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.	The Martyrs' and Heroes' Remembrance Law 5713-1953 determines in section 2 that: "The task of Ya to gather into the homeland material regarding all those members of the Jewish people who laid lives, who fought and rebelled against the Nazi enemy and his collaborators, and to perpetuate and those of the communities, organizations and institutions which were destroyed because they w Victim's family name:    Maiden name:								who laid down their etuate their names		
	SCHWIMMER Victim's first name (also nickname): NANDOR (NACHOM)										
						Previous/other family name:					
Title:			Gender:				Date of birth: App			prox. age at death:	
			M			1912			32		
Place of birth:			Region: Cou			: Nat		onality:			
VULKAN, ROMANIA											
Victim's First name:			Fam			y name:					
father: JOSEPH			SCH			WIMMER					
Victim's First name:			Maide			n name:					
mother: YUTEL (GITTEL) (GISELLA SEGELS			STEIN)			EGELSTEIN					
Vietim's First name:		Ma	Maiden name:			Victir		im's family status:		Number of children:	
Victim's wife/husband: SLIMA			CIK				MARF	RIED		4	
Permanent residence:			Region: Co		ountry:		Add	ress:			
ORADEA (NAGYVARAD), ROMANIA											
Profession: Place of			work:				Mer	nber of org./n	novement	:	
								· ·			
Residence before deportation:		Red	Region: Country			Address:					
					,						
Places, events	and activities during	the war (	prison/depo	ortation/	ghetto/c	amp/deatl	h marc	h/hiding/esca	pe/resista	ance/combat):	
Place of death:			Region: Co		ountry:		Date	Date of death:			
AUSCHWITZ							19	1944			
Circumstances of death:											
PERISHED IN HOLOC	AUST;										
1	, the undersigned, h	ereby dec	clare that thi	is testin	nony is c	orrect to t	he bes	t of my know	ledge.		
First name: Fam			ily name:				Previous/maiden name:				
MOISHE MI			LLER								
Street: Hou		House n	se no.: Entrance: Apt.:		: C	City:				State/Zip code:	
1374 EAST 28TH STREET						BROOKLYN				NY 11210	
Country: Tel.:		Tel.:			m / I am not a survivor		Relationship t	to victim (fa	amily/other):		
USA 71		718-25	8-258-5512		am / Lan LAM N		rvivor	FAMILY GENEALOGIST			
During the war I was in: camp/ghetto/forest/the r		g/had fa	lse papers	circle	e releva	nt optior	ns)			may order a special h to fill in their details.	
p. 28 Nov 2009		BRO	OOKI YN	NY				0:	3 M	//	

Date: 28 Nov 2009