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 names and those of the communities, organizations and institutions which were destroyed because they were Jewish."								
on back. Do not glue.	Victim's family name:				Maiden name:				
Do not glac.	GRUNFELD	GRUNFELD				YUROWITZ			
	Victim's first name (also nickname):				Previous/o	Previous/other family name:			
	ESTHER CHAYA (ELZA)								
Title:	Gender:			Date of birth: Approx. age at death:					
Tiue.		Gender.	F		1912	ui.	Approx. age at death:		
Place of birth:	Region:	Region: Countr		1012	Nationality:		32		
KRULE, CZECHOSLOVAKIA OR BORVELY,									
Victim's First name:		Family		y name:	name:				
father: AARON (ADOI		YUR			DWITZ				
Victim's First name:					den name:				
mother: LEAH (LENKA		WEIN			BERGER				
Victim's First name:	Maiden name:					/ictim's family status: Number of children:			
wife/husband: ALBERT					M.	ARRIED			
Permanent residence:		Region:		Country:		Address:			
Profession:	e of work:	f work:			Member of org./n	novement	:		
Residence before deportation:		Region:	Region: Country:			Address:			
Places, events and activities during the war (prison/deportation/ghetto/camp/death march/hiding/escape/resistance/combat):									
Place of death:	Region:		Country:		Date of death:				
						JUNE 1944	JUNE 1944		
Circumstances of death: PERISHED IN HOLOC	AUST;								
I	, the undersigned, her	eby declare that	at this tes	stimony is	correct to the	e best of my know	ledge.		
First name:	amily name:	mily name:			Previous/maiden name:				
MOISHE	MILLER	ILLER							
		House no.: Entr	se no.: Entrance: Apt.:		City:		5	State/Zip code:	
1374 EAST 28TH STREET					BROOKLY		NY 11210		
Country: Tel.:		Tel.:			m not a survi	vor '	Relationship to victim (family/other):		
USA 71		718-258-551	8-258-5512		NOT	FAMILY C	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 questionnaire in which to fill in their details.									
PROCKLYN NV									

Date: 28 Nov 2009 Place: