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 on back. Do not glue.		to gather into the homeland material regarding all the lives, who fought and rebelled against the Nazi enem and those of the communities, organizations and instit Victim's family name: JUROVICS					53 determines in section 2 that: "The task of Yad Vashem is lose members of the Jewish people who laid down their my and his collaborators, and to perpetuate their names tutions which were destroyed because they were Jewish." Maiden name:						
		Victim's first name (also nickname): ESRA AVINOAM					Previous/other family name:						
Title:				Gender:				Date of birth: App			prox. age at death:		
				M			FEBRUARY		Y 1925	1925 20			
Place of birth:			Regio	Region: Co		ountry:	: N		tionality:				
Victim's	First name:			F		Famil	y name:						
father:	SAMUEL (SHMUEL MEIR)			Jl			ROVICS						
	First name:			N			den name:						
Victim's mother: EDITH				WAG			CHSNER						
Victim's wife/husba	I			Maiden name:			Vic		ctim's family status:		Number of childre	n:	
Permanent residence:			Regio	on:	Co	Country:		Ad	dress:				
Profession: Place of				work:				Ме	ember of org./	movement/	t:		
Residence before deportation:				Region: Country				Ad	dress:				
	Places, events	and activities du	ring the war (pr	ison/depor	tation/	ghetto/o	camp/dea	th mar	ch/hiding/esc	ape/resista	ance/combat):		
Place of death:			Regio	Region: C		Country:		Da	Date of death:				
NEDERLAND								19	1945				
Circumsta	ances of death:											_	
PERIS	HED IN HOLOC	AUST;											
	1	, the undersigned	d, hereby decla	re that this	testim	nony is	correct to	the be	est of my knov	wledge.			
			Family nar	•				Pr	evious/maide	n name:			
MOISHE			MILLER	LLER									
			House no.	se no.: Entrance: Apt.:			City:				State/Zip code:		
1374 E	AST 28TH STR	EET					BROOK	LYN			NY 11210		
Country: Tel.:			Tel.:			am / La	m / I am not a survivor		Relationship				
USA 718			718-258	8-258-5512		IAM		ai vivUl	FAMILY	FAMILY GENEALOGIST			
	he war I was in: netto/forest/the r		ding/had fals	e papers	(circle	e relev	ant optic	ns)			may order a specia th to fill in their details		
<u> </u>	28 Nov 2009		BRO	OKLYN. N	1Y				0:	n M	//		

Date: