Indianapolis VA Hospital (Cold Spring Road) Historic District share similarities with other Second Generation Veterans Hospitals in both original function and architectural style/decoration, especially to those constructed during the late 1920s through 1950 (referred to as Period II hospitals). The Indianapolis VA Hospital Historic District contains a main building (Resource 1, 1931) that serves as the focal point of the historic district. The monumentality of the building speaks to its prominence within the historic district, both visually and functionally. The buildings constructed within the period of significance exhibit Colonial Revival and Classical Revival architectural styles that were nationally popular at the time. A hierarchy of ornamentation was developed within the campus according to the building's use by the public. The main building exhibits the most decorative elements of those within the historic district. The recreation building (Resource 11, 1941), usually located near the main building, is the second most ornamentally decorated building within the historic district. The kitchen/mess hall/boiler house/attendants' quarters building, such as Resource 2 (1931), is customarily located to the rear of the main building (Resource 1, 1931).

See Continuation Sheet, page 7.1.
8. Statement of Significance

Applicable National Register Criteria
(Mark "X" in one or more boxes for the criteria qualifying the property for National Register listing)

X A Property is associated with events that have made a significant contribution to the broad patterns of our history.

B Property is associated with the lives of persons significant in our past.

X 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.

Areas of Significance
(Enter categories from instructions)

Politics/Government

Health/Medicine

Architecture

Period of Significance
1931–1950

Significant Dates
1939
1941

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

Cultural Affiliation
N/A

Architect/Builder
Construction Division, Veterans Bureau
Construction Service, Veterans Administration
Talbert, Randolph

Criteria Considerations
(Mark "X" in all the boxes that apply)

Property is:

X owned by a religious institution or used for religious purposes.

A removed from its original location.

B a birthplace or grave.

C a cemetery.

D a reconstructed building, object, or structure.

E a commemorative property.

F less than 50 years old or achieving significance within the past 50 years.
Period of Significance (justification)

The period of significance begins with the construction of the complex in 1931 and extends through 1950, the termination date for the period of significance as stated in the United States Second Generation Veterans Hospital Multiple Property Documentation form. The contributing resources of the historic district all date to the period of significance. These buildings relate to the historic district’s basic identity as a Period II general medical and surgical hospital sub-type within the Second Generation Veterans Hospital typology. Buildings constructed after 1950 no longer relate to the design philosophies developed by the Second Generation Veterans Hospitals.

Criteria Considerations (explanation, if necessary)
N/A

Statement of Significance Summary Paragraph (provide a summary paragraph that includes level of significance and applicable criteria)

The Indianapolis VA Hospital (Cold Spring Road) is significant as an excellent, intact example of a Period II general medical and surgical Second Generation Veterans Hospital. The Indianapolis VA Hospital was initially designated a general medical and surgical hospital serving veterans in Indiana. General medical and surgical hospitals are one of the sub-types of hospitals identified in the United States Second Generation Veterans Hospitals Multiple Property Documentation nomination form, and the Indianapolis VA Hospital is an excellent example of this veterans hospital sub-type. The Indianapolis VA Hospital (Cold Spring Road) is eligible for listing in the National Register of Historic Places (NRHP) under Criterion A at the state level in the areas of Politics/Government, because of the importance placed on securing the federal facility and its impact on the local community and veterans throughout the state. The Indianapolis VA Hospital Historic District is also eligible under Criterion A in the areas of Health/Medicine at the state level because of the physical evidence the hospital provides concerning health care offered to veterans of the state, primarily veterans of World War I and World War II. This property is also eligible under Criterion C in the area of Architecture at the state level, because the Indianapolis VA Hospital (Cold Spring Road) Historic District is an intact example of a Period II general medical and surgical Second Generation Veterans Hospital incorporating elements of classical revival architectural styles that were nationally popular in the early to mid-twentieth century. The Indianapolis VA Hospital is additionally significant for its monumental building that serves as a focal point of the historic district, a widespread practice for important public and institutional buildings. The hospital also exhibits standardized building and landscape designs that were incorporated into the campuses of Second Generation Veterans Hospitals. The Indianapolis VA Hospital (Cold Spring Road) was constructed in 1931, and various additions were constructed through the 1940s. The use of nationally popular architectural styles creates a cohesive design for the historic district and its groupings of buildings. The use of revivalist architecture, especially on the main and recreation buildings, reflects the importance of the VA and its mission to provide medical care to the nation’s veterans. Revivalist architecture, such as the Colonial Revival and Classical Revival styles, was utilized for many federal buildings constructed in the first half of the twentieth century to exhibit patriotism through the use of stylistic elements associated with the early history of the United States and to reflect the permanence of the institutions contained within the buildings. The period of significance and assessment of contributing and noncontributing resources for this nomination are based on the historic district’s significance within the historic contexts developed in the United States Second Generation Veterans Hospitals Multiple Property Documentation Form (MPDF). Resources constructed after 1950, and thus considered noncontributing within this nomination, may possess significance under themes not fully developed as part of the MPDF. Resources located within the medical center campus may be eligible or contributing for other associations or contexts under National Register Criteria A–D, or recent buildings/structures may be eligible under Criteria Consideration G, for resources of exceptional importance that are less than 50 years of age.

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

The Indianapolis VA Hospital is significant as an excellent example of a Period II general medical and surgical Second Generation Veterans Hospital. Veterans general medical and surgical hospitals are one of the four sub-types of hospitals identified in the United States Second Generation Veterans Hospitals Multiple Property Documentation nomination form. The registration requirements for the general medical and surgical sub-type of veterans hospital are contained within the United States Second Generation Veterans Hospitals Multiple Property Documentation nomination form, and the Indianapolis VA Hospital meets the registration requirements for this sub-type. The period of significance for the Indianapolis VA Hospital (Cold Spring Road) extends from 1931 to 1950. The period of significance begins with the construction of the medical facility and continues through 1950, the date of the last federal veterans hospital constructed utilizing the design philosophies developed for Second Generation Veterans Hospitals.

See Continuation Sheet, page 8.16.
Developmental history/additional historic context information (if appropriate)
See Continuation Sheet, page 8.21.

9. Major Bibliographical References
Bibliography (Cite the books, articles, and other sources used in preparing this form on one or more continuation sheets)
See Continuation Sheet, page 9.25

Previous documentation on file (NPS):
___ preliminary determination of individual listing (36 CFR 67 has been requested
___ previously listed in the National Register
X previously determined eligible by the National Register
___ designated a National Historic Landmark
___ recorded by Historic American Buildings Survey #
___ recorded by Historic American Engineering Record #

Primary location of additional data:
___ State Historic Preservation Office
___ Other State agency
X Federal agency
___ Local government
___ University
___ Other
Name of repository: Department of Veterans Affairs Historic Preservation Office

Historic Resources Survey Number (if assigned): 097-296-57001-023

10. Geographical Data

Acreage of Property 30 acres
(Do not include previously listed resource acreage)

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

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<tr>
<td>4</td>
<td>568224</td>
<td>4405718</td>
</tr>
</tbody>
</table>

Verbal Boundary Description (describe the boundaries of the property)
The boundary of the nominated property is delineated by the polygon in solid black lines on an aerial map on page 30. The boundary is also indicated by a polygon on the USGS Indianapolis West, Indiana topographic quadrangle map. The UTM reference points, stated in NAD 27, are provided above as well as on the USGS topographic quadrangle map. The boundary begins approximately 160 feet south of the intersection of Cold Spring Road and Granada Circle at UTM N 4405214.95, E 565228.71, then extends east approximately 820 feet to UTM N 4406214.59, E 568472.54, then south approximately 1,500 feet to UTM N 4405717.44, E 568466.14, then east approximately 820 feet to UTM N 4405718.17, E 568224.47, then north approximately 1,500 feet along Cold Spring Road to the beginning containing approximately 30 acres.

Boundary Justification (explain why the boundaries were selected)
The proposed NRHP nomination boundary is the current property boundary. The proposed NRHP boundary reflects the historic boundaries of the Indianapolis VA Hospital (Cold Spring Road) property.
11. Form Prepared By

name/title: Trent Spurlock/Architectural Historian
organization: Cultural Resource Analysts, Inc.
street & number: 151 Walton Avenue
city or town: Lexington
state: KY
month or date: November 29, 2011
telephone: 859-252-4737
zip code: 40508
e-mail:

Additional Documentation
Submit the following items with the completed form:

- Maps: A USGS map (7.5 or 15 minute series) indicating the property’s location.
  - A Sketch map for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
- Continuation Sheets (28–31)
- Additional items: (Check with the SHPO or FPO for any additional items)

Photographs:
Submit clear and descriptive black and white photographs. The size of each image must be 1600x1200 pixels at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map.

See Continuation Sheet Photographs page 32.

Name of Property:

City or Vicinity:

County: State:

Photographer:

Date Photographed:

Description of Photograph(s) and number:

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.).
Estimated Burden Statement: Public reporting burden for this form is estimated to average 18 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Chief, Administrative Services Division, National Park Service, PO Box 37127, Washington, DC 20013-7127; and the Office of Management and Budget, Paperwork Reductions Project (1024-0018), Washington, DC 20503.
General medical and surgical veterans hospitals often were initially constructed without additional patient care buildings other than the main building. Such was the case at the Indianapolis VA Hospital (Cold Spring Road) as no additional buildings or additions to the main hospital building occurred until 1939, with the construction of the general medical building (Resource 8). The original two buildings of the central core group included the main hospital building (Resource 1, 1931) and the kitchen/mess hall/boiler house/attendants' quarters (Resources 1 and 2). Later the general medical building (Resource 8, 1939) and the recreation building (Resource 11, 1941) were added to the central core group. These four buildings are connected by an enclosed corridor (Resource A, 1931–1941). Also serving as a focal point of the historic district is the flag pole (Resource 24, 1931), located directly in front of the main building (Resource 1, 1931) within the main entrance drive (Resource E).

The residences located within the Indianapolis VA Hospital Historic District are very similar, if not identical, to those located at other Second Generation Veterans Hospitals of the same time period. The manager's residence (Resource 4, 1937) is a detached single-family residence. An officers' duplex quarters (Resource 9, 1931) is situated to the east of the manager's residence. The nurses' quarters (Resource 7, 1931), a two-story, rectangular dormitory building is located to the southeast of the officers' duplex quarters. These three residences are oriented to a shared lawn encompassed by the drive that extends to Cold Spring Road. The quarters all exhibit Colonial Revival architectural ornamentation.

The maintenance/utility buildings of the historic district constructed during the period of significance are located along the east boundary of the property to the rear of the central core group. Three of the maintenance/utility group buildings are situated along a common drive although not necessarily oriented to one another (Resources 3, 1931: 10, 1938; and 18, 1935). Extant maintenance/utility group buildings dating to the period of significance include: the storehouse; the station garage, maintenance shops; oil storage house; and storage building (Resources 3, 10, 18, 16, and 22).

The buildings of the Indianapolis VA Hospital (Cold Spring Road) Historic District are loosely arranged in three clusters according to function: the central core group; the residential quarters; and the maintenance/utility group. While usually distinct groupings, the central core and maintenance/utility groups are in close proximity to one another and the kitchen/mess hall/boiler house/attendants' quarters (Resource 2, 1931) with its boiler house actually serves a function normally found in the maintenance/utility group. The central and maintenance/utility groups of buildings of Period II general medical and surgical Second Generation Veterans Hospitals are often more compactly constructed than those of other sub-types of veterans hospitals. The residential quarters group is usually distanced from the central core group to allow employees privacy from their workplace.

Buildings and additions to original buildings continued to be constructed within the campus setting after the period of significance. The majority of these noncontributing buildings were constructed in the maintenance/utility group to the rear of the central core group, including the laundry and warehouse/storage buildings (Resources 33, 1952; and 5, 1993). Additional modifications include the addition to the general medical building (Resource 8, 1939). The main drive and front lawn creating the primary public space of the hospital remain intact. The open lawns of the campus (Resource F) are a defining landscape feature of the campus' design along with the main entrance drive (Resource E). Other important open spaces remaining within the historic district include the lawn to the north of the central core group extending to the residential group, the shared elliptical lawn directly in front of the quarters, and the lawn to the south of the central core group that currently comprises a recreation area. Additional parking lots have been added or expanded to the
north and northeast of the general medical building (Resource 8, 1939) and to the rear and southeast of the central core group.

Current Physical Character of the District

The rectangular property contains thirty acres and is bounded to the west by Cold Spring Road and to the north, south, and east by a golf course. The White River is located slightly to the east of the historic district. The original design plans for the main hospital building (Resource 1, 1931) have the U.S. Veterans Bureau stamp in the corner, suggesting the plans may have been under development prior to the VA’s creation in July 1930.1 The majority of buildings are densely arranged in the central portion of the historic district. The main hospital building (Resource 1, 1931) is located slightly south of the center of the thirty-acre parcel with a large lawn to the front (west) of the building. The three residential quarters are grouped to the north of the main hospital building. The maintenance and utility buildings are clustered to the rear (east) of the main hospital building (Resource 1, 1931). The general medical building (Resource 8, 1939) is located to the north-northeast of the main hospital building (Resource 1, 1931).

The buildings dating to the period of significance reflect the Colonial Revival and Classical Revival architectural styles utilized at the majority of Second Generation Veterans Hospitals throughout the nation. The facades of Resources 1 and 11, the main and recreation buildings (1931 and 1941), exhibit the most numerous decorative elements of the buildings within the historic district. The residential quarters utilize Colonial Revival decorative elements to a lesser degree. The maintenance and utility buildings display little, if any, ornamentation.

The central core group of buildings is closely situated to the maintenance/utility group of buildings. The majority of the historic district remains open with lawns and mature vegetation. The topography is relatively level. The central cluster of buildings consists of: the main building (Resource 1, 1931); the general medical building with its addition (Resource 8, 1939 and 1994); the kitchen/mess hall/boiler house/attendants’ quarters (Resource 2, 1931); the recreation building (Resource 11, 1941); a warehouse/storage building (Resource 5, 1993); the flag pole (Resource 24, 1931); and the connecting corridors (Resource A) with brick exteriors and windows. Another structure located within the central cluster is the radial brick chimney (Resource 25, 1931).

The second group of buildings is the residential quarters, located north of the central core of hospital buildings. The quarters are situated along a drive that forms a loop to the front of the buildings and a second drive to the rear of the residences. Two of the residential buildings, consisting of the officers’ duplex quarters (Resource 9, 1931) and the manager’s residence (Resource 4, 1937), are oriented to the south, facing the central group of hospital buildings. The nurses’ quarters (Resource 7, 1931) is oriented to the west, facing Cold Spring Road. The yards surrounding the residences are filled with mature vegetation. A single-bay garage (Resource 23, 1936) is associated with the residential quarters group. The manager’s quarters is vacant, and half of the officers’ duplex quarters is no longer occupied. The remaining half of the officers’ duplex quarters and the nurses’ quarters are both filled with offices. The residences were originally placed to enable employees to easily walk to work but distanced from the medical buildings to provide a more private setting. The residential quarters are approximately 370 feet from the general medical building (Resource 8, 1939 and

1 United States Department of Veterans Affairs, files of the Engineering Service, Richard L. Roudebush Veterans Affairs Medical Center, Indianapolis, Indiana.
1994). Mature vegetation, including trees and shrubbery, assist in obscuring the residential group from direct view of the remainder of the hospital buildings.

The maintenance/utility buildings supporting the facility are grouped to the rear, or east, of the hospital's central core of buildings. This service group includes shops, the station garage, laundry, and storage buildings (Resources 3, 1931; 10, 1938; 18, 1935; 22, 1936; 30, 1947; and 33, 1952). A dense wooded area is located to the east of the service buildings, separating the structures from the adjacent golf course.

Various small support buildings are found throughout the historic district. The majority of these buildings and structures have been constructed since the 1970s and include a shelter and buildings with unknown functions. A small recreation area to the south of the central core group contains a playground and facilities for other outdoor recreational activities.

Individual Resource Inventory

The dates of construction and original or current use of the following resources were provided by the facility's Engineering Department and the Determination of Eligibility completed in 1980 for the facility. The numerical designations of the resources were assigned at the time of their construction by the VA. For resources without specific construction dates an estimated date is provided. The “circa” dates of construction and letter designations were provided by the surveyors for resources without construction dates or numerical labels. All resources that were present during the period of significance and retain integrity are considered contributing resources.

Minor resources that are not substantial in size and scale were not included in the resource count. Resources that were not designated in the resource count include a small memorial, fencing along Cold Spring Road, a gazebo, playground equipment, and a prefabricated bus stop.

The period of significance and assessment of contributing and noncontributing resources for this nomination are based on the historic district's significance within the historic contexts developed in the United States Second Generation Veterans Hospitals Multiple Property Documentation Form (MPDF). Resources constructed after 1950, and thus considered noncontributing within this nomination, may possess significance under themes not fully developed as part of the MPDF. Resources located within the medical center campus may be eligible or contributing for other associations or contexts under National Register Criteria A–D, or recent buildings/structures may be eligible under Criteria Consideration G, for resources of exceptional importance that are less than 50 years of age.

<table>
<thead>
<tr>
<th>Resource #</th>
<th>Date of Construction</th>
<th>Contributing (C)/Noncontributing (NC)</th>
<th>Original or Current Use</th>
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<tr>
<td>2</td>
<td>1931</td>
<td>C</td>
<td>Kitchen/Mess Hall/Boiler House/Attendants' Quarters Building</td>
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United States Department of the Interior  
National Park Service  

National Register of Historic Places Continuation Sheet  

Indianapolis Veterans Administration Hospital  
Marion County, Indiana  

Name of multiple property listing (if applicable)  
United States Second Generation Veterans Hospitals  

<table>
<thead>
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<th>Section number</th>
<th>Page</th>
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</thead>
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**Resource 1. Main Building, 1931. Contributing building.**  
Located at the terminus of a wide drive on relatively level terrain, Resource 1 serves as the focal point of the historic district. Oriented to the west and facing Cold Spring Road, the main building (Resource 1, 1931) is located in the central core group of buildings. The main hospital building (Resource 1, 1931) is constructed with Colonial Revival and Classical Revival decorative elements. The central block of the main building is a four-story, nine-bay, gable-roof building on a raised basement with three-story, gable-roof extensions on a raised basement that project from the north and south elevations of the building's central block. Three-story, hip-roof return wings supported by raised basement create the main building’s overall H-shape. The three centered bays of the central block’s facade slightly project from the wall plane of the main block and exhibits a two-story portico supported by the first story’s platform of three arched bays exhibiting banded rustication.
According to an architectural drawing dated December 15, 1930, the three bays are constructed of stone and originally were filled with double-leaf entries.\(^3\) The original fanlights and doors of the three central first floor bays have been modified. The outer bays have been filled with replacement windows; the center bay has a replacement fanlight window and paired aluminum frame commercial doors. Double-stairs with cast stone steps leading to two landings provide access to the central entry from the main drive. A niche located at grade below the first landing holds a brass plaque stating the building was “Erected AD 1931.” The steps to the main entrance were closed at the time of the survey because of their unsafe condition. Stone Ionic columns and pilasters support a stone entablature with a plain frieze and dentil molding and a stone pediment filled with an oculus surrounded by a wreath and swags. That portion of the facade sheltered by the portico has an ashlar stone exterior and decorative stone window surrounds. Replacement windows are found throughout the building that attempt to simulate six-over-six-light or eight-over-eight-light double-hung sashes. The first floor windows of the central block have stone jack arches and stone panels below the window bays. The windows of the upper stories have brick jack arches and stone keystones. Four facade windows of the central block’s fourth floor have been enclosed with brick. The central block also has paired gable-end brick chimneys connected by a parapet. Additional Classical Revival style decorative elements associated with the central block, gable-roof extensions, and return wings include a polygonal cupola centered on the roof featuring pilasters, arched window bays on four elevations with replacement windows, a balustrade supporting urns, resting on an apparent frame tiered square base with quions; parapeted gables; gable-roof dormers filled with replacement window sashes or vents; the cornice, stringcourse, window sills, quions, and rusticated banding of the basement all constructed of stone; and the exterior brick laid in a six course common bond.

A centered, three-story, flat-roof wing with a walkout basement projects from the rear of the central block. The rear elevation of the central block and gable roof extensions have few decorative elements. A three-story, flat-roof section is located along the north or south elevation of each return wing. These three-story sections, supported by raised basement, each have a slightly projecting three-bay central section along either the north or south elevation decorated with stone quions. To the front (west) and rear (east) of the two flat-roof sections are former porches along the second and third stories that have been filled with brick and window openings. The third story porches are expressed by brick arches with keystones. The brick enclosing the former porch openings is recessed from the exterior wall plane. According to the 1930 architectural drawing, the porches had decorative wrought iron railings and were enclosed with screening.\(^4\) The flat-roof sections have brick parapet walls and stone balustrades along the roof. An exterior basement entry with a door surround including a pediment is found along the south elevation of the main building.


According to the plat included in the previous determination of eligibility dated 1980, Resource 2 (1931) at one time housed the kitchen, mess hall, attendants’ quarters, the boiler house, and the water softener.

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\(^3\) United States Department of Veterans Affairs, files of the Engineering Service, Richard L. Roudebush Veterans Affairs Medical Center, Indianapolis, Indiana.

\(^4\) Ibid.
equipment. Today the kitchen, mess hall, boiler house, and attendants' quarters building (Resource 2, 1931) serves as a support building.

Obscuring the facade of the kitchen/mess hall/boiler house/attendants' quarters building is an enclosed corridor extending to the north/south between the main building (Resource 1, 1931), Resource 2, and the linen storage and a building with an unknown purpose (Resources 29, 1940; and 39, circa 1970s–1980s), both located adjacent to the facade of the kitchen, mess hall, boiler house, and attendants' quarters building (Resource 2, 1931). The main block of the kitchen/mess hall/boiler house/attendants' quarters building, oriented to the west and directly to the rear of the main hospital building (Resource 1, 1931), is a two-story, side-gable, multi-bay building with a three-story, hip-roof rear projection. Gable-roof dormers are located along the facade and rear roof slopes. The windows of the second floor have brick jack arches with keystones. Windows throughout the main block have replacement sashes that mimic six-over-six-light double-hung sashes. A stringcourse of stone or concrete encompasses the main block of the building between the first and second floors. A two-story, flat-roof projection along the facade joins the enclosed connecting corridor (Resource A, 1931–1941). Brick gable-end chimneys (possibly nonfunctioning) pierce the cornice at both the north and south elevations of the main block. The facade and rear soffits and cornice returns are clad in aluminum while the raking cornices of both gable ends have not been covered in replacement cladding. The building has a brick exterior of six-course common bond. A two-story stairwell addition with an asymmetrical roof is located along the north elevation of the main block. A single-story, flat-roof loading dock addition is found to the south of the rear projecting hip-roof portion of the main block.

Located to the immediate rear of the main block's rear hip-roof section is a two-story, flat-roof section with a brick exterior. The large upper story windows have been reduced in size with brick to accommodate smaller windows. This portion appears to have housed the water softening equipment. Filling the area to the north of the water softener section and the rear hip-roof section is a flat-roof, two-story portion that houses the boiler plant. Only the rear (east) and a portion of the north elevations of the boiler plant are visible, with two large window openings with jack arches, keystones, and replacement sashes along the rear elevation. A stringcourse of concrete or stone above the windows extends along the rear and north elevations. The former coal bunker portion of the building, projecting from the northeast corner of the boiler plant, is a low, single-story, flat-roof section with a large chiller or HVAC unit on the roof. Three vehicular entries are found on the rear (east) elevation—two enclosed with concrete block and exhibiting a window or vent; the third appears to have a metal overhead door. The former coal bunker has a parapet with a concrete cap, an exterior of brick in a modified common bond, and a concrete foundation. A small addition of similar scale is located along the west wall of the former coal bunker, with a flat roof, brick exterior in six-course common bond, and concrete foundation.

The majority of the footprint of the kitchen, mess hall, boiler house, and attendants' quarters building (Resource 2, 1931) appears to date to the period of significance. Even with the current modifications, the building is easily identified as a kitchen/dining hall building associated with Second Generation Veterans general medical and surgical hospitals through its location on campus, the Colonial Revival architectural elements, and attributes such as its scale, materials, and massing of its gable-roof main block.

Resource 3 is a single-story, five-bay, side-gable storehouse building (1931) oriented to the west. The storehouse building (Resource 3, 1931) is located in the maintenance/utility group to the rear (east) of the central core group of buildings that includes the main hospital building (Resource 1, 1931). The southern portion of the facade has a poured concrete loading dock while an enclosed, flat-roof loading dock extends along the remainder of the facade. A pedestrian entry and large loading bay with a metal overhead door open onto the original loading dock. Windows throughout the building have replacement sashes simulating nine-over-nine-light double-hung sashes. Window bays are located along the facade, gable ends, and rear elevation of the building. Three large vents pierce the ridgeline of the roof. Exposed rafter tails are obscured by metal gutters. The storehouse building (Resource 3, 1931) has a brick exterior of six-course common bond and is supported by a concrete foundation.

Oriented to the south, Resource 4 (1937) was formerly utilized by the hospital's director or manager. The manager's residence (Resource 4, 1937) is located near the northern historic district boundary within the residential group. The asymmetrical massing of the four-bay (w/w/d/w) residence is comprised of a two-and-one-half-story, front-gable projection and a one-and-one-half-story, side-gable mass along the western portion of the facade. The single-leaf entry, located in the front-gable projection, has a panel door, a four-light transom, and a door surround with pilasters supporting a pediment. The pediment is obscured by a small hip-roof porch with a scallop molding supported by metal decorative posts. A single window is located in the upper story of the front-gable portion along both the facade and rear elevations. The windows throughout the house have metal lintels, stone or concrete sills, and replacement double-hung sashes with snap-in grids simulating six-over-six-light sashes. Two gable-roof wall dormers are located along the facade and rear elevation of the side-gable portion of the residence. The east elevation has a single-leaf entry sheltered by a gable-roof porch supported by chamfered wood posts. A second single-leaf entry sheltered by a shed-roof porch with similar chamfered posts is located on the rear elevation of the front-gable portion of the residence. A one-and-one-half-story gable-roof projection along the west elevation extends the wall plane of the facade. A shed-roof section clad in brick is located along the west elevation to the rear of the gable-roof projection. This section has sliding patio doors along the rear elevation opening onto a patio. A brick chimney pierces the ridgeline of the side-gable portion of the residence while the front-gable portion has small gable returns. The roof is sheathed in asphalt shingles and the brick exterior that extends to grade is laid in a five-course common bond. Basement windows with replacement sashes are visible along all four elevations of the manager's residence.

The warehouse/storage building (Resource 5, 1993) is a large, single-story, flat-roof building located adjacent to the east side of the connecting corridor (Resource A, 1931–1941) to the recreation building (Resource 11, 1941), main hospital building (Resource 1, 1931), and the kitchen/mess hall/boiler house/attendants' quarters building (Resource 2, 1931) and immediately south of the the kitchen/mess hall/boiler house/attendants' quarters building (Resource 2, 1931). The majority of the building has a six-course common bond brick exterior while the upper portion, above the window and entry bays, appears to be constructed of concrete panels. A loading dock with three bays is located along the east elevation.

Resource 7, originally serving as the nurses' quarters, is located in the northern portion of the historic district within the residential group. Oriented to the west, this is a two-story, eleven-bay, hip-roof building with gable-roof masses that project beyond the facade and rear wall planes located at both the north and south elevations. The centered facade entry has been altered to accommodate a replacement metal door with a single light. Sheltering the entry is a flat-roof porch with square posts supporting a wide entablature and decorative wood cornice. Colonial Revival architectural style characteristics exhibited by the nurses' quarters include symmetrical facade fenestration; gable-roof dormers on all four elevations; pediments filled with bull's eye vents with keystones; wood cornice and soffits; brick jack arches over the windows; stone or concrete window sills; double-hung window sashes (although replacement sashes with snap-in grids); brick exterior of five-course common bond; brick quions; and a stone or concrete water table. The north and south elevations have porches supported by square columns and pilasters sheltering single-leaf entries with four-light transoms. A brick centered arch is incorporated into the wall plane of the rear elevation with a single-leaf entry at grade. The entry has a replacement metal door. A concrete loading dock has been added to the left of the rear entry and two former windows enclosed with brick. A single-leaf entry accessing the loading dock has been added between the former windows.


The general medical building (Resource 8, 1939) is located at the north end of the central core grouping of buildings. Oriented to the north, it is a three-story, nineteen-bay, side-gable building with a central three-bay portico. The building exhibits common Colonial Revival and Classical Revival architectural characteristics including symmetrical facade fenestration; gable-roof dormers on the front and rear elevations; a terra cotta cornice; brick jack arches over the windows; stone or concrete window sills; double-hung window sashes (although replacement sashes with snap-in grids); gable-end parapets with double chimneys; brick exterior of four-course common bond; brick quions; brick banding on the first story; and a terra cotta stringcourse between the first and second stories. In addition, the facade features a two-story portico supported by a one-story brick base. The portico consists of two-story columns supporting an entablature with triglyphs and a pediment trimmed by a cornice with dentils and pierced by a nine-light oculus. The portico is enclosed by metal bars but remains open. The first story brick base features a central double-leaf entry with metal frame doors flanked by multi-light arched windows with jack arches and keystones. Three-story, flat-roof extensions are found on the east and west elevations of the building. Each features a triple window on the facade, a central single-leaf side entrance with a metal door, a wide terra cotta entablature, and a decorative balustrade. The building was constructed with a central rear wing, but it has been surrounded by three-story glass connecting corridors linking the building to the clinical addition constructed in 1994.

Viewed from the west, the clinical addition is a four-story, five-bay, hip-roof, mass that links to the original portion of the general medical building (Resource 8, 1939) to the north elevation of the main hospital building (Resource 1, 1931) by way of flat-roof glass connecting wings. The west elevation features a three-bay projection with a three-story, three-bay semicircular pavilion. The addition is clad in four-course common bond brick with banded concrete adorning the first story, concrete stringcourses dividing the other stories, and a wide concrete entablature. It is covered with a standing seam metal roof with an arched dormer on the west end and gable dormers with vents on the sides.

Viewed from the east, the addition consists of two four-story, five-bay, hip-roof sections linked to the original block of the general medical building (Resource 8, 1939) and to each other by way of flat-roof glass
connecting wings. Both sections are clad in four-course common bond brick with banded brick adorning the first story, poured concrete stringcourses dividing the other stories, and a wide poured concrete entablature. The northern section features a one-story, flat-roof projection, and the southern section features a three-story, flat-roof projection with an additional one-story, flat-roof garage projection. As on the west elevation, the additions are covered with standing seam metal roofs, although the east side does not have any dormers.


The officers’ duplex quarters (Resource 9, 1931) is located in the northern portion of the historic district within the residential group and is oriented to the south. A sidewalk connects the front of the officers’ duplex quarters (Resource 9, 1931) to the elliptical drive while a vehicular drive loops to the rear of the building. The officers’ duplex quarters (Resource 9, 1931) is a two-and-one-half-story, six-bay (w/d/w/w/d/w), side-gable residence with a gambrel roof. Colonial Revival architectural style characteristics displayed by the officers’ duplex quarters (Resource 9, 1931) include the symmetrical facade fenestration; elaborate wood door surrounds featuring fluted pilasters supporting a broken pediment with an urn, paneled reveals, and decorative transom; wood panel doors (possibly replacements); brick jack arches over windows with replacement double-hung sashes featuring snap-in grids and stone sills; gable-roof dormers featuring segmental window openings and an applied urn decoration; modillion cornice; parapeted gables; and paired brick chimneys connected by a parapet, although it is unclear if all the chimneys are functional. According to an architectural drawing of the building dated December 15, 1930, single-story, flat-roof porches supported by columns and engaged columns were originally found at the two gable ends of the duplex. The porches, retaining the wide entablatures with dentill molding, have been enclosed with brick and sliding patio doors on the rear elevation and three sets of paired windows along the east and west elevations. The porches also no longer retain the wood balustrades along the roofs. The rear elevation features two single-story, hip-roof projections with roofs sheathed in standing seam metal. Adjacent to the projections are single-leaf entries sheltered by hip-roof porches supported by a single column. A central brick chimney pierces the rear roof slope. The roof is sheathed in asphalt shingles and the brick exterior extends to grade. Basement windows are visible along the facade and rear elevations.


The station garage building (Resource 10, 1938) is located within the maintenance/utility group along the eastern portion of the historic district to the rear of the central core group of buildings. Oriented to the south, the station garage building (Resource 10, 1938) is a one-story, seven bay, side-gable building with a five-course common bond brick exterior. Each of the facade bays are filled with replacement metal overhead doors. Both gable ends have a single-leaf entry with replacement metal doors and four window bays. The rear elevation has numerous window openings. The windows throughout the building have replacement sashes. Two metal vents pierce the ridgeline of the roof. The building retains wood soffits and cornice returns. The station garage building (Resource 10, 1938) is supported by a concrete foundation.

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6 United States Department of Veterans Affairs, files of the Engineering Service, Richard L. Roudebush Veterans Affairs Medical Center, Indianapolis, Indiana.

Resource 11, the recreation building (1941), is a two-story, side-gable building although the rear portion is three stories because of the large open spaces within the main block's second floor. The recreation building (Resource 11, 1941) features numerous Colonial Revival and Classical Revival architectural decorative elements, including symmetrical facade massing and fenestration; parapeted gables; gable-roof dormers; a three-bay rectangular facade projection with a semi-circular, single-story portico with Ionic columns supporting a wide stone entablature with a stone roof balustrade; the base of the rectanglar projection and portico features rusticated banding constructed of stone and a centered entry with an elaborate door surround although it is filled by a metal replacement door; sheltered by the portico is a centered single-leaf entry with a transom and door surround featuring crossettes and a pediment; panels with swags and urns above the bays sheltered by the portico; stringcourse, quions, cornice, and second story facade window surrounds composed of stone or concrete; brick banding along the first floor; brick jack arches with keystones over the first floor facade windows; bull's eye vents in the gable; and an exterior of brick in a five course common bond. A three-story, off-center, gable-roof wing with flat-roof sections to either side projects from the rear elevation. Third story windows are located along the south and rear (east) elevations while third story vents are visible on the north elevation. Windows throughout the recreation building have replacement sashes mimicking six-over-six-light sashes. The exterior doors have also been replaced.


The gate house (Resource 15, 1933) is a small, square, single-story building with a hip-roof capped by a finial. The gate house (Resource 15, 1933) is located near the western historic district boundary and south of the main entrance drive (Resource E, 1931). A single-leaf entry, centered along the building's north elevation, is filled with a single-light door. The reeded door casing also features an arched fanlight that appears to have been painted. The other three elevations have arched window openings recessed within brick arches. The narrow windows have replacement metal-frame, single-light sashes, and the fanlight portion has been enclosed with wood and an applied decoration simulating a fanlight. Other Geopin Colonial Revival architectural characteristics include: keystones over the arches; brick exterior laid in stretcher bond; and a wide cornice of stone, concrete, or terra cotta. The building is supported by a concrete foundation.


The oil storage house (Resource 16, 1933) is located along the edge of the eastern historic district boundary and is the southernmost building of the maintenance/utilities group. The oil storage house (Resource 16, 1933) is a small, front-gable building oriented to the north. The single-leaf entry with a replacement metal door is off-center to the right along the north gable end. The south gable end has a centered window with a four-light wood sash. The building has exposed rafter tails, wood fascia boards, and an exterior of brick in a modified common bond.


The maintenance shops building (Resource 18, 1935) is located in the southeast portion of the historic district at the southern end of the maintenance/utility group of buildings. Oriented to the east and west, it is a one-story, four-bay, front-gable building clad in four-course common bond brick. Each gable end features two sets of paired windows, a single-leaf metal pedestrian door, and a metal overhead garage door, although the garage door on the west end has been covered with a double-leaf pedestrian screen door. The building
features simple details including exposed rafter tails, brick window sills, replacement six-over-six window sashes, an arched opening with wooden doors in the east gable end, and a lunette window in the west gable end. Each side elevation is nine bays wide and features paired and single windows with a central entry on the north elevation.

The storage building (Resource 22, 1936) is located to the south of the maintenance shops building (Resource 18, 1935) at the southern end of the maintenance/utility group of buildings. The original purpose of the building is unclear. Oriented to the north, it is a one-story, two-bay, shed-roof building. The facade features a single metal door sheltered by a shed-roof awning with exposed rafter tails, and a single window with an air conditioning unit. The east end has a single window, and the rear is spanned by two windows and a door. The building features simple details including exposed rafter tails, brick window sills, brick segmental arched window and door openings, and replacement windows with four-light snap-in grids. The exterior of the building is clad in six-course common bond brick.

Resource 23 is a one-story, single-bay, front-gable garage (1936) located adjacent to the north edge of the historic district within the residential group. Oriented to the south, the single vehicular bay has a metal lintel and a replacement metal overhead door. A single square window is located along both the east and west elevations, each with a four-light wood sash. The roof is sheathed in asphalt shingles and the building’s exterior is brick in a six-course common bond. The gables are clad in aluminum siding.

The flag pole is located within the main entrance drive (Resource E, 1931) and aligned with the facade of the main building (Resource 1, 1931). The flag pole is a common object found at many Second Generation Veterans Hospitals, usually located to the front of the main/administration building. The monumental octagon-shaped base, similar in size and construction to those at other Period II Second Generation Veterans Hospitals, is constructed of poured concrete.

Resource 25, located adjacent to the north elevation and near the boiler house portion of Resource 2 (1931), is a radial chimney (1931) constructed of square brick or tile. The chimney tapers to a corbeled opening at the top. Seven metal bands toward the top provide additional stability to the chimney. At the chimney base is a clean out with a metal door inscribed “Continental Chimney, Chicago, ILL.”

The incinerator building (Resource 27, 1947) is located to the north of the kitchen/mess hall/boiler house/attendants’ quarters (Resource 2, 1931) on the east side of the central group of buildings. Oriented to the west, it is a one-story, flat-roof building. The west elevation features a vent, a nine-light metal awning window, and a below-grade basement entry. It sits on a poured concrete foundation, is clad in seven-course common bond brick, and is topped with a metal cap. A shed-roof, metal-clad addition extends from the building’s north end. This addition has an overhead garage door entry along the east elevation and a single-leaf entry with a metal door along the west elevation. A second addition is located along the east elevation of
the original portion of the building. This flat roof addition, clad in brick with a modified common bond, appears to contain an emergency electrical generator. Due to the two additions adding substantially to the footprint and surrounding most of the original building, the incinerator building (Resource 27, 1947) no longer retains the integrity of design, materials, or workmanship necessary to convey its significance. It is therefore a noncontributing resource to the historic district.

The linen storage building (Resource 29, 1940) is located between the kitchen/mess hall/boiler house/attendants’ quarters (Resource 2, 1931) and the connecting corridor (Resource A, 1931–1941) that extends through the center of campus. Oriented to the north, it is a one-story, three-bay, flat-roof building clad in stretcher bond brick. The facade features a double-leaf entrance with nine-light doors, a single-leaf entrance with a nine-light door, and a window with a poured concrete sill and replacement six-over-six fixed sashes.

The storehouse (Resource 30, 1947) is located to the east of the station garage (Resource 10, 1938) near the eastern boundary of the historic district in the maintenance/utility group of buildings. It is a one-story, gable-roof, metal-clad storage building with a pedestrian door and a metal overhead garage door on one gable end and a larger, central metal overhead garage door on the other. With the building’s current massing, large vehicular entry, and completely encased in metal siding, the storehouse (Resource 30, 1947) no longer retains integrity of design, materials, and workmanship to contribute to the historic district.

Resource 33, which originally served as the laundry and currently serves as a warehouse, is located to the east of the storehouse (Resource 3, 1931) near the eastern boundary of the historic district in the maintenance/utility group of buildings. Oriented to the west, the laundry (Resource 33, 1952) is a one-story, multi-bay, flat-roof building with a two-story section rising from the middle of the roof. The building’s single and paired windows have poured concrete sills and contain replacement six-over-six sashes. A brick wing with loading docks on either side extends from the southern end of the west elevation to connect the laundry (Resource 33, 1952) to the storehouse (Resource 3, 1931). The west elevation of the laundry also features two projecting bays with loading docks containing overhead metal doors, and the north elevation has a third loading dock containing paired six-light wood doors. The building sits on a raised, poured concrete foundation, is clad in five-course common bond brick, and features a poured concrete parapet cap.

The therapy shop (Resource 36, 1980) is located to the east of the main hospital building (Resource 1, 1931) and north of the corridor linking the main hospital building to the central connecting corridor (Resource A, 1931–1941). Oriented to the north, the therapy shop (Resource 36, 1980) is a one-story, three-bay, flat-roof building clad in stretcher bond brick. The north elevation features double metal doors and two windows, and the west elevation has four windows. Each window features a poured concrete sill and a single-light sash. The other elevations of the building attach to the connecting corridor. The current function of this building is unknown, although it appears to have replaced a temporary building.
Resource 37 (circa 1980s–1990s) is located to the east of the general medical building (Resource 8, 1939) at the northern end of the maintenance/utility group of buildings. It is a one-story, front-gable, metal-clad building on a poured concrete pad. The side walls of the building flare out from the base. There is a single metal pedestrian door along the north gable end. The function of Resource 37 is unknown.

The picnic shelter (Resource 38, circa 1990s) is located in the southern portion of the historic district. The picnic shelter is within an outdoor recreation area of the campus, with a basketball court, horseshoe pits, a gazebo, benches, softball/baseball field, and a playground in the immediate vicinity. The wood framing of the picnic shelter supports its gable-on-hip roof.

Resource 39 (circa 1970s–1980s) is located between the kitchen/mess hall/boiler house/attendants' quarters and the warehouse/storage building (Resources 2, 1931; and 5, 1993) and the connecting corridor (Resource A, 1931–1941) that extends through the center of the historic district. This flat-roof, brick building is nearly entirely encompassed by those that surround it and has no distinguishing stylistic features.

Within the Indianapolis VA Hospital historic district, a single connecting corridor extends north–south through the center of the historic district from the general medical building (Resource 8, 1939) to the recreation building (Resource 11, 1941), also connecting the main hospital building, the kitchen/mess hall/boiler house/attendants' quarters, and the warehouse/storage building (Resources 1, 1931; 2, 1931; and 5, 1993). The corridor is a two-story, gable-roof structure clad in six-course common bond brick with a poured concrete stringcourse separating the first and second stories. Windows are spaced evenly along both stories and feature poured concrete sills and replacement six-over-six sashes. Between the main hospital building (Resource 1, 1931) and the recreation building (Resource 11, 1941) the west elevation of the corridor (Resource A, 1931–1941) features a three-bay, front-gable pavilion adorned with quoin. The first story is spanned by an arched opening filled with large plate glass windows and central paired metal doors. The second story contains three windows with brick jack arches and poured concrete keystones, and the gable is pierced by a vented oculus with keystones.

Resource B. Corner Posts of Property along Cold Spring Road. Circa 1930s. Contributing objects (2).
Two posts mark the north and south property boundaries of the hospital campus along Cold Spring Road. The square posts are laid in common bond brick. Each features a poured concrete base, a molded poured concrete cornice band around the top, and a shallow pyramid-shaped poured concrete cap.

Resource C, an electrical building (circa 1980s–1990s), is located to the north of the therapy shop (Resource 36, 1980) between the main hospital building, the general medical building, and the connecting corridor (Resources 1, 1931; 8, 1939; and A, 1931–1941). It is a one-story, flat-roof, metal-clad building with a single metal pedestrian door on its south elevation and a metal overhead door on its east elevation.
Two monumental gateposts (Resource D, circa 1930s) flank the central hospital entrance off of Cold Spring Road. The square posts are laid in common bond brick. Each features a poured concrete base, a molded poured concrete cornice band around the top, and a shallow pyramid-shaped poured concrete cap. A modern light fixture extends from the top of each post. Small bronze plaques identify the address and the hospital name. A decorative metal fence extends from the posts to separate the property from Cold Spring Road.

Resource E. Main Entrance Drive. 1931. Contributing site.
The main entrance drive (Resource E, 1931) extends from Cold Spring Road to the east approximately 300 feet to the front of the historic district’s monumental main building (Resource 1, 1931). This drive also encompasses the flag pole (Resource 24, 1931) that is situated directly in front of the main building. Gateposts and the gate house (Resources D, circa 1930s; and 15, 1933) are located at the Cold Spring Road entrance with the gateposts flanking the main entry into the historic district. The topography and campus size dictated the length of the main entrance drive. Although short in comparison to other Second Generation Veterans Hospitals, this entrance drive provides the visitor with an immediate view of the monumental main building (Resource 1, 1931) and flag pole (Resource 24, 1931), both of which serve as focal points to the historic district.

Second Generation Veterans Hospitals constructed from the late 1920s through 1950 had landscaped grounds with planting plans and designs that often took advantage of natural contours in the placement of buildings and drives. A few examples of these planting plans have been identified to date, including one dated August 20, 1938 for the manager’s residence (Resource 4, 1937) of the Indianapolis VA Hospital (Cold Spring Road) historic district.7 Period II general medical and surgical hospitals constructed for veterans were often located closer to urban areas and on smaller tracts of land than veterans neuropsychiatric hospitals built in the same period. Because of the smaller campuses, general medical and surgical hospitals, such as the Indianapolis VA Hospital (Cold Spring Road) historic district, extensive use of natural contours and landscape features could not be accommodated within a smaller campus. But the landscape is still an important characteristic to this historic district. Landscape elements included within the Indianapolis VA Hospital (Cold Spring Road) historic district includes: the main entrance drive (Resource E, 1931); the spatial design of the campus with the residential quarters separated from the central core group of buildings; open lawns located to the front, southwest, and north of the central core group; mature vegetation within the residential group; curving drive leading to parking lots to the rear or side of the main building (Resource 1, 1931); secondary entrances from Cold Spring Road extending to the residential and maintenance/utility groups; and recreational areas that include a baseball field and playground. The historic district continues to be divided into three loosely formed groups consisting of the central core, maintenance/utility, and residential groups. The central core and maintenance/utility groups are in close proximity to one another, similar to other veterans general medical and surgical hospitals, because of the small campus size. The historic district continues to have open lawns to the front of the central core group and between the central core and the residential group, which are

