

**HISTORIC LANDMARK COMMISSION
DEMOLITION AND RELOCATION PERMITS
DECEMBER 17, 2021
PR-2021-171300; GF-2021-189004
2105 S. L. DAVIS AVENUE**

PROPOSAL

Demolish a ca. 1940 house.

ARCHITECTURE

Single-story, front-gabled bungalow of concrete block construction with a stucco finish. Windows and doors have been replaced and the front porch enclosed.

RESEARCH

The concrete block house at 2105 S. L. Davis Ave. (previously addressed at 2105 Washington Ave.) was built in the early 1940s, replacing an earlier frame residence on the lot. It was owned by Rosetta and Sonnie Washington from 1947 to 1963. Sonnie Washington was a laborer. Rosetta Washington was a maid.

The earlier house was built ca. 1906 by Albert and Queen Wilson. Albert Wilson worked as a laborer at Merchants' Transfer in 1918 and Beth Israel Cemetery in 1922. Queen Wilson worked as a housekeeper. Mr. Wilson passed away in 1931, and Ms. Wilson passed away in 1944.

PROPERTY EVALUATION

The [Historic Resources Survey for East Austin](#) (Hardy Heck Moore, Inc., 2016) lists the property as ineligible for historic designation.

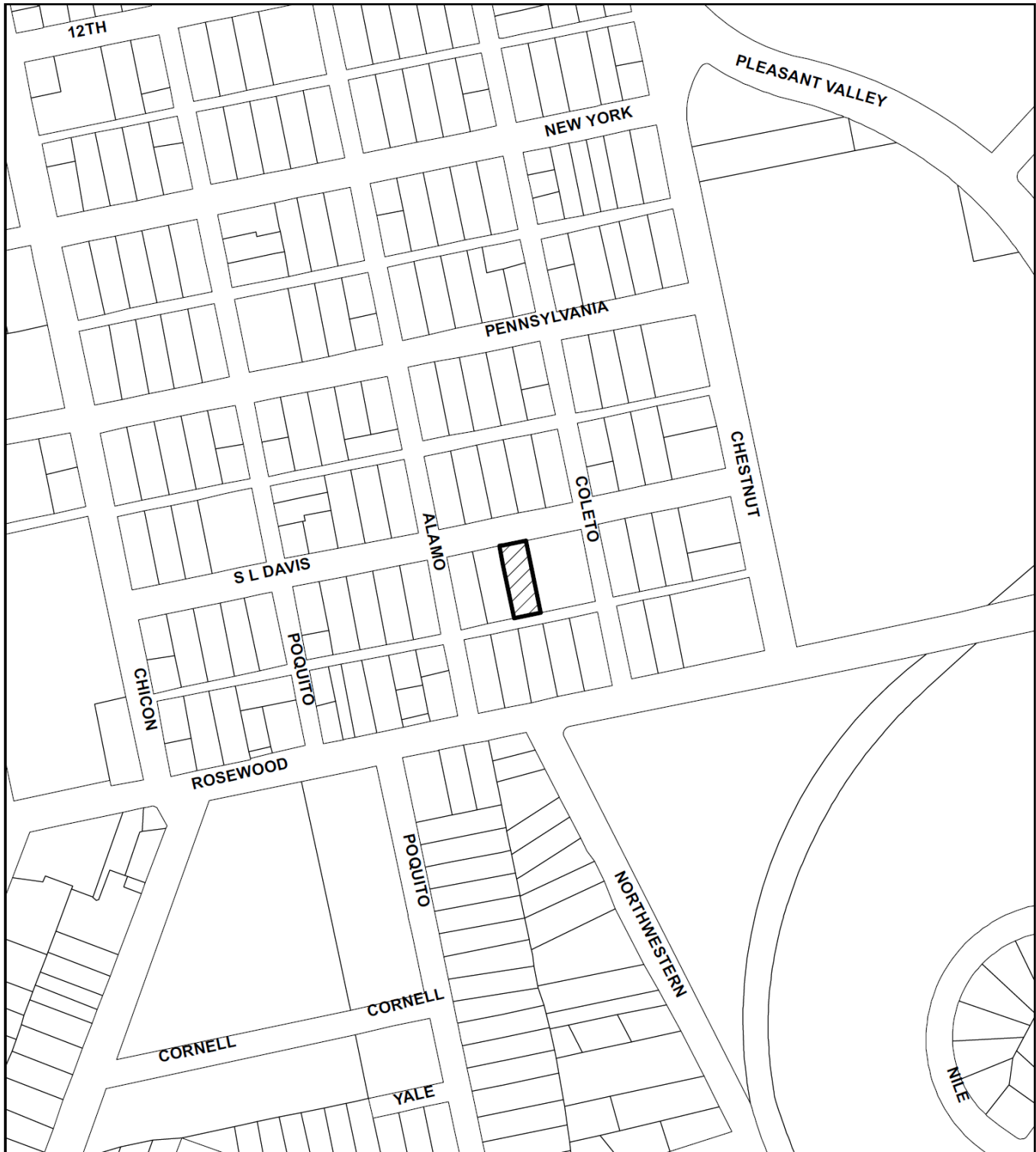
Designation Criteria—Historic Landmark




- 1) The building is more than 50 years old.
- 2) The building has been modified and appears to have a low level of integrity.
- 3) Properties must meet two criteria for landmark designation (LDC §25-2-352). Staff has evaluated the property and determined that it does not meet criteria for landmark designation:
 - a. Architecture. The building does not retain architectural significance.
 - b. Historical association. The property is associated with the Washington family, an African American working-class family.
 - c. Archaeology. The property was not evaluated for its potential to yield significant data concerning the human history or prehistory of the region.
 - d. Community value. The property does not possess a unique location, physical characteristic, or significant feature that contributes to the character, image, or cultural identity of the city, the neighborhood, or a particular demographic group.
 - e. Landscape feature. The property is not a significant natural or designed landscape with artistic, aesthetic, cultural, or historical value to the city.

STAFF RECOMMENDATION

Release the demolition permit upon completion of a City of Austin Documentation Package.

LOCATION MAP



-  SUBJECT TRACT
-  PENDING CASE
-  ZONING BOUNDARY

1" = 250'

NOTIFICATIONS

CASE#: GF 21-192877
LOCATION: 2105 S.L. DAVIS AVENUE

This product is for informational purposes and may not have been prepared for or be suitable for legal, engineering, or surveying purposes. It does not represent an on-the-ground survey and represents only the approximate relative location of property boundaries.

This product has been produced by CTM for the sole purpose of geographic reference. No warranty is made by the City of Austin regarding specific accuracy or completeness.



PROPERTY INFORMATION

Photos



Demolition permit application, 2021

Occupancy History

City Directory Research, November 2021

1959	Rosetta Washington, owner (widow of Sonny)
1957	Sonny and Rosetta Washington, owners Laborer
1955	Sonny and Rosetta Washington, owners Rosetta – Maid
1952	Sonny and Rosetta Washington, owners Rear: Italy Harris, renter
1949	Sonny and Rosetta Washington, owners
1947	Rosa Washington, renter
1944	Queen Wilson, owner
1941	Queen Wilson, owner
1939	Queen Wilson, owner
1937	Queen Wilson, owner
1935	Queen Wilson, owner
1932	Queen Wilson, owner
1929	Albert and Queen Wilson, owners
1927	Albert and Queen Wilson, owners

1924 Albert and Queen Wilson, owners
 1922 Albert and Queen Wilson, owners
 Laborer, Beth Israel Cemetery
 1920 Albert and Queen Wilson, owners
 1918 Albert and Queen Wilson, owners
 Laborer, Merchants' Transfer
 1916 Albert and Queen Wilson, owners
 Laborer
 1912 Albert and Queen Wilson, owners
 Laborer
 1906 Albert Wilson, owner
 1903 Address not listed

Biographical Information

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 Where, stillborn is given as cause of death, the birth certificate. Every item of information should be carefully stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 PLACE OF DEATH		TEXAS STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS		Reg. Dis. No.	B. O. V. S.
County Travis		STANDARD CERTIFICATE OF DEATH		Registered No. 7690	D
City Austin		No. 2105	Res. Wash. Ave.	St.	15755
2 FULL NAME Albert Wilson		RESIDENCE, No. 2105 St. Wash.			
Length of residence in city or town where death occurred		(If nonresident give city or town and State)			
yrs. mos. ds.		ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Male	4 COLOR OR RACE Col.	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married		16 DATE OF DEATH	
6 DATE OF BIRTH Dec. 25, 1874		(Month) (Day) (Year)		March 10, 1931	
7 AGE 56 yrs 2 mos. 13 ds.		If less than 2 years state if breast fed If less than 1 day		17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 31 to March 10, 31	
8 OCCUPATION Laborer		(a) Trade, profession or particular kind of work		that I last saw him alive on March 10, 1931	
9 BIRTHPLACE (State or country) Mo.		(b) General nature of industry, business or establishment in which employed (or employer)		and that death occurred on the date stated above, at 10:00 a. m.	
10 NAME OF FATHER Wilson		11 BIRTHPLACE OF FATHER (State or country) Mo.		The CAUSE OF DEATH was as follows:	
12 MAIDEN NAME OF MOTHER Don't know		13 BIRTHPLACE OF MOTHER (State or country) " "		Myocardial Degeneration	
14 THE ABOVE IS TRUE		15		(duration) yrs. mos. ds.	
(Informant) Mrs. Queen Wilson		16 Where was disease contracted?		Contributory (Secondary)	
(Address) Austin, Texas.		If not at place of death?		(duration) yrs. mos. ds.	
17		Did an operation precede death? No Date of		18	
18		Was there an autopsy? No		What test confirmed diagnosis? None	
19		(Signed) J. H. Perry M. D.		19	
20		(Address) 3110		20	
21		State the disease causing death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal.		21	
22		19 PLACE OF BURIAL OR REMOVAL Lethany Cemetery		DATE OF BURIAL 3/11/31	
23		23 UNDERTAKER Wm. M. Tears		ADDRESS Austin, Tex	
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Albert Wilson death certificate, 1931

1. PLACE OF DEATH
STATE OF TEXAS
COUNTY OF Travis
CITY OR PRECINCT NO. Austin
2. FULL NAME OF DECEASED Queen Wilson
3. SEX Female
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
6. DATE OF BIRTH June 6, 1883
7. AGE 61 YEARS 6 MONTHS 26 DAYS
8. TRADE, PROFESSION OR KIND OF WORK DONE Housekeeper
9. BIRTHPLACE (STATE OR COUNTRY) Texas
10. NAME Unknown
11. BIRTHPLACE (STATE OR COUNTRY) Unknown
12. MAIDEN NAME Unknown
13. BIRTHPLACE (STATE OR COUNTRY) Unknown
14. SIGNATURE (Mrs.) Elsie Wilson
15. PLACE OF BURIAL OR REMOVAL Bethany Cemetery
16. SIGNATURE TEARS FUNERAL HOME
17. DATE OF DEATH August 2, 1944
18. I HEREBY CERTIFY THAT I APPROVE THIS DECEASED PERSON
19. I LAST SAW HIM ALONE ON August 2, 1944
20. THE DEATH OCCURRED AT THE DATE STATED ABOVE AT 2:00 A.M.
21. THE PRIMARY CAUSE OF DEATH WAS Cardiac Failure
22. CONTRIBUTORY CAUSES WERE None
23. IF NOT DUE TO DISEASE, SPECIFY WHETHER ACCIDENT, SUICIDE, OR HOMICIDE
24. DATE OF OCCURRENCE August 2, 1944
25. PLACE OF OCCURRENCE Brackenridge Hospital
26. MANNER OR MEANS IF RELATED TO OCCUPATION, SPECIFY
27. SIGNATURE James W. Watson
28. ADDRESS 1310 N. Bay, Austin, Texas
29. M. D. COR. TEXAS
30. FILE NUMBER 803
31. FILE DATE 8-3-44
32. SIGNATURE OF LOCAL REGISTRAR J. McCallum M.D.
33. POSTOFFICE ADDRESS AUSTIN, TEXAS

