

**Graduate Program in Historic Preservation
Graduate School of Fine Arts, University of Pennsylvania**

TOMB AND MARKER SURVEY

Site: St. Louis 1 Cemetery		Date Founded: 1789	
Street Address: Block bounded by Basin, St. Louis, Conti and Tremé Streets			
Parish: Orleans	County:	City: New Orleans	State: Louisiana- LA
UTM Coordinates: Zone: 15 Easting: 782 200 Northing: 331 7450			
Owner: Archdiocese of New Orleans, Roman Catholic Church			
Contact: Michael Boudreaux			
Surveyor(s):		Date:	
Weather: Temperature: _____ Humidity: _____ <input type="checkbox"/> Sunny <input type="checkbox"/> Rain/snow/fog <input type="checkbox"/> Overcast <input type="checkbox"/> Sunny & windy <input type="checkbox"/> Rain/snow/fog & windy <input type="checkbox"/> Overcast & windy			

I. IDENTIFICATION

THNOC:	PNTHNOC:	Archdiocese No.:	GIN:
Street/Alley Name:			
Tomb Name(s):			
First Burial Date:		Last Burial Date:	
Military Marker:		Biographical Info:	

II. ENVIRONMENT *(Check appropriate fields.)*

Orientation: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE <input type="checkbox"/> Unknown	
Context: <input type="checkbox"/> Isolated (3+ ft) <input type="checkbox"/> Contiguous (0-3 ft)	
Precinct:	Ground: <input type="checkbox"/> Paved <i>(check all that apply)</i> : <input type="checkbox"/> Shell <input type="checkbox"/> Stone <input type="checkbox"/> Brick <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Other <input type="checkbox"/> Unpaved <i>(check all that apply)</i> : <input type="checkbox"/> Soil <input type="checkbox"/> Vegetation <input type="checkbox"/> Grass <input type="checkbox"/> Other: _____
	Enclosure: <input type="checkbox"/> Curb <input type="checkbox"/> Wall <input type="checkbox"/> Fence <input type="checkbox"/> Chain <input type="checkbox"/> Other <input type="checkbox"/> N/A
Proximity to Path: <input type="checkbox"/> Adjacent (0-1 ft) <input type="checkbox"/> Close (1-5 ft) <input type="checkbox"/> Distant (5+ ft)	
Path Type: <input type="checkbox"/> Stone <input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Shell <input type="checkbox"/> Soil <input type="checkbox"/> Grass <input type="checkbox"/> Other	
Proximity to Drain: <input type="checkbox"/> Adjacent (0-5 ft) <input type="checkbox"/> Close (5-10 ft) <input type="checkbox"/> Distant (10+ ft)	
Grade Slope: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Cross-slope <input type="checkbox"/> None	
Alignment: <input type="checkbox"/> Normal <input type="checkbox"/> Sunken <input type="checkbox"/> Tilted <input type="checkbox"/> Fallen	
Furniture: <input type="checkbox"/> Bench <input type="checkbox"/> Sculpture <input type="checkbox"/> Container/Vase <input type="checkbox"/> Plaque <input type="checkbox"/> Immortelle <input type="checkbox"/> None	

III. DESCRIPTION *(Check appropriate fields.)*

Tomb Type <input type="checkbox"/> Modified	<input type="checkbox"/> Wall/Block Vault <input type="checkbox"/> Pediment Tomb <input type="checkbox"/> Mausoleum <input type="checkbox"/> Tumulus
	<input type="checkbox"/> Parapet <input type="checkbox"/> Platform <input type="checkbox"/> Sarcophagus <input type="checkbox"/> Step <input type="checkbox"/> Unknown
Marker Type <input type="checkbox"/> Modified	<input type="checkbox"/> Simple <i>(check all that apply)</i> : <input type="checkbox"/> Headstone/footstone <input type="checkbox"/> Stele <input type="checkbox"/> Plaque <input type="checkbox"/> Other
	<input type="checkbox"/> Compound <i>(check all that apply)</i> : <input type="checkbox"/> Table <input type="checkbox"/> Basal <input type="checkbox"/> Pedestal <input type="checkbox"/> Column <input type="checkbox"/> Obelisk <input type="checkbox"/> Other <input type="checkbox"/> Pyramid <input type="checkbox"/> Die

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Representation: <input type="checkbox"/> Society <input type="checkbox"/> Family <input type="checkbox"/> Individual <input type="checkbox"/> Undeterminable			
Changed State: <input type="checkbox"/> New/Rebuilt <input type="checkbox"/> Restored <input type="checkbox"/> Paved with Remnant <input type="checkbox"/> Unknown			
Number of Tiers: <input type="checkbox"/> N/A		Number of Bays: <input type="checkbox"/> N/A	
Vault Construction: <input type="checkbox"/> Brick barrel vault <input type="checkbox"/> Stone slab <input type="checkbox"/> Brick "slab" <input type="checkbox"/> Metal bars <input type="checkbox"/> N/A			
Roof: <input type="checkbox"/> Step <input type="checkbox"/> Gable <input type="checkbox"/> Barrel-vault <input type="checkbox"/> Cross-vault <input type="checkbox"/> Hip <input type="checkbox"/> Flat <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Undeterminable			
Base: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pedestal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shelf: <input type="checkbox"/> Yes <input type="checkbox"/> No	Threshold: (Yes (No
Ornament: (Sculpture (Urn (Cross (Plaque (Relief panels (Incised panels (None (Other			
Hardware: (Votive holder (Attachment for immortelles (None (Other			
Perpetual Care Marker: (Yes (No		Interment Status: (Active (Inactive (Abandoned	
Number of Closure Tablet(s):		Closure Tablets: of Missing	
Closure Tablet(s) Attachment(s): (Mortar (Pin (Both (Not Attached (Indiscernible			
Number of Associated Tablet(s):			
Associated Tablet(s) Attachment(s): (Mortar (Pin (Both (Not Attached (N/A <input type="checkbox"/> Indiscernible			
Tablet Surround: <input type="checkbox"/> Yes <input type="checkbox"/> No		Corner Stone: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Designer/Architect:		Stone Mason/Builder:	
Color:	Dimensions: Width	Length	Height
Addl. Statuary Height:		Comment:	