7 United States Department of Veterans Affairs, files of the Engineering Service, Richard L. Roudebush Veterans Affairs Medical Center, Indianapolis, Indiana.
connected by a linear sidewalk. The residential group is encompassed in mature trees providing privacy, along with the distance from the central group, to the employees that resided within this group of buildings. The southwest and southern portions of the historic district’s lawn have outdoor recreational facilities, such as a baseball field with a metal backstop, the Art Pollard Playground, horseshoe pits, and basketball court. While these outdoor recreational facilities are not contributing in themselves because of their apparent addition after the period of significance, these facilities nonetheless contribute to the original open spatial design of the campus. The secondary entrances provided direct access to the residential and maintenance/utility groups thereby allowing the main entrance drive to serve visitors and patients. The parking lots have expanded in size, especially the one located to the north-northeast of the general medical building (Resource 8, 1939). These parking lots, while increasing the amount of paved surface, continue to provide open vistas originally included in the spatial design of the historic district. Therefore the landscaped grounds is considered a contributing site to the historic district as it continues to retain integrity of location, setting, design, feeling and association.
Areas of Significance: Criterion A
Politics and Government

The Indianapolis VA Hospital Historic District is eligible under Criterion A in the areas of Politics and Government at the state level because the selection of the site of the hospital was partially determined by the political influences exerted by the local community to acquire the federal hospital and its substantial contribution to the local and state economy during both its construction and operation. The American Legion provided Congress with a resolution in 1929 that a veterans hospital be erected in Indiana to meet the increasing demand for veterans health care that was then being provided in private hospitals that were at times over capacity. A bill (H.R. 234) authorizing nearly $16 million for new veterans hospitals to be constructed in various states was approved by President Herbert Hoover in December 1929. Included in the bill was provision for a general medical and surgical hospital for veterans to be constructed in Indiana. The economic benefits and prominence the new veterans hospital would bring to the successful community chosen as the site of the federal hospital is indicated by the twenty-five communities throughout the state of Indiana that competed for the facility. The location of the new hospital was to be accessible to veterans of the state in order to maximize the use of the facility. The mayor of Indianapolis and Seventh District Congressman Louis Ludlow both advocated for Indianapolis as the site of the proposed hospital, with the congressman even preparing a statement for President Herbert Hoover to convince him that the city was the best location for the facility. The congressman stated the “hospital is being built not for the immediate present but for the decades stretching far into the future.” Over fifty possible locations throughout the state were offered for the hospital. A number of sites in Indianapolis were considered before the current location along Cold Spring Road was selected by the Federal Board of Hospitalization. Col. Louis H. Tripp, chief of the Construction Division of the Veterans Bureau, stated the site chosen in Indianapolis was “easily accessible not only to Indianapolis, but the entire state.”

The chairman of the Federal Board of Hospitalization was Frank Hines, who was also the director of the Veterans Bureau and later the administrator of the VA (which was created in July 1930 with the merging of the National Homes for Disabled Volunteer Soldiers, the Veterans Bureau, and the Bureau of Pensions). Hines, as chairman of the Federal Board of Hospitalization, stated “regardless of what may be needed in the way of additional hospital construction in Indiana in the future, the immediate need is for a clearing unit located at the largest center, the city of Indianapolis; that by building such a unit combined with the regional office as originally recommended by the United States Veterans’ Bureau, it will not only provide more adequate and convenient facilities for the veterans, but it will enable a saving of rental for the regional office.” Congressman Ludlow stressed that construction on the hospital start as quickly as possible “not only because of the desire for additional hospital facilities for former service men, but because of the employment that would be provided tradesmen.” The importance of the facility to the local economy is expressed in a newspaper article by

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8 Rededication Ceremony in Honor of Mr. Richard L. Roudebush, Anniversary Observance 1982 (Indianapolis, IN: Veterans Administration Medical Center, August 29, 1982), files of the Medical Library, Richard L. Roudebush Veterans Affairs Medical Center, Indianapolis, Indiana.
10 Ibid.
11 Lawrence Sullivan, “U.S. Hospital to Rise Here in 10 Months,” Indianapolis Times, October 9, 1930.
12 “Hospital Will Be in Taggart Park,” Indianapolis Star, June 29, 1930.
13 “Hospital Will Be in Taggart Park,” Indianapolis Star, June 29, 1930.
Representative Louis Ludlow published soon after the selection of the site in Indianapolis for the veterans hospital. The article by Congressman Ludlow states: "The new hospital is certain to prove a great asset to Indianapolis, not only because of the employment it will give to many persons during the period of construction but more especially because of the large and never ceasing outlay of government funds that will be required to maintain the personnel and to pay for food and supplies, and to the world war veterans of Indiana it will prove a great boon because it will afford hospitalization to all who need it, at the most convenient point in the state."\(^{14}\) The employment of the local workforce was especially important at this time since the Great Depression began in late 1929 and unemployment in the area was increasing. A donation in the amount of $16,000 was made by the local chairman of the Red Cross to cover the cost of the chosen site for the hospital.\(^{15}\) The site for the Indianapolis VA Hospital (Cold Spring Road) was transferred to the federal government in 1930. In January 1931, bids were being considered for the combined facility in Indianapolis that would contain both the hospital and regional office.\(^{16}\) The Indianapolis VA Hospital was dedicated in December 1931. The combined facility included both the regional VA offices and the general medical and surgical hospital with a capacity of 152 beds. The significance of the new facility to the city and state was expressed by those attending the dedication, including the assistant administrator of the Veterans Administration, the manager of the new hospital, the governor of Indiana, mayor of Indianapolis, and representatives of various veterans organizations.\(^{17}\)

Even after its opening, the hospital continued to provide employment and financial support through the wages paid and supplies purchased for the operation of the hospital. Early in its operation the Indianapolis VA Hospital included eighty-six professional staff members, including "thirteen full-time physicians, two clinical technicians, one x-ray technician, two physical therapists, forty-four nurses and assistants, and two dietitians and twenty-two aides."\(^{18}\) The statewide level of significance for the Indianapolis VA Hospital is evidenced by its role as a regional medical center that provided general medical and surgical care. The regional identity of the Indianapolis VA Hospital Historic District is also evident in the design of the main and recreation buildings that utilized monumental, classical revival architectural detailing to create a local landmark. The hospital remained important to the state and local community throughout the period of significance, as the Indianapolis VA Hospital expanded to care for additional patients and continued to serve as an economic engine to the local economy.

Health/Medicine

The Indianapolis VA Hospital Historic District is eligible under Criterion A at the state level in the areas of Health and Medicine because of the role the Indianapolis VA Hospital played in the mission of the federal government through the VA to provide quality health care to the nation's veterans, primarily those who served


\(^{15}\) Rededication Ceremony in Honor of Mr. Richard L. Roudebush, Anniversary Observance 1982.


\(^{17}\) "Opening of New Station at Indianapolis," Medical Bulletin of the Veterans' Administration 8, no. 3 (March 1932): 240.

\(^{18}\) Rededication Ceremony in Honor of Mr. Richard L. Roudebush, Anniversary Observance 1982 (Indianapolis, IN: Veterans Administration Medical Center, August 29, 1982), files of the Medical Library, Richard L. Roudebush Veterans Affairs Medical Center, Indianapolis, Indiana.
in World War I and World War II. Thousands of veterans from Indiana received subsidized general medical and surgical care during the period of significance that they may not have received if the federal government had not provided such treatment for them. According to the 1982 anniversary publication for the hospital, the Indianapolis VA Hospital on Cold Spring Road was designed to project the latest in hospital care and move away from the perception given by older hospitals that hospital treatment was a last resort for those suffering from illnesses. The hospital provided a library with 2,000 volumes and occupational therapy. Once the recreation building was constructed, movies, stage productions, and other recreational services were provided to the patients. John H. Ale, newly appointed manager for the Indianapolis VA Hospital, stated at the dedication ceremony for the hospital, “This institution will provide adequately for every former service man who needs aid. Nothing in our power is too good for them. The building is a symbol of the government's program of rehabilitation.” Also at the dedication service was Dr. Charles Griffith, medical director of the VA. Dr. Griffith stated that “here medical science will render service to those who have not finished the war.” These comments underscore the importance placed on the medical services the institution would provide to Indiana veterans, not only locally but statewide. The Indianapolis VA Hospital (Cold Spring Road) Historic District continues to serve as a physical reminder of medical care provided by the federal government through the VA to veterans throughout the period of significance.

Areas of Significance: Criterion C

Architecture

The Indianapolis VA Hospital (Cold Spring Road) Historic District is eligible under Criterion C in the area of Architecture at the state level as an excellent, intact example of a Period II general medical and surgical Second Generation Veterans Hospital utilizing the Colonial Revival and Classical Revival architectural styles. The Colonial Revival and Classical Revival styles were nationally and locally popular during the period of significance, which suggests a strong national pride following World War I and continuing beyond the Second World War. These architectural styles were the most prevalent of those utilized for the Second Generation Veterans Hospitals, and the Indianapolis VA Hospital is an excellent example of the use of these styles within this typology. As a sub-group of the Second Generation Veterans Hospitals, the general medical and surgical hospitals have distinct characteristics that differ from those of the veterans neuropsychiatric hospitals constructed during the same period. These character defining features of the general medical and surgical hospital sub-group include a smaller campus size, usually situated near an urban area, denser grouping of the central core and maintenance/utility clusters that usually place the two groups into close proximity to one another, a monumental administration/main building, only one (if any) additional patient ward buildings other than the main building, less use of natural contours and lengthy formal entrance drives in the design of the campus, and a kitchen/dining hall building that may also incorporate the boiler plant and attendants’ quarters. The Indianapolis VA Hospital Historic District includes all of these characteristics shared with the majority of Period II general medical and surgical Second Generation Veterans Hospitals. The Indianapolis VA Hospital (Cold Spring Road) also utilized standardized designs employed for veterans hospitals by the federal government.

