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YAD VASHEM

Martyrs' and Heroes'
Remembrance
Authority


DAF-ED

דף-עד



P.O.B. 3477
Jerusalem, Israel

A Page of Testimony

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| Photograph, preferably  <p>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 memory and that of the communities, organizations, and institutions which were destroyed because they were Jewish.</p> | 1. Family Name KALLMANN | |
| | 2. First Name DR. ARTHUR | |
| | 3. Maiden Name _____ | |
| | 4. Date of birth or approximate age 16 APRIL 1911 1873 | |
| | 5. Place of birth (town, country) STARGARD, POMMERN | |
| | 6. Name of mother of the deceased CÄCILIE | 7. Name of father of the deceased MAX |
| | 8. Name of wife or husband FANNY (PARADIES) | 9. Profession LAWYER, NOTARY |
| | 10. Place of residence before the war BERLIN | |
| | 11. Place of residence during the war BERLIN | |
| | 12. Circumstances of death (place, date, etc.) DEPORTED TO THERESIENSTADT OCTOBER 1942 DIED THERE MARCH 1943 | |
| | I, the undersigned <u>HELMUT KALLMANN</u> residing at (full address) <u>38 FOOTHILLS DRIVE, NEPEAN, ON, CANADA K2H 6K3</u> relationship to deceased <u>SON</u> hereby declare that this testimony is correct to the best of my knowledge. Signature <u>Helmut Kallmann</u> Place and date of registration <u>Nepean, 6 May 1985</u> | |

SECTIONS 1 TO 12 REFER TO THE DECEASED ONLY

ונתתי להם בביתי ובחומותי יד ושם... אשר לא יכרת...
 "even unto them will I give in mine house and within my
 walls a place and a name: that shall not be cut off."

PLEASE FILL IN ALL THE INFORMATION IN BLOCK LETTERS.
EACH VICTIM OF THE HOLOCAUST MUST BE INSCRIBED ON A SEPARATE FORM