Queen Wilson death certificate, 1944

227-10-2 227-1-0
177
1428
STATE OF TEXAS
COUNTY Travis
CITY OR TOWN Austin
HOSPITAL OR INSTITUTION Brackenridge Hospital
NAME OF DECEASED Sonnie
SEX Male
COLOR OR RACE Negro
MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
USUAL OCCUPATION Retired
FATHER'S NAME Sonnie Washington
MOTHER'S MAIDEN NAME Mary Ann Henderson
INFORMANT Mrs. Rosetta Washington
DATE OF DEATH October 19, 1958
AGE 75 YEARS 7 MONTHS 29 DAYS
BIRTHPLACE Travis County Tex
CITIZEN OF WHAT COUNTRY? USA
CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute heart failure.
DUE TO (b) Septicemia,
DUE TO (c) Debilitation secondary to carcinoma of prostate.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II of item 18)
20c. TIME OF INJURY
20d. INJURY OCCURRED
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)
20f. CITY, TOWN, OR LOCATION
21. I hereby certify that I am a physician and that I am qualified to sign this certificate.
22. SIGNATURE J.H. Watson, J.P.
23. ADDRESS Co. Court House, Austin, Texas.
24. NAME OF CEMETERY OR CREMATORY Pflugerville
25. DATE OF BURIAL Oct. 25, 1958
26. LOCATION Pflugerville, Texas
27. FUNERAL DIRECTOR'S SIGNATURE King-Tears Mortuary
28. REGISTER'S FILE NO. 1260
29. DATE REC'D BY LOCAL REGISTRAR 10-29-1958
30. REGISTER'S SIGNATURE B.M. Palmer, M.D.
31. POSTOFFICE ADDRESS AUSTIN, TEXAS

Sonnie Washington death certificate, 1958

STATE OF TEXAS		22701-2 2291/CERTIFICATE OF DEATH		STATE FILE NO.		47595	
1. PLACE OF DEATH a. COUNTY Travis b. CITY OR TOWN (if outside city limits, give precinct no.) Austin c. LENGTH OF STAY in l.b. d. NAME OF (if not in hospital, give street address) HOSPITAL OR INSTITUTION Brackenridge Hospital e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Travis c. CITY OR TOWN (if outside city limits, give precinct no.) Austin d. STREET ADDRESS (if rural, give location) 2105 Washington Ave. e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Rosetta 4. DATE OF DEATH May 18, 1963				5. SEX Female 6. COLOR OR RACE Negro 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> 8. DATE OF BIRTH Aug. 5, 1901 9. AGE (In years last birthday) 61 10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Minutes 9 13			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic 10b. KIND OF BUSINESS OR INDUSTRY Home				11. BIRTHPLACE (State or foreign country) Washington, Texas 12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Jimmie Felder				14. MOTHER'S MAIDEN NAME Dora B. Green			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. Mrs. Adell Lincoln			
17. INFORMATION Mrs. Adell Lincoln				18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) Bladder + Uterus Carcinoma Bladder + Uterus 5x10cm + far advanced			
19. TEXAS DEPARTMENT OF HEALTH REC'D AUG 14 1963 BUREAU OF VITAL STATISTICS AUSTIN, TEXAS				20. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Bladder Neck obstructions on to @			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18)			
20c. TIME OF INJURY Hour Month Day Year				20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)			
20f. CITY, TOWN, OR LOCATION				20g. COUNTY			
20h. STATE				20i. NAME OF CEMETERY OR CREMATORY			
20j. FURNERAL DIRECTOR'S SIGNATURE				20k. REGISTAR'S SIGNATURE			
20l. DATE REC'D BY LOCAL REGISTRAR				20m. DATE REC'D BY LOCAL REGISTRAR			
20n. REGISTAR'S FILE NO.				20o. DATE REC'D BY LOCAL REGISTRAR			
20p. REGISTAR'S SIGNATURE				20q. DATE REC'D BY LOCAL REGISTRAR			
20r. REGISTAR'S SIGNATURE				20s. DATE REC'D BY LOCAL REGISTRAR			
20t. REGISTAR'S SIGNATURE				20u. DATE REC'D BY LOCAL REGISTRAR			
20v. REGISTAR'S SIGNATURE				20w. DATE REC'D BY LOCAL REGISTRAR			
20x. REGISTAR'S SIGNATURE				20y. DATE REC'D BY LOCAL REGISTRAR			
20z. REGISTAR'S SIGNATURE				20aa. DATE REC'D BY LOCAL REGISTRAR			
20ab. REGISTAR'S SIGNATURE				20ac. DATE REC'D BY LOCAL REGISTRAR			
20ad. REGISTAR'S SIGNATURE				20ae. DATE REC'D BY LOCAL REGISTRAR			
20af. REGISTAR'S SIGNATURE				20ag. DATE REC'D BY LOCAL REGISTRAR			
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20aj. REGISTAR'S SIGNATURE				20ak. DATE REC'D BY LOCAL REGISTRAR			
20al. REGISTAR'S SIGNATURE				20am. DATE REC'D BY LOCAL REGISTRAR			
20an. REGISTAR'S SIGNATURE				20ao. DATE REC'D BY LOCAL REGISTRAR			
20ap. REGISTAR'S SIGNATURE				20aq. DATE REC'D BY LOCAL REGISTRAR			
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20ax. REGISTAR'S SIGNATURE				20ay. DATE REC'D BY LOCAL REGISTRAR			
20az. REGISTAR'S SIGNATURE				20ba. DATE REC'D BY LOCAL REGISTRAR			
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20bj. REGISTAR'S SIGNATURE				20bk. DATE REC'D BY LOCAL REGISTRAR			
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20bn. REGISTAR'S SIGNATURE				20bo. DATE REC'D BY LOCAL REGISTRAR			
20bp. REGISTAR'S SIGNATURE				20bq. DATE REC'D BY LOCAL REGISTRAR			
20br. REGISTAR'S SIGNATURE				20bs. DATE REC'D BY LOCAL REGISTRAR			
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20bv. REGISTAR'S SIGNATURE				20bw. DATE REC'D BY LOCAL REGISTRAR			
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20bz. REGISTAR'S SIGNATURE				20ca. DATE REC'D BY LOCAL REGISTRAR			
20cb. REGISTAR'S SIGNATURE				20cc. DATE REC'D BY LOCAL REGISTRAR			
20cd. REGISTAR'S SIGNATURE				20ce. DATE REC'D BY LOCAL REGISTRAR			
20cf. REGISTAR'S SIGNATURE				20cg. DATE REC'D BY LOCAL REGISTRAR			
20ch. REGISTAR'S SIGNATURE				20ci. DATE REC'D BY LOCAL REGISTRAR			
20cj. REGISTAR'S SIGNATURE				20ck. DATE REC'D BY LOCAL REGISTRAR			
20cl. REGISTAR'S SIGNATURE				20cm. DATE REC'D BY LOCAL REGISTRAR			
20cn. REGISTAR'S SIGNATURE				20co. DATE REC'D BY LOCAL REGISTRAR			
20cp. REGISTAR'S SIGNATURE				20cq. DATE REC'D BY LOCAL REGISTRAR			
20cr. REGISTAR'S SIGNATURE				20cs. DATE REC'D BY LOCAL REGISTRAR			
20ct. REGISTAR'S SIGNATURE				20cu. DATE REC'D BY LOCAL REGISTRAR			
20cv. REGISTAR'S SIGNATURE				20cw. DATE REC'D BY LOCAL REGISTRAR			
20cx. REGISTAR'S SIGNATURE				20cy. DATE REC'D BY LOCAL REGISTRAR			
20cz. REGISTAR'S SIGNATURE				20da. DATE REC'D BY LOCAL REGISTRAR			
20db. REGISTAR'S SIGNATURE				20dc. DATE REC'D BY LOCAL REGISTRAR			
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20de. REGISTAR'S SIGNATURE				20df. DATE REC'D BY LOCAL REGISTRAR			
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20dl. REGISTAR'S SIGNATURE				20dm. DATE REC'D BY LOCAL REGISTRAR			
20dm. REGISTAR'S SIGNATURE				20dn. DATE REC'D BY LOCAL REGISTRAR			
20dn. REGISTAR'S SIGNATURE				20do. DATE REC'D BY LOCAL REGISTRAR			

Rosetta Washington death certificate, 1963

Permits

CHANGED TO 6" Galv. MAIN AND RENEWED
 SERVICE WITH 3/4" COPPER ON 1122-1-700-535

WATER SERVICE PERMIT

Austin, Texas.

D No **7425** ³⁹

Received of J. W. WASHINGTON

Address 2105 WASHINGTON (Ph. 7-9247)

Amount TWENTY 9.00

Plumber SELF

Date 1-5-53

Size of Tap 3/4"

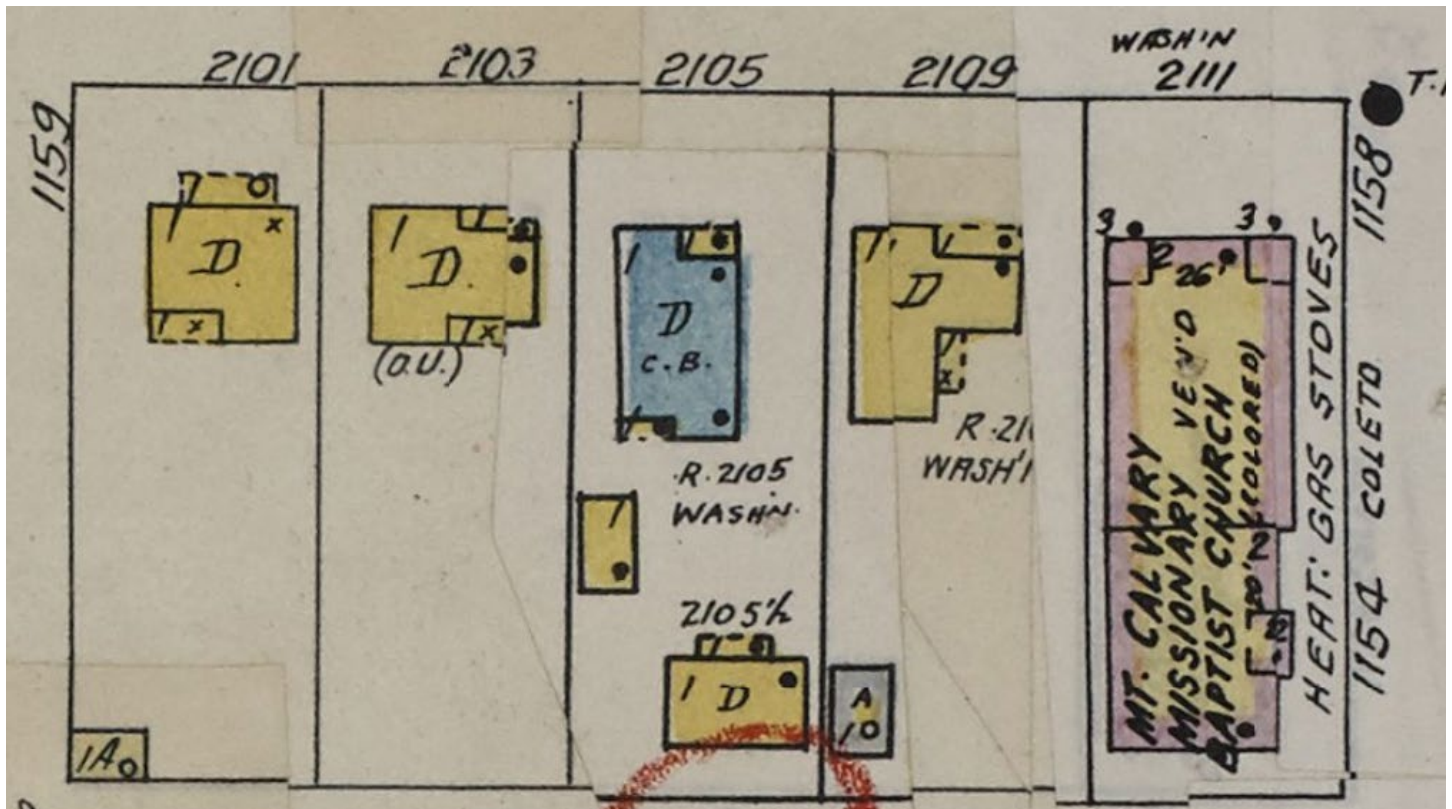
<p>Date of Connection <u>1-9-53</u></p> <p>Size of Tap Made <u>3/4"</u></p> <p>Size Service Made <u>3/4"</u></p> <p>Size Main Tapped <u>2" GALV.</u></p> <p>From Front Prop. Line to Curb Cock <u>7.5'</u></p> <p>From W - Prop. Line to Curb Cock <u>3.5'</u></p> <p>Location of Meter <u>CURB</u></p> <p>Type of Box <u>LOW</u></p> <p>Depth of Main in St. <u>3'</u></p> <p>Depth of Service Line <u>2'</u></p> <p>From Curb Cock to Tap on Main <u>10'</u></p> <p>Checked by Engr. Dept. <u>2-9-53 RC</u></p>	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">No. Fittings</th> <th style="text-align: left;">Size</th> </tr> <tr> <td>1 Curb Cock</td> <td>3/4" COP.</td> </tr> <tr> <td>1 Elbow</td> <td>3/4" SCRP.</td> </tr> <tr> <td>1 St. Elbow</td> <td>3/4" COP.</td> </tr> <tr> <td>1 Bushing</td> <td>2" x 3/4" TAP</td> </tr> <tr> <td>1 Reducer</td> <td>3/4" COP.</td> </tr> <tr> <td>12 Pipe</td> <td>2" x 3/4" COP.</td> </tr> <tr> <td>Lead Comp.</td> <td></td> </tr> <tr> <td>Nipples</td> <td></td> </tr> <tr> <td>Union</td> <td></td> </tr> <tr> <td>Plug</td> <td>T.M.C.</td> </tr> <tr> <td>1 Tee</td> <td>2" L.I.D.</td> </tr> <tr> <td>1 Stop</td> <td>2" L.I.D.</td> </tr> <tr> <td>Box</td> <td>LOW</td> </tr> <tr> <td>Lid</td> <td></td> </tr> <tr> <td>Valves</td> <td></td> </tr> <tr> <td>Job No.