19 Rededication Ceremony in Honor of Mr. Richard L. Roudebush, Anniversary Observance 1982.
20 Eugene R. Clifford, "Veterans' Hospital Dedication Opens Door to Those Whose Battles Go On," Indianapolis Star, December 14, 1931.
21 Ibid.
constructed from the late 1920s through 1950. Similar, if not identical buildings, can be found at Period II veterans general medical and surgical Second Generation Veterans hospitals. These standardized designs include the actual designs of buildings, such as the main building, kitchen/dining hall, staff residential buildings, and maintenance/utility buildings, as well as the landscape design. The landscape design includes curvilinear and linear drives and sidewalks, grouping the buildings into three, if not distinct, then identifiable clusters based on similar functions, and mature vegetation.

Integrity

As a historic district eligible under both Criteria A and C, the Indianapolis VA Hospital should retain a high degree of integrity of the resources' physical characteristics, including materials, workmanship, and design, and more ephemeral characteristics related to the historic district as a whole, such as location, setting, association, and feeling. Design refers to both the individual resources and the historic district as a whole. Although the resources within the historic district do not have to be individually exceptional, the resources and the historic district as a whole have to continue to reflect the spatial patterns and associations of the hospital campus dating to the period of significance. To retain integrity under Criterion A, the individual resources must retain those character-defining features that are necessary to convey their role in the mission of the federal government, through the VA, to provide general medical and surgical care to veterans throughout the state. These features are often found in the overall form, massing, and scale of the buildings and their relationship to one another within the historic district. To retain integrity under Criterion C, the individual resources must retain those character-defining features identified with the design of the specific building type and hospital sub-type as defined in the MPDF. This includes those features required under Criterion A, as well as noteworthy stylistic details and historical materials.

The Indianapolis VA Hospital (Cold Spring Road) continues to serve as a medical facility and retains much of its original appearance dating to the period of significance during which the contributing resources were constructed. Contributing buildings retain most of their character defining details, especially those exhibiting Colonial Revival and Classical Revival architectural elements. The historic district retains its original boundaries and few buildings/structures dating to the period of significance have been lost. Additions and new buildings have been constructed that impact the integrity of certain resources and the overall campus. The majority of resources erected during the period of significance and the overall campus retain integrity of location, setting, design, materials, workmanship, association, and feeling.

The landscape of the Indianapolis VA Hospital (Cold Spring Road) Historic District is an important characteristic in its original design. Alterations to the design of the historic district includes the loss of buildings dating to the period of significance, including the water tower/tank, a multiple-bay garage, and pump house. Although the multiple-bay garage and pump house were smaller buildings associated with the historic district, the water tower/tank is often a recognizable landmark for Second Generation Veterans Hospitals. The loss of the water tower/tank diminishes the characteristics of setting and design. Parking lots are located to the north, northeast, and southeast of the central core group of buildings while a smaller parking lot is located to the rear of the nurses' quarters (Resource 7, 1931). The size and number of parking lots have increased over time and while the parking lots increase the amount of paved surfaces within the historic district, thus impacting integrity of setting and design, they continue to provide the open spatial configuration associated with the historic district's early design.
Changes to existing buildings within the historic district include replacement windows, enclosing or partially enclosing windows for smaller openings, replacement doors, enclosing porches, and additions. The replacement windows on most of the buildings appear to mimic the original double-hung sashes, but are not true double-hung sashes. Enclosing and partially enclosing window openings to accommodate smaller windows and the use of replacement doors diminishes integrity of design and materials of the resources. Enclosing the porches of the manager’s residence and the officers’ duplex quarters (Resource 4, 1937; and 9, 1931) impacts the design, materials, and workmanship of the two resources, but the overall massing and scale of the buildings continue to reflect the period of significance. Although the replacement windows, doors, enclosed/partially enclosed windows, and enclosed porches all diminish the characteristics of design, materials, and workmanship, they do not significantly diminish these characteristics of the buildings, and the resources continue to contribute to the significance of the district. While none of these individual changes substantially diminish integrity and may be insignificant in themselves, these modifications can cumulatively have a major impact on the integrity of the resources and the historic district as a whole. Even with these cumulative modifications, the resources continue to contribute to the historic district. The interiors of the historic district’s buildings have lost integrity because of alterations made over time to adapt them to changing standards in medical care.

The introduction of buildings and additions to the historic district’s setting after the period of significance also diminishes integrity of design and setting, especially buildings or additions with large footprints or massing. The majority of buildings/structures added to the Indianapolis VA Hospital (Cold Spring Road) historic district are small and do not interrupt the original spatial qualities of the design or setting, such as Resource 37 (circa 1980s–1990s), the picnic shelter (Resource 38, circa 1990s), Resource 39 (circa 1970s–1980s), and Resource C (circa 1980s–1990s). The warehouse/storage building dating to 1993 (Resource 5) has a large footprint but its single-story massing and location to the rear of the recreation building and the connecting corridor (Resources 11, 1941; and A, 1931–1941) mitigate its impact to the historic district’s integrity of design and setting. The addition to Resource 8, the general medical building (1939), is large but is sympathetically designed to reduce its impact to both the general medical building (Resource 8, 1939) and the main hospital building (Resource 1, 1931), although it is clearly identifiable as a late-twentieth-century addition. The addition, dating to 1994, is visibly connected to the general medical building (Resource 8, 1939) by glass corridors, and the facade and side elevations of the original portion of the general medical building (Resource 8, 1939) remain clear from the addition. While the addition diminishes the integrity of the main hospital building and the general medical building (Resources 1, 1931; and 8, 1939) both buildings continue to retain their character-defining architectural details dating to the period of significance and retain sufficient integrity to contribute to the historic district. The laundry building (Resource 33, 1952) is a noncontributing resource constructed two years after the period of significance. The massing, flat roof, and exterior materials of this building clearly reflect its placement within the maintenance/utility group, and it does not detract appreciably from the setting or design of this group of buildings. None of the additions or buildings/structures introduced to the historic district after the period of significance redirect the attention from the monumental main building (Resource 1, 1931) that continues to serve as the focal point of the historic district. These noncontributing resources do not substantially interrupt the original spatial design or setting of the historic district. The cumulative effect of these buildings and additions constructed after the period of significance diminishes integrity of design and setting, but not to the point as to render the historic district not eligible for listing in the National Register of Historic Places (NRHP). Even with the modifications, the campus retains a high level of integrity of location, design, setting, materials, workmanship, association, and feeling to convey the significance of the historic district.
Historical Narrative

Through the efforts of the American Legion and state representatives in Congress, an appropriation of $500,000 for construction of a veterans hospital in Indiana was included in legislation signed by President Hoover during late December 1929. The expansion program authorized by the nearly $16 million appropriation measure was to provide an additional 4,491 beds at nineteen various veterans hospital sites. Twenty-five communities throughout the state vied for selection as the location for the proposed hospital. The Federal Board of Hospitalization, a government advisory committee to the President with the responsibility of selecting sites for federal hospitals, determined the proposed hospital serving veterans should be constructed within a fifty-mile radius of Indianapolis as the geographic center of the state. The committee dispatched engineers to survey proposed sites within the vicinity of the state capital.

Indianapolis was chosen as the site for the first veterans hospital in the state. The proposed facility was to have a capacity of 150 beds and serve as a general medical and surgical hospital. The hospital would also house the regional offices of the Veterans Administration (VA) that were in leased facilities in downtown Indianapolis. Three sites in Indianapolis were under consideration by the Federal Board of Hospitalization for the medical care facility. A tract of land in Taggart Park, utilized as a portion of a city golf course, was selected as the site of the proposed hospital. The size of the tract varies from thirty to thirty-nine acres, depending on the newspaper source.

One newspaper account stated that the "site must be surveyed before plans and specifications can be prepared. The architects will require three months to draft plans and then thirty days notice must be given for receipt of bids." Indiana congressman Louis Ludlow, a strong proponent for the hospital, stated in one of the local newspapers that the "topographical survey will furnish the basis of the entire layout of buildings and grounds, and in this connection it may be stated that the veterans bureau places quite as much stress upon the grounds as upon the buildings. Everything will be done to make the surroundings attractive and pleasing to the eye...The Indianapolis hospital will be as complete as such an institution can be made, from the esthetic as well as the practical standpoint."

Although the site had been determined for the proposed hospital, complications arose concerning the transfer of the property. The site was owned by the parks department and it was revealed that the property had to be sold rather than donated directly to the federal government. A stipulation in the selection of Indianapolis for the veterans hospital was that the site had to be donated. Funds amounting to the appraised value of the property were donated by William Fortune, local chairman of the American Red Cross and organizer/first president of the Indianapolis Chamber of Commerce. With the receipt of the donated funds, the city parks...
department was able to transfer the property to the federal government in early January 1931. Even though the property title had not been cleared, the building designs were completed by the first half of October 1930. A newspaper article from October 9, 1930, included an artist’s version of the completed main hospital building. According to Colonel Louis H. Tripp, Chief of the Veterans Bureau’s Construction Division, the thirty acre tract near the White River was “one of the most desirable hospital locations approved for a veterans project anywhere in the United States. It offers every factor desirable in hospital location. The construction division’s chief continued, that the site is far enough from the heart of the city to be comparatively isolated and yet easily accessible not only to Indianapolis, but the entire state.”

Ralph Solilit and Sons Construction Company of South Bend, Indiana, was awarded the general construction contract for the Indianapolis general medical and surgical Second Generation Veterans Hospital in January 1931. The company’s bid was approximately $13,000 below the government estimate for the site’s construction. At least two concessions were demanded of the low bidder: first, that local labor is employed, if possible, during construction of the hospital; and secondly, that the boiler plant at the hospital use coal rather than oil as an energy source. It was hoped that the use of coal would help employ miners of the resource in the state.

The Indianapolis VA Hospital was dedicated in December 1931. Because of the inclement weather, the dedication was conducted under a large tent. Even with the bad weather, thousands purportedly attended the ceremony and toured the facility. Four buildings were located at the site by the dedication date: the main hospital building (Resource 1), the kitchen/mess hall/boiler plant (Resource 2), the storehouse (Resource 3), and the nurses’ quarters (Resource 7). The main hospital building (Resource 1, 1931) had a capacity of 152 patients and contained operating and recovery rooms on the top floor. The second and third floors housed the patient wards while the raised basement and first floor consisted of offices for the regional office, examination rooms, and laboratories. It was expected the general medical and surgical hospital would open on January 4, 1931. Speakers at the dedication included the Assistant Administrator of Veteran Affairs, Major O. W. Clark, the manager of the new facility, John H. Ale, and Indiana Governor Harry G. Leslie. Also sitting with the dedication speakers, according to the newspaper account, was the architect of the hospital, Randolph Talbert of Washington, D.C. It is unusual for an individual architect to be given credit for the design of a Veterans Bureau or VA hospital, as the buildings were designed by the agencies construction division or construction service. The architectural drawings of the main hospital building dating to December 1930 are stamped by the

30 Lawrence Sullivan, "U.S. Hospital to Rise Here in 10 Months," Indianapolis Times, October 9, 1930.
31 Ibid.
U.S. Veterans Bureau and signed by the chiefs of the construction division, design subdivision, and engineering subdivision. An open house for the hospital was held in May 1937. By that time the capacity of the Indianapolis VA Hospital had increased to 172 beds and more than 8,000 patients had been admitted to the facility. Two additional quarters for staff had also been erected in the residential section of the campus by 1937. Overcrowding became a public issue in the Spring of 1938 as the hospital was at full capacity and a waiting list included 300 possible patients. The inability to service the full number of potential patients led to the construction of the general medical building (Resource 8) in 1939, increasing capacity to 344 beds. A garage (Resource 10) for housing a fire truck, ambulance, and other vehicles was constructed in 1938. The state American Legion organization supported the construction of a recreational building for the facility, as the Indianapolis facility was the only one of the eighty-two veterans hospitals not to have a building devoted solely to recreation, according to a newspaper article. The recreation building (Resource 11) was completed in 1941 at a cost of $140,000. The building contained an auditorium that could seat 330 persons, a lounge, a barbershop, and a canteen. The enclosed corridor connecting the recreation building to the main hospital building cost another $25,000.

The Indianapolis VA Hospital was under consideration to nearly double its capacity in 1944 as a means of meeting the expected growth in medical care necessitated by returning World War II veterans. A measure to increase the facility's capacity by an additional 275 beds was forwarded to the Federal Board on Hospitalization, but the increase in capacity for the Cold Spring Road hospital did not materialize.

The VA Hospital on W. 10th Street was opened on February 1, 1952. Located near the Indiana University Medical Center, it had a capacity of 500 beds. Post-World War II VA Hospitals were constructed near medical schools to take advantage of specialists, training, and research opportunities at the medical school facilities. By February 1952, the patients of the Indianapolis Second Generation Veterans Hospital had been removed to the newly constructed VA Hospital on W. 10th Street in Indianapolis. The Cold Spring Road VA Hospital was to begin renovation as a tuberculosis treatment facility and to reopen at an unspecified date. Once reopened for tuberculosis patients, the Cold Spring Road facility's capacity would decrease to 250 beds. Also in 1952, a new laundry (Resource 33) was under construction. This laundry was to serve both the Cold Spring Road and W. 10th Street VA hospitals. Construction of the new laundry, expected to cost $385,000, was contracted to J.L.

34 United States Department of Veterans Affairs, files of the Engineering Service, Richard L. Roudebush Veterans Affairs Medical Center, Indianapolis, Indiana.
37 "New Hospital For Vets to Open Doors Feb. 1," Indianapolis Star, December 21, 1951, located in the vertical files of the Indiana State Library, Indianapolis, Indiana; Damon, 14, 40.
Simmons Company, Inc. Prior to building the laundry facility, the hospital's laundry was contracted to a local firm, costing approximately $3,200 per month.  

The Cold Spring Road Indianapolis VA Hospital reopened in June 1952 as a tuberculosis facility with a capacity of 241 beds. Alterations included "transforming dayrooms and lounges into wards, and conversion of recreation rooms into office space." The dining room was also reduced in size as meals are served in the rooms of tuberculosis patients. The hospital was affiliated with the Indiana University School of Medicine. By early November 1953 the hospital housed 206 tubercular patients. The administration of the two hospitals, Cold Spring Road and W. 10th Street, were combined in 1957. According to Bradley Kent Damon's paper on the Indianapolis veterans hospitals, the Cold Spring Road facility "remained a tuberculosis treatment center until the late 1960s."  

In 1982, the Cold Spring Road hospital offered inpatient and outpatient mental health services, a nursing home, and medical care. Dedication for the new behavioral science clinical addition to the general medical building (Resource 8, 1939) at the Indianapolis VA Hospital took place on February 18, 1994.  

In the later half of the 1990s, twenty-two acres of the Indianapolis VA Hospital campus on Cold Spring Road was leased for use by the Larue D. Carter Memorial Hospital. The Larue D. Carter Memorial Hospital, formerly located near the W. 10th Street Richard L. Roudebush Veterans Affairs Medical Center, is a state mental hospital. The former location of the state hospital was constructed in 1952 and was in need of extensive updating. The move to the Cold Spring Road site was an economical alternative to remodeling the state's existing facilities. The last remaining Veterans Affairs patients were removed from the Cold Spring Road facility in the late 1990s. Veterans Affairs continues to control the three residences within the remaining eight acres (Resources 4, 1937; 7, and 9, both 1931).  

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41 Bradley Kent Damon, ""To Care For Him Who Shall Have Borne the Battle": A History of the Indianapolis Veterans Administration Hospitals, 1928–1988" (public history paper, Indiana University, Indianapolis, 1990), 2.  
42 Ibid. 42.  
43 Rededication Ceremony in Honor of Mr. Richard L. Roudebush, Anniversary Observance 1982 (Indianapolis, IN: Veterans Administration Medical Center, August 29, 1982), files of the Medical Library, Richard L. Roudebush Veterans Affairs Medical Center, Indianapolis, Indiana.  
44 "Extra! Extral Behavioral Science Clinical Addition Dedicated at Cold Spring Road Division," *Department of Veterans Affairs Centerline* (A Newsletter for Employees of the Richard L. Roudebush VA Medical Center) 7, no. 2 (July/August/September 1994), files of the Medical Library, Richard L. Roudebush Veterans Affairs Medical Center, Indianapolis, Indiana.  
45 Joe Fahy and James A. Gillasp, "State Wants Most of Roudebush Site," *Indianapolis Star*, August 26, 199(?), files of the Medical Library, Richard L. Roudebush Veterans Affairs Medical Center, Indianapolis, Indiana.
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*Indianapolis Star*. “Board’s Decision Based on Desire for Central Site.” February 18, 1930.


Indianapolis Star. "Hospital Land Is Sold by City." November 29, 1930.

Indianapolis Star. "Hospital Will Be in Taggart Park." June 29, 1930.

Indianapolis Star. "Lowest Bid of $487,000 by Ralph Sollitt and Sons Construction Company of South Bend." January 22, 1931.


Indianapolis Star. "President Signs Large Veterans' Hospital Aid Act." December 24, 1929.

Indianapolis Star. "U.S. Hospital Here Will Add 275 More Beds." August 14, 1944.


"Opening of New Station at Indianapolis." Medical Bulletin of the Veterans' Administration 8, no. 3 (March 1932): 240.


United States Department of Veterans Affairs. Files of the Engineering Service, Richard L. Roudebush Veterans Affairs Medical Center, Indianapolis, Indiana.

1948 Indianapolis West, Indiana 7.5-minute topographic quadrangle showing National Register boundary.
1967 (Photo revised 1980, Photo inspected 1984) Indianapolis West, Indiana 7.5-minute topographic quadrangle showing National Register boundary.
Overall National Register boundary, contributing and noncontributing resources indicated on an aerial map.
Overall National Register boundary, contributing and noncontributing resources indicated on an sketch map.
United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Indianapolis Veterans' Administration Hospital
Marion County, Indiana

Name of multiple property listing (if applicable)
United States Second Generation Veterans' Hospitals

Photograph Continuation Sheet
Name of Property: Indianapolis Veterans' Administration Hospital (same for all photos)
City, County, State: Indianapolis, Marion County, Indiana (same for all photos)
Photographer: Kathryn M. Joseph and Trent Spurlock (same for all photos)
Photo date: January 26–30, 2009 (same for all photos)
Original Negative: N/A (submitted compact disc, same for all photos)

2. View looking east to Resources 4, 9, and 7.
3. View looking southeast to Resources 8 and 1.
4. View to southwest to Resources 10, 2, 25, 1, and 8.
5. View to east to Resources 3, 33, and 18.
6. View to northwest to Resources 11, 5, 1, 2, 8, and 25.
10. View looking southeast to Resources 8 and 1.
13. East elevations of Resources 1, A, 8, and 37. View looking west.
Map indicating locations of photographs corresponding to those of the Photograph Continuation Sheet.
Veteran’s Administration Hospital (Cold Spring Road), Marion Co., IN photo #0010

Veteran’s Administration Hospital (Cold Spring Road), Marion Co., IN photo #0012