IV. MATERIALS (Check or circle appropriate fields.)

	Primary Structure	Roof	Base	Ornament	Enclosure	Closure Tablet(s)	Associated Tablet(s)
Sandstone							
Limestone							
Marble							
Slate							
Granite							
Concrete							
Cast Stone							
Brick							
Brick/Stone							
Metal							

Stucco	Tan	Gray	Tan/Tan	Tan/Gray	Gray/Gray	Unknown
Surface Finish	Few Layers		Many Layers		None	

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V. CONDITION – MASONRY (*Check or circle appropriate fields.*)

	Primary Structure	Roof	Base	Ornament(s)	Tablet System
Collapse					
Loss					
Disaggregation					
Erosion					
Cracking					
Surface Deposits					
Bio-growth					
Vegetation					
Graffiti					
Bowing					
Other					
Comments:					

	Addition	Alteration	Condition	Material Integrity	Formal Integrity
Primary Structure	Yes / No	Yes / No	0 / 1 / 2 / 3 N/A	0 / 1 / 2 / 3 N/A	0 / 1 / 2 / 3 N/A
Roof	Yes / No	Yes / No	0 / 1 / 2 / 3 N/A	0 / 1 / 2 / 3 N/A	0 / 1 / 2 / 3 N/A
Stucco		Yes / No	0 / 1 / 2 / 3 N/A	0 / 1 / 2 / 3 N/A	
Surface Fin.			0 / 1 / 2 / 3 N/A	0 / 1 / 2 / 3 N/A	
Ornaments	Fragments Y/N	#	0 / 1 / 2 / 3 N/A	0 / 1 / 2 / 3 N/A	
Tablet Sys.	Fragments Y/N	#	0 / 1 / 2 / 3 N/A	0 / 1 / 2 / 3 N/A	

CONDITION – METALWORK (*See Section VII*)

VI. LANDSCAPE (*Check appropriate fields.*)

Planting Design Type: <input type="checkbox"/> Container planting <input type="checkbox"/> Bed planting <input type="checkbox"/> Coping/raised bed <input type="checkbox"/> Specimen planting <input type="checkbox"/> N/A	
Planting Materials: <input type="checkbox"/> Grass <input type="checkbox"/> Ground cover <input type="checkbox"/> Herbaceous <input type="checkbox"/> Shrub <input type="checkbox"/> Deciduous tree <input type="checkbox"/> Non-deciduous tree <input type="checkbox"/> Moss <input type="checkbox"/> None <input type="checkbox"/> N/A	
Planting Species	
A. _____	Condition (0=dead; 3=healthy): ____ Height: ____ Width: ____ Proximity to tomb: <input type="checkbox"/> 0-3ft <input type="checkbox"/> 3-10ft <input type="checkbox"/> 10+ft
B. _____	Condition (0-3): ____ Height: ____ Width: ____ Proximity to tomb: <input type="checkbox"/> 0-3ft <input type="checkbox"/> 3-10ft <input type="checkbox"/> 10+ft
C. _____	Condition (0-3): ____ Height: ____ Width: ____ Proximity to tomb: <input type="checkbox"/> 0-3ft <input type="checkbox"/> 3-10ft <input type="checkbox"/> 10+ft
Invasive Vegetation	
Plant type: <input type="checkbox"/> Grass <input type="checkbox"/> Herbaceous <input type="checkbox"/> Shrub <input type="checkbox"/> Tree <input type="checkbox"/> Microbiotic <input type="checkbox"/> Vine <input type="checkbox"/> N/A	
Location: <input type="checkbox"/> Roof <input type="checkbox"/> Walls <input type="checkbox"/> Precinct <input type="checkbox"/> Ornament	
Damage (0=significant; 3=minimal):	

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VII. METALWORK *(Circle the appropriate rating.)*

Is there a Metal Enclosure? Yes No	If not, Is there evidence? Yes No	Is there Metal Ornament? Yes No	If not, Is there evidence? Yes No
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	Tomb	Enclosure		Door	Ornament	
		Comp	Part			
Condition	0 / 1 / 2 / 3 NA					
	Sculpture	Accessories		Plaque	Tomb Anchor	Tablet Anchor
Condition	0 / 1 / 2 / 3 NA	0 / 1 / 2 / 3 NA		0 / 1 / 2 / 3 NA	0 / 1 / 2 / 3 NA	0 / 1 / 2 / 3 NA

VIII. INSCRIPTION(S) *(Attach pages of additional inscriptions, if necessary.)*

IX. GENERAL COMMENTS *(Provide additional comments/observations below.)*