</td> <td>11-323-502</td> </tr> <tr> <td>Req. No.</td> <td>W. T. R.</td> </tr> </table>	No. Fittings	Size	1 Curb Cock	3/4" COP.	1 Elbow	3/4" SCRP.	1 St. Elbow	3/4" COP.	1 Bushing	2" x 3/4" TAP	1 Reducer	3/4" COP.	12 Pipe	2" x 3/4" COP.	Lead Comp.		Nipples		Union		Plug	T.M.C.	1 Tee	2" L.I.D.	1 Stop	2" L.I.D.	Box	LOW	Lid		Valves		Job No.	11-323-502	Req. No.	W. T. R.
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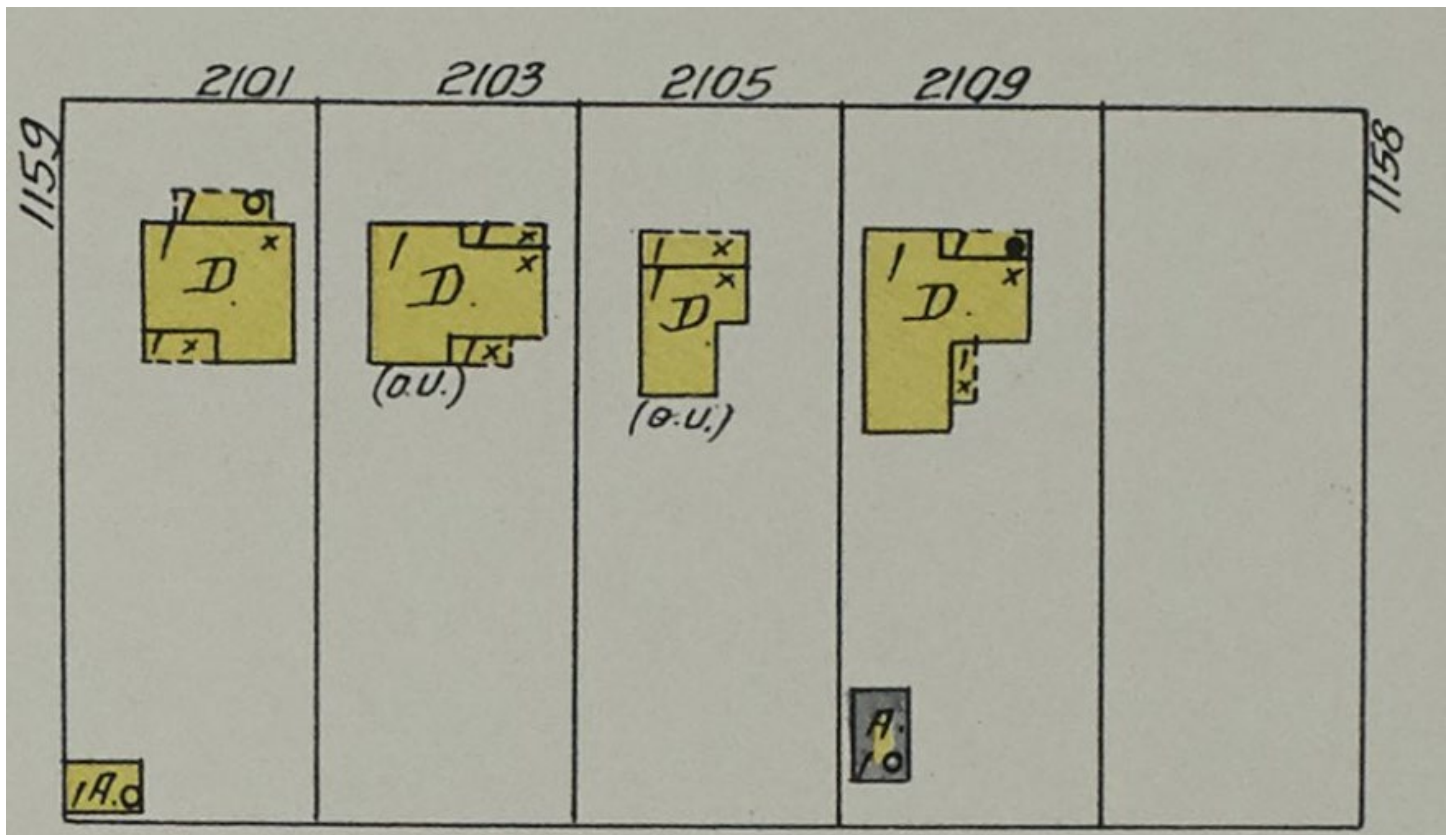
Water service permit, 1953

Sanborn Fire Insurance Maps

Source note: Sanborn Maps are from the Library of Congress, <https://www.loc.gov/collections/sanborn-maps/>.



Sanborn Fire Insurance Map, 1935-May 1962, vol. 2, sheet 206



Sanborn Fire Insurance Map, 1935, sheet 206