The Holocaust Martyrs' and Heroes' Remembrance Authority

Hall of Names - P.O.B. 3477, Jerusalem 91034 www.yadvashem.org



רשות הזיכרון לשואה ולגבורה

**היכל השמות -** ת.ד 3477, ירושלים 91034

## Page of Testimony

Page of Testimony for commemoration of the Jews who perished during the Holocaust; please fill in a separate form for each victim, in block capitals

Victim's photo Please write victim's name		The Martyrs' and Heroes' Remembrance Law 5713-1953 determines in section 2 that: "The task of Yad Vashem is to gather into the homeland material regarding all those members of the Jewish people who laid down their lives, who fought and rebelled against the Nazi enemy and his collaborators, and to perpetuate their <b>names</b> and those of the communities, organizations and institutions which were destroyed because they were Jewish."											
	on back. o not glue.	Victim's family name:						Maiden name:					
	o not giue.	MILLER						ZIMMERMANN					
		Victim's first name (also nickname):						Previous/other family name:					
		BREINDEL (BREINDLELA CHOP)						,					
, , , , , , , , , , , , , , , , , , ,				בריינדל									
Title:			Gender:					Date of birth:		Approx. age at death:			
				F				1859			83 - 84		
Place of birth:			Region: Cou		Cou	ntry:	•	Nationality:					
Victim's First name:							Family	name:					
father:					ZIM				MERMANN				
\r. \r. \r.	First name:							en name:					
Victim's mother:	ROZI						FRIEI	EDMAN					
	First name:				Maiden name:			I.	/ictim'	s family status	:	Number of children:	
Victim's wife/husha	and: AVROHM A									RIED	•	6	
Permanent residence:		NLN	Region:		Cou	ntry:			Address:				
i emianei	it residence.				Kegion.		iitiy.		7.0	arcss.			
				<u> </u>									
Profession: Place of				work:					Me	ember of org./n	novement		
Residence before deportation:				Region: Cour			ntry:	try: Add		dress:			
	Places, events	and activities dur	ina the w	ar (pris	son/deportat	ion/al	netto/ca	amp/deat	h mar	ch/hiding/esca	pe/resista	nce/combat):	
	,			(									
Place of death:				Region: Co		Cou	ountry:		Da	Date of death:			
							В	BETWEEN 1942 AND 1943					
Circumsta	nces of death:												
	HED IN HOLOC	AUST;											
	I	, the undersigned	d, hereby	declare	e that this te	stimo	ny is co	orrect to t	the be	st of my know	ledge.		
First name: Fam				nily name:					Pro	evious/maiden	name:		
MOISHE			LLER										
Street: Hous			se no.: Entrance: Apt.:			Ci	City:				State/Zip code:		
1374 EAST 28TH STREET						BROOKLYN		LYN			NY 11210		
Country: Tel.:									Relationship t	to victim (fa	amily/other):		
USA 718			2_258_5512   ` ` ``			m / I am not a survivor I AM NOT			FAMILY GENEALOGIST				
During the war I was in:  camp/ghetto/forest/the resistance/in hiding/had false papers (circle relevant options)  Holocaust survivors may order a special experiment of the company of the													
	8 Nov 2009		, l	BROO	KI YN NY	,				0:	R MI	/	

Date: